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1961 EUROPEAN SOCIAL CHARTER

6th national report on the application of the 1961 Charter

submitted by

**THE GOVERNMENT OF "THE FORMER YUGOSLAV
REPUBLIC OF MACEDONIA"**

(Articles 11, 12 and 13)

For the period 01/01/2008 – 31/12/2011)

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REPUBLIC OF MACEDONIA
MINISTRY OF LABOUR AND SOCIAL POLICY

SIXTH REPORT
ON THE IMPLEMENTATION OF THE
EUROPEAN SOCIAL CHARTER

Submitted by

THE REPUBLIC OF MACEDONIA

(For the reference period: 2008-2011)

(For Articles 11, 12 and 13)

Skopje, January, 2013

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PREFACE

The Republic of Macedonia hereby submits its second Report on implementation of ratified provisions of the 1961 European Social Charter, in accordance with the Article 21 of the Charter.

The Report has been prepared in compliance with the new reporting system, adopted by the Committee of Ministers and in effect since October 31, 2007.

This Report covers the provisions of the Charter belonging to the *second thematic group (Health, social security and social protection)*, concerning Articles 11, 12 and 13 accepted by the Republic of Macedonia, for the reference period 2008-20011.

In accordance with the Article 23 of the European Social Charter, copies of this Report have been communicated to the relevant national organizations of employers and trade unions:

- *Federation of trade unions of Macedonia;*
- *Confederation of free trade unions of Macedonia;*
- *Organization of employers of Macedonia.*

ARTICLE 11 – The right to protection of health

Article 11§1

With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia to remove as far as possible the causes of ill-health.

The Constitution of the Republic of Macedonia guarantees universal access to health protection for all citizens in the Republic of Macedonia.

The Law on Health Care, as well as the Law on Health Insurance provide equality in terms of the access to the health facilities, respecting the right of equality of all citizens of the Republic of Macedonia.

The right to protection of health, in accordance with Article 5 of the **Law on Health Insurance** ("Official Gazette of the RM" No. 65/12- revised text) is equally guaranteed to the citizens of the Republic of Macedonia and the foreign citizens legally living and working in the Republic of Macedonia. Namely, the foreigners who are in an employment relation or service of foreign natural and legal persons, international organizations and institutions or foreign diplomatic and consular missions obligatorily have health insurance if not otherwise provided by an international agreement, as well as the foreigners who are attending school or vocational training in the Republic of Macedonia if not otherwise provided by an international agreement.

Pursuant to the Law on Health Insurance, the access to health protection is guaranteed for:

- the temporarily unemployed persons while receiving a financial benefit arising from the unemployment insurance;
- the beneficiaries of pension and salary compensation in line with the regulations of the pension and disability insurance;
- the persons – beneficiaries of permanent financial assistance ;
- persons with recognized refugee status;
- persons under subsidiary protection;
- persons accommodated in a foster family;
- persons accommodated in an institution for social protection (for institutional and non-institutional protection);
- beneficiaries of a financial benefit for assistance and care by another person;
- persons who under the age of 18 years had the status of children without parents and parental care, up to the age of 26 at the latest, and who use social financial assistance;
- persons - victims of domestic violence for whom a measure of protection has been undertaken in accordance with the Family Law; and
- persons covered by organized independent living with support.

In accordance with the **Law on Health Care**, the health protection is based on the unity of the preventive, diagnostic-therapeutic and rehabilitation measures and on the principles of accessibility, rationality and continuity, as well as on the modern and confirmed achievements of the medical and other sciences and the ethics of the health workers. It includes the basics of the health insurance system, the rights and responsibilities of the providers of health care services, the organizational structure and the utilization of the health care resources.

The health care activity is carried out in health facilities, which, according to the law, can be established as public (founded by the Government of the Republic of Macedonia) and mixed (founded by domestic natural persons and legal entities). All health care facilities are founded under the same conditions and, without limitations, can perform the activity for which they are founded, i.e. the health care facilities may be established for carrying out health activities at all three levels of health protection, provided that the conditions are met in terms of space, equipment and staff, which is regulated by a separate bylaw.

In accordance with the law, in our system, the following types of health care facilities exist: office, polyclinic, diagnostic laboratory, dental laboratory, emergency care centre, mental health centre, clinical hospital, health station, health centre, hospital (general and special), institution, institute, clinic, university clinical centre, centre for public health and pharmacy.

The sphere of health protection in the Republic of Macedonia, in addition to the basic Law on Health Care, is also regulated by a number of other laws and bylaws (in the field of protection against infectious diseases, blood safety, public health, protection of the rights of patients, transplantation of organs and tissues, bio-medically assisted fertilization, mental health, health records, medications, etc.).

In the areas with developed Acquis, such as, for e.g. the safety of blood, tissues and cells, infectious diseases, tobacco control, the provisions have been transposed into the national legislation. In the other areas, the national legislation follows the European recommendations and policies.

In accordance with the Health Strategy 2020, and in the interest of improving and promoting the public health, the health policy is directed towards the following priorities: raising the quality of health services at all levels, strengthening the primary health protection and prevention, and establishing a stable system for funding of the health protection for all citizens based on the principles of mutuality, equality and solidarity.

The development of the specific areas of the public health is guided by more specific and comprehensive strategic and operational documents.

Given that the health is a factor that affects the social status of the population and is a precondition for economic development of the country, the Government has accepted the approach "health in all policies", and it remains consistent with the requirements for greater engagement of the other sectors in the public health problems in the specific area (environment, transport and communications, social work, education, sports and youth, etc.) upon the preparation of the sectoral policies and legislation. Multi-sectoral

committees working on multi-discipline issues (domestic violence, child protection, mental health, emergencies, etc.) have been established and are functional. In the legislative procedure for the adoption of a law, it is necessary to obtain a formal opinion of the other relevant sectors in terms of the inter-governmental and the multidisciplinary issues (environment, social protection, health protection, public health, etc.).

Adopted strategies and action plans:

1. National Strategy on HIV/AIDS 2007-2011;
2. National TB Control Strategy (2007-2012);
3. Plan for preparation and response of the health system during emergency/crisis situations in the Republic of Macedonia (2009);
4. Strategy for non-infectious diseases (2009 ;)
5. Second Action Plan for Food and Nutrition (2010);
6. Sexual and Reproductive Health Strategy (2010);
7. Strategy for Safe Motherhood (2010);
8. Strategy for the adaptation of the health sector to the climate changes and Action Plan (2010);
9. National strategy for the control of antimicrobial resistance (2011);
10. Strategic Framework for improving the health and social status of the Roma in the Republic of Macedonia through the introduction of Roma health mediators (2011).

Reports and other analyses which serve as the basis for the preparation of strategic and other documents:

1. Strategic assessment of the policy, quality and access to contraception and abortion in the Republic of Macedonia (2008);
2. Report of the Republic of Macedonia on the progress in terms of the achievement of the Millennium Development Goals, 2009;
3. Annual Reports of the Institute for Public Health (2008, 2009, 2010, 2011);
4. Global Youth Tobacco Survey in 2008 (GYTS);
5. Analysis of hospital morbidity in the Republic of Macedonia, 2008 and 2009;
6. Children with developmental disabilities in the RM - Analysis (2010);
7. European database Health for All (HFA-DB) [online database] Copenhagen, WHO Regional Office for Europe;
8. Annual reports on the operation of the Health Insurance Fund.

Inter-sectoral documents (implementation of the EU "Health in All Policies" policy)

1. National Action Plan for the Protection of Children (2006-2015);
2. National Strategy for the Roma in the Republic of Macedonia (2005) - Decade of Roma;
3. National Strategy on Safety and Health at Work with an AP (2011);
4. National Strategy for Equal Rights of the Persons with Disabilities (Revised) 2010-2018 and an Operational Plan for implementation of activities;
5. National action plan on human trafficking and illegal migration in the Republic of Macedonia;
6. National Strategy of the RM on improving the safety of road traffic 2009-2014 with an Action Plan for Health;
7. Strategy for the prevention of domestic violence and implemented activities under this Action Plan (in the segment of public health);
8. Strategy for Demographic Development of the RM (2008-2015);
9. National Youth Strategy (2005-2015);
10. National Action Plan for Gender Equality 2007-2012

Projects which comprise/set strategic directions for the development of health

The project for the establishment of the System for early detection and reporting (ALERT) is completed and the system is introduced in the entire country and is operating.

Through the programs of the Global Fund for HIV/AIDS, tuberculosis and malaria, the Programme for control of HIV/AIDS and the TB Control Programme are continuously being implemented.

The Strategy for Development of Integrated Health Information System (2006-2012) is implemented through the realization of Projects for informatization of the health sector, establishment of an Integrated Health Information System (IHIS) and implementation of a System for electronic health cards (SEHC).

In accordance with the Law on Health Care, each year budget-funded public health programs are adopted as follows:

1. National public health programme through which funds are provided for the implementation of measures for the assessment of the health-environmental risks associated with the quality of the drinking water, surface water, air quality, chemical contaminants in food, environmental noise, assessment of the health-environmental risk from ionizing radiation (external gamma radiation, radiation of

air, water, soil, food ionizing radiation), risks arising from the presence of residues of pesticides, heavy metals, measures for prevention, early detection and eradication of infectious diseases, measures to prevent the risk factors for the occurrence of non-infectious diseases, health statistical data and education of the population, for the safety and health at work for the unemployed and the farmers;

2. Programme for systematic checkups of pupils and students through which funds are provided for activities for periodic free systematic medical checkups of pupils and students for the purposes of timely detection of deformities and other diseases;
3. Programme for compulsory vaccination of the population under which all children aged 0-18 years are provided the necessary vaccines according to the immunization schedule;
4. Programme for active health protection of mothers and children which comprises activities for preventive checkups of pregnant women, nursing mothers and infants and preparation of appropriate educational materials. The programme provides free health checkups of the pregnant women and the young children;
5. Programme for organizing and promotion of blood donation with measures aimed at providing sufficient quantities of safe blood for the entire population;
6. Programme for protection of the population against HIV/AIDS which comprises activities for early detection and treatment of patients with HIV/AIDS;
7. Programme for examination of the incidence, prevalence, prevention and eradication of brucellosis in people with activities for education of the population on the measures for prevention of this disease, as well as for timely testing and detection of people from the risk groups who have brucellosis;
8. Programme for preventive measures for the prevention of tuberculosis in the population with activities for early detection of tuberculosis in the risk groups and education of the population on the preventive measures;
9. Programme for early detection of malignant diseases with activities for pilot screening of cervical cancer, breast cancer and colon cancer;
10. Programme "Health for All" with activities for preventive medical checkups of the entire population (checking the blood pressure, height, weight, blood sugar and fat) and distribution of brochures on healthy lifestyle and healthy diet;
11. Programme for health protection of the people with mental illness which provides funds for the treatment of persons with mental illness;
12. Programme for health protection of the people with addictions through which activities are implemented for treatment of people who are addicted to drugs and alcohol;

13. Programme for coverage of the costs for the patients treated with dialysis, for provision of medications for patients with transplants and for provision of anti-cancer drugs, insulin, growth hormone and treatment of patients with haemophilia, which programme also provides funds for the treatment of the patients with these diseases;
14. Programme for the provision of insulin for the insulin-dependent patients, which provides funds for the procurement of insulin for the patients in the Republic of Macedonia;
15. Programme for the treatment of rare diseases which provide funds for the treatment of patients with rare diseases in the Republic of Macedonia;
16. Programme for co-payment upon the use of the health protection of certain infectious diseases of the citizens and health protection of the mothers and infants under which they are released from co-payment upon the use of health services, people with certain infectious and other serious diseases, mothers and infants;
17. Programme for full health insurance and health protection of the citizens of the RM which provides funds for health insurance of the uninsured persons in the RM.

The budget for the implementation of the public health programs is growing and in 2011 it was in the amount of approximately MKD 1,273,000,000.00 (~ EUR 20.7 million) compared to 2008 when it was approximately MKD 600 million (~ EUR 9.7 million).

Investments in health

In order to improve the quality of the health protection and the conditions of stay in the healthcare facilities, the Ministry of Health purchased new modern medical equipment worth EUR 68 million for the public health institutions (PHI). The implementation of the project for upgrading and reconstruction of the health facilities is ongoing and the construction of 17 new infirmaries in the rural areas where previously there was no health institution is finished.

The State Sanitary and Health Inspectorate (SSHI) is responsible for the control of the implementation of the extensive health legislation.

Annual report on the conducted supervisions by the SSHI in 2008

Facilities that are subject to sanitary-hygiene and health supervision	Controls	Adopted decisions	Submitted requests for initiating a misdemeanour procedure
Educational, social and children-related facilities	1212	575	35
State healthcare facilities	1298, A total of 347 smears taken	582	165
Private healthcare facilities	4529 , A total of 285 smears taken	894	37
Catering facilities (accommodation capacities and accompanying contents)	265	79	7
Production and trade of cosmetic products, children toys, items for general use	539	255	3
Facilities for provision of hygienic care to the population (hair salons, barber shops, beauty salons, fitness salons and other similar facilities)	447	163	6
Recreation centres - pools, surface waters	100, 192 samples taken for examination of the water safety	51	
Public utility facilities, landfills	36	15	1
Other facilities	449	153	46
Total	8875	2767	300
Protection against smoking	710		
Immunization control	173		
Medical waste management	679		

Source: State Sanitary and Health Inspectorate

Annual report on the conducted supervisions by the SSHI in 2009

Facilities that are subject to sanitary-hygiene and health supervision	Controls	Adopted decisions	Submitted requests for initiating a misdemeanour procedure
Educational, social and children-related facilities	2144	1422	13
State healthcare facilities	1450 A total of 347 smears taken	650	34
Private healthcare facilities	2418 A total of 285 smears taken	836	12
Catering facilities (accommodation capacities and accompanying contents)	255	161	2
Production and trade of cosmetic products, children toys, items for general use	498	186	/
Facilities for provision of hygienic care to the population (hair salons, barber shops, beauty salons, fitness salons and other similar facilities)	538	235	4
Recreation centres - pools, surface waters	60, 192 samples taken for examination of the water safety	25	/
Public utility facilities, landfills	25	10	1
Other facilities	394	311	19
Total	7782	3836	85
Protection against smoking	1184		
Immunization control	151	72	89
Medical waste management	472	241	

Source: State Sanitary and Health Inspectorate

Annual report on the conducted supervisions by the SSHI in 2010 and 2011

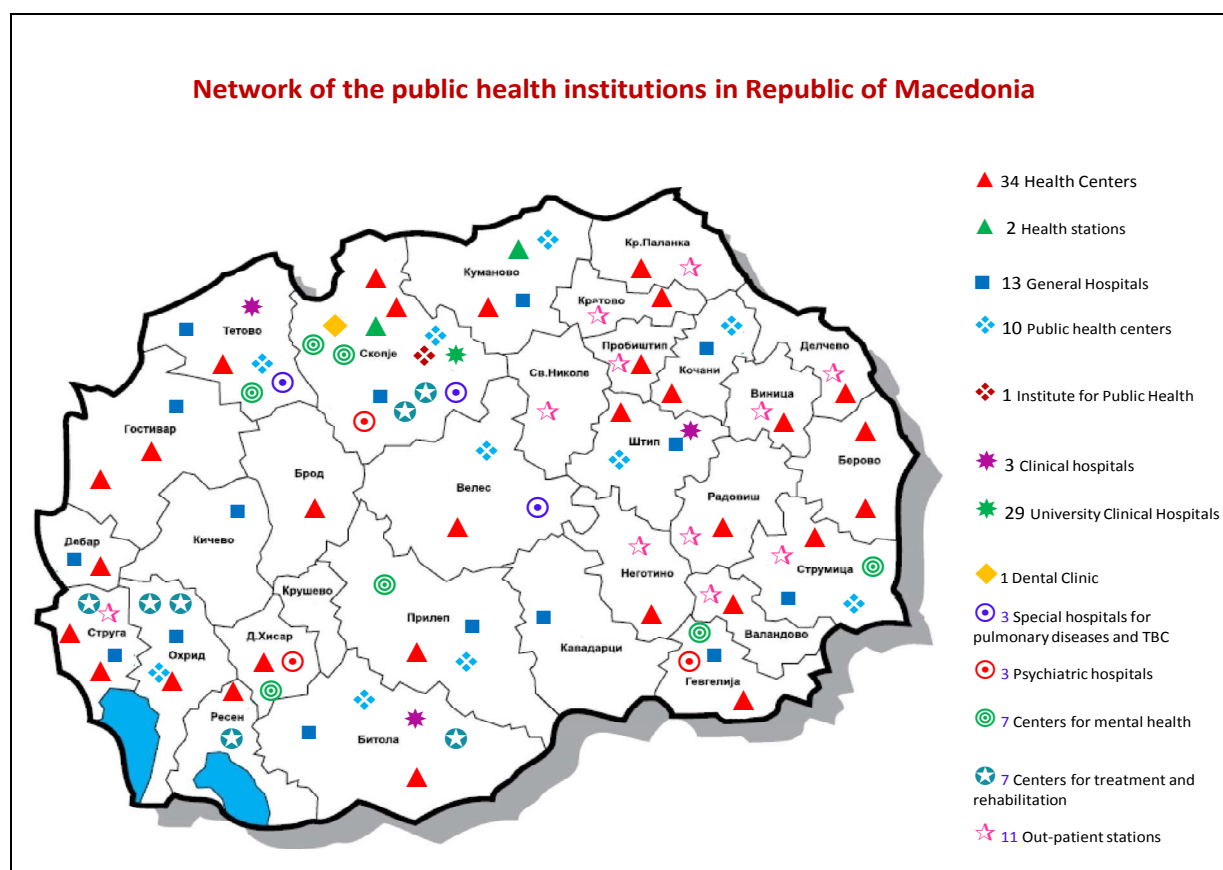
2010				2011		
Facilities that are subject to sanitary-hygiene and health supervision	Controls	Adopted decisions	Submitted requests for initiating a misdemeanor procedure	Controls	Adopted decisions	Submitted requests for initiating a misdemeanor procedure
Educational, social and children-related facilities	1291	635	8	1893	1414	10
State healthcare facilities	1936 A total of 1187 smears taken	578	30	2326 A total of 932 smears taken	494	209
Private healthcare facilities	2347 A total of 238 smears taken	461	10	1571 A total of 293 smears taken	325	1
Catering facilities (accommodation capacities and accompanying contents)	190	76	/	190	49	1
Production and trade of cosmetic products, children toys, items for general use	460 A total of 142 samples taken for analysis from trade and 32 from production	220	/	269	68	/
Facilities for provision of hygienic care to the population (hair salons, barber shops, beauty salons, fitness salons and other similar facilities)	554	230	/	378	159	2
Recreation centres – pools, surface waters	50, 344 samples taken for examination of the water safety	48	/	100	45	/

Public utility facilities, landfills	28	18	1	482	207	/
Other facilities	246	108	14	/	/	/
Total	7102	2378	64	7290	2833	223
Protection against smoking	1279			1232		
Immunization control	160	75	8	431	/	/
Medical waste management	191	191	/	1086	/	/

Source: State Sanitary and Health Inspectorate

In the Republic of Macedonia, the preventive health protection is organized through the network of the Institute for Public Health, 10 public health centres, the Institute of Occupational Medicine, the prevention teams within the 34 health homes, the Institute for Maternal and Child Health Protection and the Mental Health Institutes in Skopje and Bitola. The hospital activity is conducted in 29 university clinics, 1 University Clinic for Maxillofacial Surgery, 4 clinical hospitals, 14 general hospitals, 13 specialized hospitals, 6 rehabilitation centres-institutes and a spa, 9 maternity hospitals. The health protection is also implemented in 12 institutes of the Faculty of Medicine within the University "Ss. Cyril and Methodius", the University Dental Centre with 7 clinics, the Institute of Transfusion Medicine, 124 laboratories and 877 pharmacies.

The territorial distribution of the network of the public health facilities in the Republic of Macedonia is given below:



In total, there are 9339 beds, or 4.6 beds per 1000 inhabitants, of which 276 or 3.5% are in the private hospitals. In the general hospitals there are a total of 3933 beds or 2 beds per 1000 inhabitants, wherein 54.2% are internal medicine beds, and the rest belong to the surgical group of beds. 273 beds are distributed in 37 day hospitals that operate within the hospitals in the country. Of the total number of beds, 2/3 or 6561 are for short-term hospitalization of patients with acute conditions. The others are for long-term hospitalization, of which 1163 beds are intended for patients with mental illnesses, conditions and behavioural disorders.

With regards to the specific question raised by the European Committee of Social Rights with reference to the conditions of stay in the psychiatric institutions¹, we hereby inform you that for the purposes of improving the health care conditions in the psychiatric hospitals in the Republic of Macedonia, in the first phase of the Project for reconstruction and extension of the public health institutions in the Republic of Macedonia it is planned to reconstruct the psychiatric hospitals. The funds for the implementation of the project are provided through the Council of Europe Development Bank:

- for reconstruction of the Psychiatric Hospital "Skopje", Bardovci (reconstruction of 2 sections) an amount of approximately MKD 134 million (about EUR 2.2 million) is planned. The activities started in December 2010 and so far, about 35% of the total works have been completed ;
- for reconstruction of the Psychiatric Hospital Negorci Gevgelija (reconstruction and upgrading of women's section C, kitchen and dining room) an amount of approximately MKD 13 million (~ EUR 211 000) has been provided. The reconstruction and upgrading have been completed;
- The reconstruction of the PHI Psychiatric Hospital Demir Hisar will take place in the second and the third phase of the project which are expected to begin next year.

In the course of 2010, with own resources, reconstruction was made of 2 sections in the hospital Demir Hisar (female chronic and geriatric section) in order to improve the conditions of stay of the patients, for which funds were provided from the budget of the hospital.

SSHI regularly controls the sanitary and hygiene conditions in the health facilities and if necessary it performs extraordinary controls in the health facilities. In cases where a deviation has been established from the defined standards, decisions are adopted for removal of the deficiencies and control supervision is performed. In case of danger to human health, the inspectors are authorized to close the facility and to submit appropriate requests for punishment of the institution.

¹ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.8

In the health care system, in addition to the public health institutions, there are also about 4000 functional private health institutions, most of which are general medical and dental offices, as well as specialized practices of all branches of medicine and dentistry), polyclinics for primary and specialist consultative medical practice, and there are also about 150 biochemical and microbiological laboratories. There is a growing trend of establishment of private health institutions of higher levels.

The medical personnel is professionally prepared and follows the modern trends in the medical and other sciences, and it also follows the development of the information and other technology.

Medical human resources in the healthcare service in the RM				
	2008	2009	2010	2011
Number of medical doctors (TOTAL)	5364	5364	5541	5645
- number of medical doctors per 1000 inhabitants	2,62	2,62	2,70	2,74
Number of dentists (TOTAL)	1383	1425	1599	1622
- number of dentists per 1000 inhabitants	0,68	0,69	0,78	0,79
Number of pharmacists (TOTAL)	649	680	692	782
- number of pharmacists per 1000 inhabitants	0,32	0,33	0,34	0,38
Number of nurses (TOTAL)	7034	7249	7463	7485
- number of nurses per 1000 inhabitants	3,44	3,53	3,63	3,64
Number of midwives (TOTAL)	1250	1219	1218	1199
- number of midwives per 1000 inhabitants	0,61	0,59	0,59	0,58

Source: Institute for Public Health

Life expectancy and principal causes of death

Indicators	2007-2010			
Life expectancy (TOTAL)	74,17	74,58		
Life expectancy (MEN)	72,12	72,50		
Life expectancy (WOMEN)	76,29	76,73		
	2008	2009	2010	2011
Rate of infant mortality/ 1000 live births	9,7	11,7	7,6	7,6
Perinatal rate of mortality/ 1000 live births	14,6	16,4	12,6	12,3

Source: Institute for Public Health of the Republic of Macedonia

Main chronic diseases in the country and concurrently principal causes of death in the Republic of Macedonia are still the cardiovascular disease, the malignant neoplasms and the respiratory diseases.

Hospital morbidity in the Republic of Macedonia per groups of diseases for the period 2008-2011				
Diseases	Morbidity per 10000 inhabitants			
	2008	2009	2010	2011
I. Infectious and parasitic diseases (A00-B99)	50,15	46,28	41,5	41,6
II. Neoplasms (C00-D48)	141,71	154,13	162,1	164,4
III. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	13,51	14,32	16,3	18,8
IV. Endocrine, nutritional and metabolic diseases (E00-E88)	24,06	22,48	16,3	18,8
V. Mental and behavioural disorders (F00-F99)	36,94	34,41	35,4	34,2
VI. Diseases of the Nervous System (G00-G98)	22,13	22,26	23,1	23,9
VII. Diseases of the eye and adnexa (H00-H59)	26,57	28,95	26,3	23,0
VIII. Diseases of the ear and mastoid process (H60-H95)	10,71	12	8,7	8,9
IX. Diseases of the circulatory system (I00-I99)	158,53	155	172,2	185,2
X. Diseases of the respiratory system (J00-J98)	182,00	183	186,4	203,4
XI. Diseases of the digestive system (K00-K92)	111,17	115	121,4	111,7
XII. Diseases of the skin and subcutaneous tissue (L00-L99)	15,45	15	19,8	19,6
XIII. Diseases of the musculoskeletal system and connective tissue (M00-M99)	47,07	49	50,8	54,2
XIV. Diseases of the genitourinary system (N00-N98)	91,63	85	92,1	95,2
XV. Pregnancy, childbirth and the puerperium (O00-O99)	143,40	143	288,2	255,2
XVI. Certain conditions originating in the perinatal period (P00-P96)	433,80	529	506,4	426,2
XVII. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	9,78	10	10,00	9,6
XVIII. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	25,16	22	26,4	26,1
XIX. Injury, poisoning and certain other consequences of external causes (S00-T98)	39,70	36,18	66,5	62,9
XX. External causes of morbidity and mortality (V01-Y98)	29,32	30,00		
XXI. Factors influencing the health status and contact with health services (Z00-Z99)	35,39	45,08	38,5	40,9

Source: Institute for Health Protection

Based on the data contained in the document "The health and health protection of the population in the RM 2011" prepared by the Institute for Public Health of the Republic of Macedonia (IPH) it is noted that the most common risk factors for the occurrence of the cardiovascular diseases are high blood pressure, tobacco, alcohol, increased blood cholesterol, obesity, decreased fruit and vegetable intake and physical inactivity. The exposure to the risk factors and the lifestyle are risk factors for the occurrence of cardiovascular diseases, and they also constitute common risk factors for the occurrence of the malignant neoplasms.

Undertaken measures

Within the prevention activities, preventive goals and activities have been introduced with the primary care doctors for the purposes of detecting cardiovascular diseases, asthma, prostate cancer and breast cancer at an early stage in the patients with risk.

Within the preventive programmes of the Ministry of Health funded from the budget of the Republic of Macedonia there is a programme for screening of malignant diseases with three components: breast screening, colorectal screening and cervical cancer screening (PAP test) and additionally the personal gynaecologists, in line with the defined preventive goals/activities implement a preventive screening for 25% of their patients.

In accordance with the "National Programme for Public Health," which is prepared each year, in the sphere of the health promotion activities, the 10 Centres for Public Health and the Institute for Public Health of the Republic of Macedonia organize education, forums, and promotions of the health of the population on the following topics:

- prevention of acute and chronic non-infectious diseases;
- nutrition and health - healthy school meals and health risk from improper diet;
- health benefits from regular physical activity.

Upon the completion of the activities set forth in the Action Plan for Food and Nutrition of the Republic of Macedonia, applicable from 2004 to 2008, the Second Action Plan for Food and Nutrition in the Republic of Macedonia (2009-2014) was adopted which aims to highlight the main challenges of the public health in the field of nutrition, food safety and safe food supply, dealing with the non-infectious diseases related to diet, especially with obesity, deficit in micronutrients and food-related diseases. The activities from the action plan pertaining to the assessment of the nutritional status among the pre-school and school children for the purposes of early detection of risk factors for cardiovascular diseases associated with the eating habits in children are implemented through the National Programme for Public Health.

The integrated policies and programmes for nutrition, food safety and safe food supply will provide maximum results for the public health by simultaneous highlighting of the dangers associated with the consumption of food (inadequate food intake, diarrhea caused by food or water), and assessment of the risks and benefits from the consumption of the existing and new food products (nutrients and contaminants).







The Action Plan aims to harmonize the activities and to promote synergy in the use of the resources at national level.

The Institute for Public Health of the Republic of Macedonia (IPHRM) aims at achieving the goals promoted in the Second Action Plan for Food and Nutrition in the Republic of Macedonia, as follows:

- to reduce the prevalence of non-infectious diseases related to nutrition;
- to reduce the trend of obesity in children and adolescents;
- to reduce the prevalence of diseases arising from deficit in micronutrients;
- to reduce the incidence of food-related diseases.

Infant and Maternal Mortality

The rates of mortality in infants and young children are constantly decreasing, and the structure of infant deaths according to the cause of death is characterized by a model which can also be seen in the developed countries of the European region. In both the RM and the OECD countries, the congenital malformations and the perinatal causes are the primary causes of infant death.²

Main indicators on the health of the mothers and children in the Republic of Macedonia					
Indicator	2008	2009	2010	2011	Progress 2008-2011
Number of live births	22945	23684	24296	22770	
Maternal mortality (per 100 000 live births)	-	4,2	8,2	4.1	
Perinatal mortality (per 1000 births)	14,6	16,4	12,6	12.3	
Infant mortality (per 1000 live births)	9,7	11,7	7,6	7.5	
Mortality of children under the age of 5 (per 1000 live births)	10,9	13,3	8,3	8.6	
Rate of live births with weight under 2500 grams	7,2	8	7,8	7.0	

Source: Information on the health of mothers and children in the Republic of Macedonia in 2011, Institute for Maternal and Child Health Protection, Skopje, October 2012

The infant mortality rate in the Republic of Macedonia has a declining tendency and in 2011 it was 7.5 per 1000 live births. In 2011 again, the most frequent causes of infant

² Organization for Economic Co-operation and Development (OECD) (2007). *Health at a Glance 2007: OECD Indicators*.

mortality (0-12 months) were the perinatal causes (55.2%) and the congenital anomalies (15.1%).

By regions, in 2011 the highest rate of infant mortality was recorded in the Skopje region (9.2 ‰) and the lowest rate was recorded in the Southeast region (1.7 ‰). The rate of infant mortality among mothers with incomplete or only primary education is above 10 ‰, while among the mothers with university education the rate is 2.4 ‰. The age model of infant mortality is also correlated with the causes due to which infants are dying in the Republic of Macedonia. In 2011 again, the most frequent causes of infant mortality (0-12 months) were the perinatal causes (55.2%) and the congenital anomalies (15.1%). Of the total number of 172 infants that died, 166 or 96.5% had been treated before death. In the structure of infant deaths by cause of death, the perinatal causes and the congenital diseases are dominant. In 2011 there was an increased participation of infant deaths due to pneumonia and infections, as well as due to undefined conditions, although almost all were treated before death.

In order to overcome the situation, the Ministry of Health, in cooperation with UNICEF, prepared a project "Establishment of an integrated system for improvement of the mother and child health protection in the Republic of Macedonia", which focuses on the achievement of a more comprehensive approach in all stages of the protection of the health of the mothers and the children. The funding for the project has been approved by the Dutch Government through the ORIO program.

Health of pregnant women and children

Guiding documents regulating this area are the Law on Health Care and the Strategy for Safe Motherhood which is implemented through activities defined in the Programme for active health protection of mothers and children aimed at the reduction of the mortality and morbidity in pregnant women and infants.

The health sector in the RM has a long tradition in promoting the health of children and women of reproductive age. The Republic of Macedonia has been showing a significant progress in this segment, including the free access to primary health protection and access to the services that provide prenatal health protection, protection of the newborns and protection of women of reproductive age. The prevention against infectious diseases is provided with a high coverage with immunization and continuous modernization of the vaccination programmes through gradual inclusion of new vaccines by using the latest medical technologies in this domain. Outreach activities are practiced for detection and vaccination of unvaccinated children, and thus, during the European Immunization Week in April 2011 which was marked by an educational campaign, outreach activities were implemented as part of which 150 children were detected and vaccinated, mostly of the Roma nationality. On the other hand, the diarrheal and respiratory diseases in infants and young children are steadily decreased and successfully treated within the healthcare sector by using modern medical protocols.

Preventive activities and health services aimed at improvement of the health of the children aged 0-6 years, focused on the monitoring of the growth, the development and

the protection from infectious diseases are continuously implemented through the work of the prevention teams and the support to the families with young children for promotion of the health through the nursing service, as well as implementation of preventive goals/activities with a selected primary care doctor for the purposes of monitoring the proper growth and development through: preventive checkups of children up to 30 days of age, detection of anaemia until 12 months of age, obesity and flat foot until 6 years of age.

The health protection and the treatment of sick children are implemented through:

- the work of the primary care doctors;
- the activities from the annual programme for systematic medical checkups under which each year preventive systematic medical checkups are conducted on infants by the prevention teams as follows: 3 checkups per infant in the 3rd, 6th and 9th month, as well as preventive systematic medical checkups of the children in the 2nd and the 4th year of age;
- the visits by the Nursing (Patronage) Service. Nursing visits are made to infants – in the neonatal period, at the age of 4, 7 and 12 months, as well as additional 2 nursing visits to families with high social and health risk and to families in the Roma communities, then nursing visits to women who have recently given birth and newborns (2 nursing visits), and in the case of women who have given birth at home and the women who have recently given birth belonging to the families from the socially vulnerable groups and the Roma families even more visits were made, as stipulated with the prevention program of the Ministry of Health;
- the Programme for active health protection of mothers and children provides means for performing early detection of diseases in newborns, infants and young children, as follows: thyroid screening of all newborns in the Republic of Macedonia, detection of metabolic diseases as a selective screening upon an indication in children who have been ambulatory and clinically treated in the Clinic for Children's Diseases, screening for early detection of visual impairment in infants under health risk and neonatal hearing screening in newborns;
- implementation of prenatal screening for malformations of the cardiovascular system, in accordance with the Instructions on the manner of performing the health activity which refers to the early detection of congenital heart diseases in a newborn child;
- performing a screening for haematological conditions, screening for haemoglobinopathies, screening for fetal abnormalities, screening for Down syndrome, screening for infections and screening for clinical conditions, in accordance with the Instructions on the manner of performing the health activity which refers to the antenatal checks in pregnancy in certain gestation periods;
- the Programme for compulsory vaccination of the population in the RM enables the maintenance of high level of coverage with regular vaccination.

The health care and treatment of sick children is carried out through the work of the primary care doctors, who in 2011 made a total of 1,090,881 checkups of sick children and reached an average of 1.5 checkups per child. Of the total number of sick children (682 567), who visited the doctors' office for the first time, 252 607 or 37% were under the age of 1 year.

In 2008, the following was realized:

- a total of 60 959 examinations of pregnant women were registered, of which 22 029 first visits and an average of 2.8 visits per a pregnant woman was reached. The coverage of pregnant women with antenatal protection in the Republic of Macedonia is 96%, of which 41.7% were covered in the first trimester of the pregnancy;
- the polyvalent nursing service has registered a total of 23 028 nursing visits to pregnant women with an average of 1.7 visits per a pregnant woman;
- the rate of live births with professional help is more than 99%;
- within the postpartum health protection, the Programme in 2008 stipulated 2 nursing visits in the course of the early nursing period. In 2008, a total of 57 322 nursing visits to women who have recently given birth were made where an average of 2.9 visits per covered woman was reached. According to the registered first nursing visits to women who have recently given birth, this measure covered 85% of such women.
- a total of 115 188 preventive checkups of infants was registered;
- the primo-vaccines and the revaccinations among preschool children were performed with a level of coverage that is close to the plans for this reporting period (over 95%);
- a total of 101 124 nursing visits to infants were registered, of which 50 787 were made during the neonatal period where an average of 4.4 visits per covered infant was reached;
- in the course of the first month of the life of the infant, assessed on the basis of the number of first visits to a newborn (16 283), the nursing (patronage) activity covered only 71.7% of the newborns and reached an average of 3.1 visits per newborn;
- a high level of coverage with primo-vaccination (over 95%) was reached.

In the course of 2009, the following was realized:

- nursing visits were made to infants – in the neonatal period, at the age of 4, 7 and 12 months, as well as additional 2 nursing visits to families with high social and health risk and to families in the Roma communities;
- nursing visits were made to women who have recently given birth and newborns (2 nursing visits), and in the case of women who have given birth at home and the

women who have recently given birth belonging to the families from the socially vulnerable groups and the Roma families even more visits were made;

- regular preventive checkups of newborns (at 3, 6 and 9 months);
- a high level of coverage with primo-vaccination (over 95%).

In the course of 2010, the following was realized:

- the first Strategy for sexual and reproductive health (SRH) was developed, where the safe motherhood is one of the strategic areas;
- 18 youth centres for SRH were opened within the 10 Institutes of Public Health and their regional offices whereby the existing network of such centres was expanded;
- the first Safe Motherhood Strategy with an Action Plan was created and adopted;
- the existing protocols for neonatal protection were updated;
- health-promotional brochures on contraception and prevention of sexually transmitted infections were printed, intended for the adolescent and school youth and distributed through the youth centres for SRH;
- training of patronage nurses was implemented for counselling for prevention of sexually transmitted infections and for family planning;
- a Framework was developed for the introduction of a Comprehensive sexual education in the primary and the secondary schools by a multi-sectoral and multi-professional working group;
- nursing visits were made to infants – in the neonatal period, at the age of 4, 7 and 12 months, as well as additional 2 nursing visits to families with high social and health risk and to families in the Roma communities;
- Nursing visits were made to women who have recently given birth and newborns (2 nursing visits), and in the case of women who have given birth at home and the women who have recently given birth belonging to the families from the socially vulnerable groups and the Roma families even more visits were made, as stipulated with the prevention program of the Ministry of Health;
- regular preventive checkups of newborns (at 3, 6 and 9 months);
- a high level of coverage with primo-vaccination (over 95%), with all the vaccines for the infants.

In the course of 2011, the following was realized:

- updating of the neonatal protocols;
- Guideline for work during a nursing visit to infants and young children was prepared;

- trainings were held for the health workers from the sphere of prevention and primary health protection for counselling on breastfeeding and care for the newborn in the neonatal period;
- workshops were held intended for the parents from the rural areas and the Roma communities aimed at the promotion of the health and the development of the children, immunization and safe motherhood, immunization and adolescent health;
- regional workshops were held for the health workers - prevention teams for promotion of the health of the children and the mothers, as well as for early recognizing of children born with risk;
- regional workshops were held for the nursing service for breastfeeding and complementary feeding and care of the newborn in the neonatal period;
- counselling on breastfeeding, nutrition, proper growth and development within the counselling offices for children;
- treatment of the infant in hospital conditions up to one year;
- thyroid screening of all newborns;
- as part of the inpatient protection, in the course of 2011 a total of 27 323 children were treated, of which more than half (54%) were hospitalized in the Clinic for Children's Diseases, the Institute for Lung Diseases and the Clinical Hospital in Tetovo;
- promotion of the World Breastfeeding Week in cooperation with the NGO sector (NGO Lulka (Cradle));
- preparation of promotional materials for parents (brochure on breastfeeding and complementary feeding), media appearances of public health workers on the topic of immunization, breastfeeding;
- preventive systematic medical checkups of infants by the prevention teams in accordance with the prevention programme of the Ministry of Health – "Programme for systematic medical checkups of children and adolescents" as follows: 3 checkups per infant in the 3rd, 6th and 9th month, as well as preventive systematic medical checkups of the children in the 2nd and the 4th year of age;
- in 2011, the prevention teams made a total of 103 836 preventive checkups of infants, i.e. an average of 4.3 checkups per infant. All infants are covered with preventive checkups, of which in the first 2 months 72% were covered by visits. The nursing service covered 84% of the newborns with nursing visits, with an average of 2.4 visits per newborn;
- nursing visits were made to infants – in the neonatal period, at the age of 4, 7 and 12 months, as well as additional 2 nursing visits to families with high social and health risk and to families in the Roma communities;
- Nursing visits were made to women who have recently given birth and newborns (2 nursing visits), and in the case of women who have given birth at home and the

women who have recently given birth belonging to the families from the socially vulnerable groups and the Roma families even more visits were made, as stipulated with the prevention program of the Ministry of Health – “Programme for active health protection of mothers and children”, and thyroid screening was made to all newborns in the Republic of Macedonia for the purposes of early detection of diseases in the newborns, infants and young children;

- the high level of coverage with regular vaccination was maintained.

Maternal mortality

The State Statistical Office does not perform routine analysis of the causes of maternal mortality in individual cases, but they are coded as a group (MKB R.00-R. 99 as a group of causes related to pregnancy, childbirth and puerperium.

Policy for fight against the infant mortality and maternal mortality

The improvement of the maternal health is an integrated approach that incorporates the measures of family planning, prenatal protection and health protection during childbirth and early nursing period. The maternal mortality is one of the main indicators of the health status of the women of reproductive age, but at the same time it is an indicator of the quality and the organization of the healthcare activity. Measuring the rate of maternal mortality is a complex process and in the Republic of Macedonia this indicator has an oscillating course.

Rate of maternal mortality				
Maternal mortality (per 100 000 live births)	2008	2009	2010	2011
	-	4,2	8,2	4.1

Source: Information on the health of the mothers and children in the Republic of Macedonia in 2011, Institute for Maternal and Child Health Protection, Skopje, October 2012

In 2010, a Strategy for Safe Motherhood was adopted in which activities are planned for safe pregnancy, childbirth and postnatal care and which are expected to reduce the mortality of mothers and newborns. With the annual Programme for health protection of mothers and children which is adopted every year, activities are planned for improvement of the health of the mothers and the newborns. The activities listed above and undertaken by the state are activities in accordance with the Strategy for Safe Motherhood and the Programme for health protection of mothers and children and they have been continuously been implemented for years now.

Some of the activities such as the adoption of protocols for antenatal, perinatal and postnatal health protection, equipping of the maternity hospitals with modern equipment for monitoring the pregnancy, childbirth and care for the newborns under risk in the

neonatal period (incubators), renovation of a large number of maternity hospitals; referral of gynaecologists for a training on the use of the new equipment at the Clinic for Gynaecology and Obstetrics; introduction of maternal booklet are activities planned in the Strategy for Safe Motherhood and implemented after the adoption thereof.

The deliveries with a professional help are maintained at a high level. The delivery in a health institution is an adopted standard in the health protection and in 2011 that percentage was 99%. During the antenatal examinations, a total of 4199 pathological conditions were registered, of which 39% in the first trimester of the pregnancy.

For the purposes of improving the health of the mothers, the following measures were undertaken:

- an assessment of the maternity hospitals in the Republic of Macedonia was made in cooperation with UNICEF;
- a Strategy for Safe Motherhood with an Action Plan (2010) was prepared and adopted;
- a Strategy for Sexual and Reproductive Health (2010) was prepared and adopted;
- equipping of the maternity hospitals with modern equipment for monitoring the pregnancy, childbirth and care for the newborns under risk in the neonatal period (incubators), renovation of a large number of maternity hospitals (period 2010-2012);
- referral of gynaecologists for a training on the use of the new equipment at the Clinic for Gynaecology and Obstetrics;
- every woman has the right to a free delivery, including surgically (with caesarean section), (the co-payment is paid by the Ministry of Health) in accordance with the Co-payment Programme which is adopted every year;
- the existing protocols for antenatal care were updated whereby they have become mandatory for all levels of health protection, as well as other protocols related to the monitoring of pregnant women with some kind of risk (2010);
- continuous trainings of the gynaecologists from the primary health protection for abiding by the protocols (2011);
- free checkups provided with the personal gynaecologist during pregnancy, including also ultrasound examination (with the exception of the co-payment for laboratory examinations of blood and urine), (continuously from 2008 to 2012);
- provision of a serological screening test for genetic abnormalities (triple marker or quad marker screening test) at the Clinic for Gynaecology and Obstetrics (GAK) (the women only pay participation, and the remaining amount is covered by the Health Insurance Fund of Macedonia);
- nursing visits to the pregnant women whose number is defined in the Programme for active health protection of mothers and children in the Republic of Macedonia,

which the Ministry of Health adopts each year, according to which an average of two nursing visits per a pregnant woman are necessary.

The primary health protection of the pregnant women is conducted by the personal gynaecologists with a total of 137 doctors, i.e. 1 doctor per 3840 women of reproductive age.

In 2011, a total of 21 181 nursing visits were made to pregnant women or an average of 1.7 visits per a pregnant woman (of the planned 2 visits per a pregnant woman in accordance with the Programme for active health protection of mothers and children). The coverage of the pregnant women with nursing visits in 2011 was 54%. The nursing service, due to its “field work” character, also covers the pregnant women in the rural areas with its services. In 2011, 90% of the women who gave birth were covered with nursing visits, and a total of 55 381 nursing visits were made to women who have recently given birth, or an average of 2.7 visits per a woman who has recently given birth. Also, the following was implemented:

- trainings of the patronage nurses for care for the women in the antenatal period (according to the Programme for mothers and children) (2011);
- preparation of educational materials for the women and manuals for the health workers (2010 and 2011);
- reintroduction of maternal booklet for monitoring of the pregnancy which is filled in by the personal gynaecologist, in a package with a Brochure for pregnant women, through which the pregnant women receive written information about the type, size and dynamics of the health services in the course of the pregnancy, for practicing healthy lifestyles and for dealing with the most common problems during pregnancy, the importance of breastfeeding, and the post-natal care (2011).

Management of waiting lists in health care

With regards to the specific question raised by the European Committee of Social Rights, and with reference to the management of the waiting lists and the waiting times in health care³, we inform you that for the time period for which this report is submitted, the issue of the waiting lists is only legally regulated in the Law on Health Insurance, but a bylaw has not been adopted. In practice, *de facto*, there has been a waiting list (it is not possible for all patients to use the same health service in the same moment), but there are no data on the waiting times for some medical procedures. Towards the end of 2011, a pilot project started for electronic keeping of the list of appointments and interventions through the web application www.mojtermin.mk, which is maintained by the Ministry of Health. It is planned to adopt a Rulebook which shall regulate the keeping of the electronic list of appointments and interventions and the project to be implemented in all health facilities for the use of the specialist consultative and hospital health services, as specified in the contract of the health institution with the Health Insurance Fund.

³ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.7

Article 11§2

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health.

Public information and awareness-raising

The effects of the model of intensive, integrated approach for promotion of the behavioural actions for health of the people and the environment through the involvement of the health, governmental and non-governmental organizations, profit and non-profit, local self-government, media and individuals are illustrated with numerous activities such as national strategies, action plans and programmes that are continuously applied since 2000 and implemented through the public health programmes that are adopted each year.

It is particularly important that in the primary health protection, regular preventive goals have been introduced that are to be realized by the primary care doctors, as well as continued conducting of systematic medical checkups, and provision of free health examinations for the purposes of detection and control of the individual risk factors.

In the Republic of Macedonia, in the period 2008-2011, for the purposes of educating the population for health promotion and disease prevention, each year over 13 000 lectures on vaccinations, nutrition, hygiene, prevention of addictions - alcoholism, drug addiction, smoking, prevention of cardiovascular diseases, malignant neoplasms, diabetes, osteoporosis, chronic obstructive pulmonary disease (COPD) and other chronic non-infectious diseases are organized. Also, about 1000 workshops are held for family planning, for maintenance of hygiene-dietetic regime, i.e. for basic sanitary minimum, for early detection of cancer and other contents related to health promotion and disease prevention, about 2000 courses are held related to the provision of first aid, the care for proper nutrition and proper growth and development of the children, etc.

In the health care sector, each year promotional activities and campaigns are organized with a special emphasis on the celebration of the respective world days, weeks, etc. (World Diabetes Day, World No Tobacco Day - May 31, Day Against Drug Abuse, Youth Day, International Children's Day, start of the Decade of Action for Road Safety, etc.) In that sense, on 7 April, preventive free checkups were organized for the citizens, during which biochemical examination was made of blood sugar levels, cholesterol, blood pressure, anthropometric measurements - hip size, height and weight, propaganda materials were distributed for healthy lifestyle, advice were given on the need for regular preventive examinations and proper attitude towards our health.

Debates, workshops, conferences and other professional meetings are also held which are intended for the health workers, but also for the general population, in order to maintain the continuity in the medical education, as well as the continuity in the process of health education of the population with reference to the healthy lifestyle, prevention of chronic non-infectious diseases, as well as control and prevention of infectious diseases.

For the purposes of more efficient health education, in the course of 2008-2011, numerous articles in professional and scientific journals and in daily newspapers were published, and a large number of health promotional materials - posters, brochures, agitation materials, tutorials, etc were produced and distributed. Thus, for example, a brochure "Let's fight against cervical cancer together" was printed in Macedonian and Albanian language, Guidelines for the prevention of non-infectious diseases was prepared for the doctors in the primary and preventive health protection, as well as agitation materials for prevention of cavities "Protect yourself from cavities – Inform yourself!" and a card with a call for preventive dental examination. The governmental sector cooperates with the NGOs in the organization and implementation of numerous debates and conferences with presentations and other activities dedicated to the Roma, the children and maternal health, the sexual and reproductive health, the road safety, etc.

In the course of the reporting period, the Ministry of Health also conducted several campaigns:

- campaign for promotion of Youth counselling centres for sexual and reproductive health under the motto "FEEL FREE TO ASK" (2010);
- campaign for awareness raising on the benefits of the HPV vaccination and increase of the coverage of girls (2011, in the framework of the campaign, a TV spot was prepared and broadcast for HPV vaccination on 15 local televisions and on Nasa TV in Skopje);
- campaign "Diabetes Van", in cooperation with the Union of diabetics (2011). On a daily basis, the public was informed about the possibility to make a preventive check in their city. For this purpose, appropriate brochures, flyers and other advertising material were also prepared.

Counselling and testing services

Counselling and testing services for the population are carried out through the activities of the public health programmes which under the Law on Health Care are adopted each year and are financed from the budget of the Republic of Macedonia.

Within the programme "*Health for All*", which is implemented in cities throughout the country, and in the last two years at 68 points in rural areas as well, each year, free preventive examinations are provided for the population which include checking of the blood pressure, blood sugar level and fat in the blood, as well as free counselling on health, diet and healthy lifestyles.

The programme for systematic medical checks of the pupils and students provides free health checks for systematic medical examination of students in grade I (6-7 years), grade III (8-9 years), grade V (10-11 years), grade VIII (12-13 years), I grade of secondary school (14-15 years) and IV grade of secondary school (17-18 years), as well as in the first year of university studies. In this manner, screening of the health of school children and youth is made, and it covers about 130 000 children on an annual level.

During the systematic checkups, regular immunization is also made in accordance with the immunization schedule of the Republic of Macedonia. In addition to the systematic checkups, the preventive team provides education on selected topics according to the identified priorities.

During the systematic checkups, the following is implemented:

1. General medical examination:

- measurement of weight and height and determination of the body mass index (BMI);
- examination of the skin;
- checking of the existence of deformities of the locomotion system;
- a general medical examination and check-up of systems (cardiovascular, respiratory);
- digestive, nervous, urogenital system);
- measurement of pulse and blood pressure;
- examination of vision, hearing and speech;
- taking data on puberty in both sexes and menarha (in female pupils and students);
- taking data on the sexual activity of the adolescents and use of contraception and protection from sexually transmitted infections;
- taking data on substance use and abuse (smoking, alcohol, pills, drugs);
- taking data for early detection of signs of depression and other mental health disorders;
- taking data on the existence of violent behaviour (bullying);
- referring to further specialist examinations if necessary;
- collecting data from the teachers and the psychologists on the successfulness and the behaviour of the student and providing necessary advice;
- control of the performed vaccinations and revaccinations and taking measures for completion of the vaccination status.

2. Laboratory test: haemoglobin in blood and albumen and bilirubin in urine.

3. Dental examination: control and record keeping of the status of the dentition (Deciduous teeth, permanent teeth, cavities, extraction and filling index); detection of deformities and irregularities in the development of teeth and jaws.

In the interest of the early detection of chronic non-infectious diseases, in accordance with the Contracts which the Health Insurance Fund concludes with the primary care doctors, in addition to the treatment services, the Fund also pays for services for the implementation of preventive measures and activities such as: prevention of anaemia,

assessment of the nutrition status (obesity), prevention and control of asthma, cardiovascular diseases, prevention of breast cancer, cervix cancer and prostate cancer. Within these activities, the primary care doctors also provide patient counselling.

The Programme for early detection of malignant diseases also provides free services - tests for early detection of breast cancer and cancer of the uterus (see answer under Sexual and Reproductive Health).

Through the Programme for HIV/AIDS funded by the GF, as well as through the Annual Programme on HIV/AIDS funded from the Budget of the RM, free counselling services are provided in the counselling centre for HIV/AIDS at the University Clinic for Infectious Diseases and Febrile Conditions, free ARV therapy, as well as free testing and counselling for HIV/AIDS in the IPH for all interested persons.

With the Programme for prevention measures against TB financed from the Budget of the RM, funds are provided for the implementation of activities for active identification of tuberculosis cases with selective radiography, assets for provision of medicines, as well as funds for health education of the population.

DEVELOPMENT OF A SENSE OF PERSONAL RESPONSIBILITY

Promotion of physical activity and obesity prevention

The Law on Public Health is a guiding document in terms of the protection of the public health in relation to food and nutrition.

The second Action Plan for Food and Nutrition (2009-2014) has been adopted and is implemented through the activities defined in the National Annual Programme for Public Health. Through the programme, continuously, on an annual level, the Institute for Public Health of the Republic of Macedonia (IPHRM) monitors the situation in terms of the nutritional status among certain population groups of interest to the public health, with detection of the health risks, by determining malnutrition, increased body weight and obesity among preschool children, school children - first grade, school children - fifth grade.

In 2011, the PHI, with the support of the Office of UNICEF in the RM, implemented the "Macedonia National Nutrition Survey" with a focus on the children under five years of age and the women of reproductive age. The survey analyzed the dietary habits, the rates of breastfeeding of young children, the growth and the development of children, the rates of anaemia as a result of insufficient presence of micronutrients in the diet, as well as the dietary habits and detection of increased body weight and obesity in women of reproductive age. Based on the obtained results, the IPHRM prepared a manual for proper nutrition of infants and young children aged from 0 to 3.

The public health institutions are active in the field of implementation of the legislation, as well as in the promotional, educational and scientific activities in the field, and thus, in 2010, as part of the education of the population for health promotion and disease

prevention, over 2500 lectures on healthy diet were held. In addition, debates, workshops, conferences and other professional meetings were held which are intended for the health workers, but also for the population, related to the healthy lifestyle, prevention of physical inactivity, the role of sports in the development of children, etc.

Similar activities are also implemented in the framework of the celebration of the World Heart Day and the World Food Day, the World Diabetes Day etc., when the IPH continuously conducts public promotion of healthy diet and healthy lifestyle, with pre-prepared promotional materials, in pre-schools, schools, as well as promotions in the print and electronic media.

Sexual and Reproductive Health

The health legislation in the area is well developed. The Law on Abortion provides a legal basis for the protection of the rights of the women in terms of pregnancy termination and quality standards for the respective field. The Strategy for Sexual and Reproductive Health and the Action Plan 2011-2013 were adopted and are being implemented as a result of the joint activities of the Ministry of Health, the Institute for Public Health and the UN agencies (UNFPA) in the country. The Ministry of Health established a Committee for Safe Motherhood for the purposes of improvement of the perinatal care.

In 2009, the health professional institutions implemented the following:

- health-educational lectures in the secondary and the primary schools. The Institute for Maternal and Child Health Protection conducted a total of 153 lectures in the secondary schools in the city of Skopje, which covered about 5000 high school students;
- individual counselling for prevention of risky sexual behaviour through the activities of the polyvalent nursing service;
- preparation and distribution of health-educational materials intended for the adolescent population;
- contraception advice to at least 10% of the women of reproductive age. In 2009, in the primary health protection of women, a total of 9162 advice were registered on the topic of family planning;
- In 2009, the Institute for Maternal and Child Health Protection, in cooperation with the NGO sector (the citizens association H.E.R.A.), conducted a series of workshops intended for the vulnerable groups of women (women from the rural areas and Roma women) in the field of family planning and sexually transmitted infections;

In the period 2009-2011, the Project for improvement of the national response to the sexual and reproductive health and rights was implemented. A number of activities were implemented within the project:

- a large number of educational and promotional materials on the sexually transmitted infections (STI) and the sexual and reproductive health (SRH), as well

as manuals for advising the workers in the counselling offices on SRH were prepared;

- 100 patronage nurses were subject to training for counselling for SRH in order to improve the access to SRH services of the socially challenged groups and young persons in rural areas. In the course of 2011 they have provided counselling for SRH for 3976 persons;
- At the end of 2011 the Ministry of Health, the Institute for Public Health, the UNFPA Office and the Red Cross of the Republic of Macedonia implemented a promotional activity for the purpose of raising the youth's awareness of their health care and protection from sexually transmitted infections. The action was implemented through a direct communication and counselling and dissemination of promotional materials and distribution of 200.000 condoms by the Red Cross activities and the Y-PEER network.

The segment of protection of the sexual and reproductive health is covered by the HIV/AIDS Programme implemented with a grant from the Global Fund, within which comprehensive activities have been implemented in terms of the health education, especially targeting the young population and the health workers. These activities also entailed serological tests and behavioural researches implemented to special interest groups (persons injecting drugs, sexual workers, men having sex with men, convicts, patients with sexually transmitted infection and the Roma population), and the results will be used for planning activities within the new HIV/AIDS Strategy.

In the course of the three-year implementation of the Programme, the following has been implemented:

- training for over 1000 teachers who were educated in HIV/AIDS/STI and the methods of educating students,
- 26 professionals were trained to work with the Roma population on the topic of prevention of HIV/AIDS/STI (13 social and 13 health workers),
- 2738 professional were trained as field counsellors and health workers who will work in the voluntary and confidential counselling and testing (VCCT) centres,
- the curriculum for prevention of HIV/AIDS/STI and reproductive health was introduced in 80% (376 out of the total of 472 schools) of all primary and secondary schools in the country,
- basic training in prevention of HIV/AIDS/STI was conducted for 20411.
- 8.8% (28.969 out of the total of 327.367 young people in the Republic of Macedonia) were covered with education on prevention of HIV/AIDS/STI,
- 11 centres for decreasing the damage from the drug abuse (sharing needles and syringes) were established throughout the country,
- a total of 10 services for prevention and treatment of drug abuse were opened,
- 4418 intravenous drug users (IDU) were included in the programmes for decreasing the damage (sharing needles and syringes) throughout Macedonia,
- 1882 IDU were included in the programmes for decreasing the damage and prevention of dugs abuse with methadone therapy,

- 240 CSW (commercial sex workers) were included in the preventive activities through field work and offering services in the Drop-In Centre (counselling, medical, legal and social services, hygiene assistance),
- 4938 clients of CSW were covered with the activities for prevention of HIV/AIDS (distributed propaganda material, condoms and lubricants),
- 3986 young girls were covered with activities for prevention of entering into commercial sex work,
- 1127 MSM (men having sex with men) were covered with the targeted HIV/AIDS interventions (peer education, counselling, cultural and social events, hot line),
- a total of 2951 Roma people were covered with the activity for prevention of HIV/AIDS/STI (peer education, distribution of propaganda material, promotion of condoms),
- 2129 convicts were covered with the activity for prevention of HIV/AIDS (peer education, projecting films made for the needs of the target population, distribution of condoms and propaganda material),
- 1.011.336 condoms were distributed among the vulnerable groups (young people, CSW and their clients, IDU, MSM (men having sex with men), Roma people, convicts), medical checks and tests for STI were conducted in 1213 Roma women in the reproductive period, 13 voluntary and confidential counselling and testing (VCCT) centres were opened throughout the country, 6.141 people have used the VCCT services and ARV therapy has been provided for 17 patients.

In addition, health-educational lectures, seminars, media appearances are implemented on an annual level, related to all infectious diseases, adequately to the current epidemiologic status and their occurrence in a certain time period, i.e. in accordance with their prevalence, via the Annual National Programme for Public Health, within the activities implemented by the Department of epidemiology.

With support from international donors (IPPF and UNICEF), centres for promotion of sexual and reproductive health of youth were opened, as well as implementation of education of healthcare workers, social workers and pedagogues for the promotion of sexual and reproductive health within their everyday work.

Centres for STI Counselling were established at the Clinic for skin and venereal diseases and the Clinic for Gynaecology and Obstetrics.

As of 2010, the annual programme for early detection of malignant diseases has been continuously implemented, via which activities were commenced for implementation of pilot screening of uterus cancer and breast cancer. The programme provides free PAP test for women in their reproductive period and as of 2010, over 35 000 women were tested, and approximately 40000 underwent mammography. In 2011, organized screening started in 4 towns in the Republic of Macedonia. Within the organized screening in 2011, 20000 women were invited for preventive gynaecological examination with PAP test, whereby 6000 were examined and the PAP test showed abnormalities in 9.4% of the women and they were sent to further examinations.

Vaccination with the HPV vaccine is continuously implemented via the annual programme for immunisation of the population in the Republic of Macedonia, and the

implemented campaign for benefit from the HPV vaccine contributed to the increase of the coverage – from 35% in the school year 2009/2010 to 56% in the school year 2010/2011. The Strategy for Safe Motherhood is implemented via activities defined in the Programme for active health protection of mothers and children directed towards the decrease of the mortality and morbidity of pregnant women and infants.

Health and environment

The **Health Strategy 2020** sets out targets related to the provision of healthy environment for the purpose of improvement of public health. The **National Public Health Programme** defines measures for assessment of the health risks of the environment. The programme provides means for implementation of measures for assessment of the health and environmental risk related to the quality of drinking water, surface waters, quality of air, chemical contaminants in the food, environmental noise, assessment of the health and environmental risk of Ionising radiation (external gamma radiation, radiation of air, water, soil, Ionising radiation of food), risks of pesticides, heavy metals residues.

The Institute for Public Health of the Republic of Macedonia and the Centres for Public Health, in accordance with the National Annual Public Health Programme in the Republic of Macedonia, conduct promotional campaigns for the purpose of minimizing the environmental risks. Many activities were undertaken in the past period for raising the public awareness via celebration of environmental days (Day of the Water, Day of the Planet Earth), promotions, presentations, workshops, consulting meetings and appearances in TV shows, printing promotional materials (flyers, posters, etc.).

Examples:

- In accordance with the Pan-European Programme on Transport, Health and Environment (The PEP), implemented by the World Health Organization (WHO) and UNECE (United Nations Economic Commission for Europe), the Ministry of Health in cooperation with the Ministry of Environment and Physical Planning and the Ministry of Transport and Communications undertake activities for promotion of the physical activity - cycling and walking. In 2010, the Ministry of Health (7-8 June in Skopje), in cooperation with the other two ministries and WHO and UNECE, organized a workshop named "Policies for sustainable and healthy urban transport - Let us work together to achieve the goal".
- Within the Project "Protecting Health from Climate Change" (2009-2011 supported by the World Health Organization and financed by the German Government), the Ministry of Health strengthened the capacities of the health systems for protection of health from climate change, via:
 - Training more than 600 health workers, experts in the field of environment, journalists and other profiles for the influence of the climate change on health;
 - Assessment of the influence of the climate changes on health in the Republic of Macedonia;
 - Study on the influence of the heat waves on the morbidity during summer in the Republic of Macedonia in the period 1994-2009

- Study on the definition of the connection between the occurrence of salmonella infections and the distribution of the average weekly temperature for the period 1996-2009;
- Study on the presence of the *Aedes albopictus* vector in the Republic of Macedonia – published in 2011;
- Study on the influence of the climate changes on the pollen microflora related to the respiratory allergies in the adult population in the City of Skopje – published in 2011;
- Study on the harms to health and economy from the climate changes and on the costs for adaptation on the heat-waves;
- Publication “The effects of the climate changes on health in the Republic of Macedonia” – prepared and published in Macedonian, English and Albanian;
- Strategy has been prepared for adaptation of the health sector to the climate changes in the Republic of Macedonia. The Strategy was adopted by the Government in February 2011 and it was published in June 2011;
- An Action plan was prepared for protection of health of the population in the Republic of Macedonia from heat waves, adopted by the Government in February 2011 and published in 2011;
- A system for early warning for heat was established for on-time publishing of heat-waves, including software design and donated equipment for its operation, prepared and available at the website www.toplotnibranovi.mk;
- Information flyers were prepared and printed for protection from heat-waves intended for the general population, managers in health and social facilities, general practitioners and workers;
- Training was held for more than 300 health workers, experts in the field of environment, journalists and other profiles for the influence of the climate changes on health, with the accent on the heat-waves;
- Investments in the energy efficiency and transfer of technology in two pilot health facilities: The General Hospital in Gostivar and the Clinic Hospital in Stip;
- Assessments of the energy efficiency and the safety of the hospitals in Gostivar and Stip and prepared reports on the assessments;
- Solar thermal systems and thermostatic valves installed in both pilot hospitals;
- Implemented study on the economic effects and the effects on the environment from the interventions in the pilot hospitals, also including a projection on the decrease of the emission of CO₂ at a municipal level, as well as a long-term forecast on the economic benefit;
- Organized study visit on the topic of energy efficiency and renewable energy sources at the LVR Clinic in Bonn, where 5 experts from the Republic of Macedonia participated;

- A publication was prepared “Energy efficiency and renewable energy sources • Manual for the managers in the health sector” and published in December 2011 in Macedonian, English and Albanian;
- Organized training for the health managers, as well as the medical and non-medical personnel on the importance of the energy efficiency in the health sector;
- Realization of activities for raising the awareness of the health managers and the medical and non-medical personnel on the importance of the energy efficiency in the health sector; Timely information on the risks of infectious diseases related to the climate at a municipal and national level;
- Instructions on the connection between the climate changes and the infectious diseases - Manual for the managers in the health sector, for the purpose of raising the awareness of the health workers, as well as the population regarding the risks of occurrence of infectious diseases. The instructions were prepared and published in Macedonian, Albanian and English in June 2011;
- Organized training for more than 300 specialists in epidemiology, specialists in infectious diseases, specialists in hygiene and other health workers on the topic of “Climate changes and infectious diseases”;
- A great number of expert missions and trainings, seminars and conferences were realized. Activities were organized for capacity building of the media on the climate changes and health related issues (workshops, field visits, production of video materials, etc.). A group was established of fifteen young journalists who expressed their preparedness to cooperate in the network of young journalists that will treat health and environment related issues, with an accent on the climate changes;
- A partnership was established between the agencies and ministries and the coordination was improved too. Information sharing and trainings, capacity building and raising the public awareness are crucial.

Results from the realization of strategies

Mental health strategy

The activities for implementation of the Strategy for mental health include organizing of a system for mental health within the community, i.e. realization and deinstitutionalization of the special psychiatric hospitals and creation of a network of services for mental health within the community on the whole territory of the Republic of Macedonia. The tendency of the Ministry of Health is to gradually decrease the number of beds in the three psychiatric hospitals via organization of the network of Centres for mental health within the community and constant care of the patients who are released from the psychiatric hospitals.

The medical benefits from the deinstitutionalized way of practicing mental health are evident, above all for the patients and for the whole community in general. In the period

as of 2005 until today, 8 centres for mental health have been opened, and opening of 2 more new centres is planned.

Significant results were achieved in the treatment of people with mental health problems, as well as progress in their resocialization which can be considered a success for the whole community. In these centres, approximately 500 service users with chronic mental diseases were included in the programmes for resocialization and reintegration in the society.

The implementation of the individual plan for treatment of the patient is also significant. The plan is created together with the patient with clearly defined targets and defined timeframes for their fulfilment and it is subject to regular checks. The plans are implemented in the centres for mental health in the community, as well as in the psychiatric hospitals. This method of work is approved by the Psychiatric Association of Macedonia and it is accepted as a method of work permanently supervised by the specialized services of the institutions. International and domestic experts in the field of mental health in the community held trainings in this direction, in which the entire personnel in the psychiatric facilities were included.

The national strategy for prevention against oral diseases in children at the age of up to 14 years in the Republic of Macedonia for the period 2008-2018

With the implementation of the measures from the Strategy, progress was achieved in the improvement of the oral health in children, measured via the CIP index (caries index average) which in 2007 was 3.11m while in 2010 it was 0.85. Means for providing adequate dental materials were provided for the children with special needs in which these measures cannot be implemented.

In accordance with the strategy, as of 2009 the implementation started of the Programme for fluoridated milk for children at the age of 3-5 in the public pre-school facilities, as one of the measures for endogenous flour prophylaxis.

Strategy for control of tuberculosis in the Republic of Macedonia (2008-2012)

With the implementation of the Strategy, via the Programme for tuberculosis financed by the Global Fund and the Annual National Programme for preventive measures for prevention against tuberculosis in the population financed by the Budget of the republic of Macedonia, a trend is registered of decrease of the absolute number of new patients: 2009 – 485 persons, 2010 . – 420 persons, 2011 – 362 persons. The percentage of successfully cured persons is constantly increasing from 89.9 % (2010) to 90.2% (2011). In addition, the mortality is decreasing which is 1.8 per 100 000 persons for 2011.

Strategy for sexual and reproductive health

In accordance with the envisaged measures in the Strategy, within the Centres for Public Health, 18 counselling offices for sexual and reproductive health were opened and are functioning, which provide advices for the sexual and reproductive health and free of charge contraception.

In 2006, 6126 abortions were registered or (27.3 per 100 live births), and in 2011, 5324

abortions were registered or (23.4 per 10live births). The awareness of the young people is increasing regarding the need of safe sexual intercourses, prevention against unwanted pregnancy, prevention against sexually transmitted diseases, use of contraception and family planning.

Regarding the sexually transmitted diseases (STD), as a result of the higher awareness for the need of regular gynaecological and urological examinations regarding STD, as well as the regular reports by the doctors, there is no significant deviation. However, in 2001, 12 cases of gonorrhoea were reported and in 2011, 8 cases were reported. In 2006, 4 cases of syphilis were reported and in 2011, 1 case was reported. In 2011, 9 cases of HIV/AIDS were reported in the country as a result of the activities of the Programme for prevention against AIDS and the activities of the Project with the Grant from Global Fund. The activities for voluntary counselling and testing contribute to the active detection of HIV positive persons, however, the improvement is in the timely and available antiretroviral therapy with which the mortality of the diseased persons from AIDS is decreased 2.5 times within the period 2005-2011 (36.7% mortality), compared to the period 1987-2004. (83%mortality).

School programmes

Education of students regarding the issues related to smoking, alcohol, drugs, reproductive and sexual health, safety on the roads and healthy food, is a very carefully treated issue in the Republic of Macedonia.

Therefore, starting as of the first grade, the children are motivated, within the subject "Getting acquainted with the environment", to gain healthy and hygienic habits, to take care of their health and environment, as well as to gain elementary traffic culture. In addition, the children are trained to apply healthy and hygienic habits for maintaining and improving their own health and hygiene, within the subject "Physical and health education".

Within the subject "Life Skills", the students in first to third grade, are acquainted with the meaning and the importance of the healthy diet, taking care of the personal hygiene, prevention against diseases and illnesses, as well as developing awareness for the sexual health. Concurrently, the students are also motivated to learn how to improve their own health via gaining healthy habits, encompassed by contents stated above. The subject "Life Skills" also encompasses the following contents: Safe behaviour in the environment, building positive relation toward the environment (taking care of the hygiene and maintenance), building positive relation toward the plants and animals, improvement, maintenance and enhancement of the environment and protecting the planet Earth.

In addition to the improvement of their knowledge gained in the previous years, the students in fourth to sixth grade are also acquainted with the meaning of the sexual health, harassment and abuse, as well as with the need of prevention from smoking cigarettes and consuming alcohol, within the subject "Life Skills". The same topics are

also envisaged for the students from seventh to ninth grade, upgraded and adapted adequately to the age of the students, with one difference, another programme content – prevention from abuse of psychotropic, was added for this age of students.

Within the obligatory subject “Biology”, the students in the first year of high-school expand their knowledge gained in the previous years of education which specifically regards the addiction, risks and negative influences of abuse of drugs, alcohol, as well as the manners of prevention and protection therefrom.

Within the obligatory subject “Biology”, the students in the third year of high-school expand their knowledge gained in the primary school regarding the reproductive and sexual health.

"HEALTHY FOOD FOR SEAMLESS CHILDHOOD" CAMPAIGN

"Integration of the environmental education in the Macedonian educational system"

The Ministry of Education and Science, as part of the “Integration of the environmental education in the Macedonian educational system” Programme, implemented by the Civic Association “OHO”, based on the signed Memorandum on cooperation with the Swiss Agency for Development, started the “Healthy Food for Seamless Childhood” Campaign in the school year 2011/2012. The campaign is implemented under the patronage of Mrs. Maja Ivanova, the wife of the President of the Republic of Macedonia.

This campaign is dedicated to the healthy diet and its purpose is to raise the awareness for consuming healthy food in children and students. The campaign is educational, informative and above all, it conveys the positive aspects of the healthy food, the manners of preparation and the process of gaining positive habits for consuming healthy food, above all in the kindergartens and schools.

In the school year 2011/2012, the campaign was excellently accepted by the kindergartens and schools and it attracted great attention and active inclusion of the parents, the local environment, local business sector and local media, which can be proved by over 400 recipes of the students and children, 300 environmental messages and 120 menus of healthy food in the kindergartens and schools. Over 4000 students, 1400 children from the kindergartens, 240 teachers and 120 nursery school teacher took part in the campaign and 34 public events were organized in the municipalities in the country.

The Ministry of Education and Science, the patron, the Swiss Agency for Development, OHO and all associated continued with the activities of the Campaign in this school year, too, with tendency for greater goals for successful implementation and changes that will provide long-term results.

For the needs of the campaign, OHO prepared posters that are distributed to all included kindergartens and schools, a video and a song were made “Healthy Food for Seamless Childhood”, the best messages and recipes from the kindergartens and schools are presented in the children show 5+ and logistic support is provided via the office of the Programme within the Ministry of Education and Science.

With regards to the request of the European Committee of Social Rights for information on the number of employed persons that provide medical services in the schools⁴, we inform that the number of teams for prevention that perform medical examinations and immunization in the schools is 110 doctors and 230 nurses. They are accommodated in the health care homes within the Preventive Health Care Services for children at the age of 0-18 and are part of the health care system.

System between the Health Insurance Fund of the Republic of Macedonia (FZOM) and the doctors

Regarding the request of the Committee of Social Rights for description of the system established between the doctors and the Health Insurance Fund of the Republic of Macedonia (FZOM)⁵, we hereby report that in accordance with the Law on health Insurance, FZOM is the purchaser of health care services for the benefit of the insured persons. Depending on the needs for health care services and the defined funds for that purpose in the budget of the Fund, the Fund shall purchase health care services for which it shall conclude and terminate contracts with the health care facilities.

On the other hand, the health care facilities shall be obliged to plan the funds necessary for providing a certain scope of health care services.

The health care facilities shall be obliged to use the assets necessary for providing a certain scope of health care services rationally, economically, efficiently and within their purpose in accordance with the defined annual plans for income and expenditures.

The health care facilities shall be obliged to submit to the Fund financial and other data in a manner and within deadlines defined by a general act of the Fund.

For every year, the Fund shall define a plan and programme, within the planned funds, for the health care services that are financed by the funds for mandatory health insurance. The Fund shall define criteria for conclusion of contracts with the health care facilities with a general act, in accordance with the following:

- The number of insured persons in the primary health care;
- Prices of performed health care services in the specialist – consulting health care;
- Prices of health care services grouped in DSG (Diagnostically Related Groups) in a hospital health care for acute treatment of hospitalized ill persons;
- Agreed prices of health care services that are not performed in the health care facilities of the hospital health care;
- Defined prices of health care services in the hospital health care for daily hospital, in patients with chronic diseases and medical rehabilitation and physiotherapy for inpatients;

⁴ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.11

⁵ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.10

- The programmes for certain types of health care, i.e. services;
- Defined funds in the Budget of the Fund per purpose; and
- Other criteria.

The manner of payment to the health care facilities in the remote rural places with only one doctor in the primary health care (general medicine, school medicine, paediatrics and labour medicine), in addition to the above stated criteria, shall be also performed on the basis of criteria based on the remoteness from the nearest settlement in which specialist – consulting health care is provided, remoteness from the settlement in which the nearest health care institution of the primary health care is located, number of citizens and hard to access terrain.

As of January 2011, FZOM introduced a treasury operation which is expected to provide control of the costs of the public health care facilities in accordance with the defined annual budgets, activities and plans. The introduction of a unified, connected, stable and transparent system of control of payments in the public health facilities is a necessary need for efficient, effective, economical and proper use of funds realized on the basis of mandatory health insurance.

Article 11§3

In order to ensure effective exercise of the right to health protection, the contracting parties undertake, either directly or in cooperation with public or private organizations, to undertake adequate measures aimed, among other things, to prevent as much as possible epidemics, endemics and other diseases.

I DECREASE OF THE RISKS IN THE ENVIRONMENT

Water

The centres for public health in accordance with the National Annual Programme for Public Health in the Republic of Macedonia each year perform continuous monitoring and evaluation of the sanitary-hygienic condition of water supply for the population, water supply facilities and safety (quality and health safety) of drinking water, as well as, regarding the health aspect, the waters for bathing and recreation on the territory that are administratively covered by them.

The fulfilment of the program tasks is performed through:

- Performing sanitary-hygienic insight of the water supply facilities, protective zones of the catchments above the springs and their surroundings;
- Drinking water sampling for laboratory analysis and evaluation of the safety of drinking water;
- Monitoring, implementation and proposing measures for the availability of safe drinking water supply for the population.

The statistical review of the activities of the centres for public health in terms of health safety of drinking water is given in the tables below:

Performed insights and sampling of drinking water in urban areas in the Republic of Macedonia for the period 2008 - 2011

The overall activity of the public health care offices in terms of health safety of drinking water in 2008

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
				Physical - chemical analyses			Bacteriological analyses		
				Total	Invalid		Total	Invalid	
	Citizens	Insights	Samples		Number	%		Number	%
City water supply system	1247790	202	10392	9832	400	4,07	10392	94	0,9
Villages connected to the city water supply system (number of villages: 222)	297865	112	1419	1272	18	1,41	1419	28	1,97
Villages with their own water supply system (number of villages: 905)	478189	820	5545	5543	822	14,8	5543	1415	25,2
Villages - other types of facilities (number of villages: 350)	158433	257	1735	1735	319	18,4	1731	715	41,3
Weekend settlements, hotel-catering tourist facilities from their own spring (number of facilities: 88)	/	72	389	389	45	11,57	388	27	6,95
Work organizations that are significant consumers of water from their own spring (number of facilities: 129)	/	84	1066	1063	150	14,11	1066	131	12,29
Water with special features (number of facilities 30)	/	28	252	116	32	27,58	252	28	11,11
Other facilities (wayside, monumental in the hill-mountain or recreational areas, etc.) number of facilities: 150	/	139	563	563	125	22,2	548	154	28,1
TOTAL:	2182277	1714	21361	20513	1911	9,31%	21339	2592	12,15%

The overall activity of the centres for public health regarding the health safety of drinking water in 2009

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
				Physical - chemical analyses			Bacteriological analyses		
	Citizens	Insights	Samples	Total:	Invalid		Total:	Invalid	
					Number	%		Number	%
City water supply system	1256494	223	7528	7509	402	5,35	7522	89	1,18
Villages connected to the city water supply system (number of villages: 227)	300348	137	1112	1111	80	7,2	1112	102	9,17
Villages with their own water supply system (number of villages: 906)	482952	825	4887	4884	931	19,06	4887	1447	29,6
Villages – other types of facilities (number of villages: 337)	139522	213	1522	1522	265	17,41	1520	648	42,63
Weekend settlements, hotel-catering tourist facilities from their own spring (Number of facilities 87)	/	52	358	358	31	8,65	359	38	10,58
Work organizations that are significant consumers of water from their own spring (Number of facilities 125)	/	95	1165	1163	114	9,8	1141	151	13,23
Water with special features(Number of facilities 35)	/	35	187	120	49	40,83	187	34	18,18
Other facilities (wayside, monumental in the hill-mountain or recreational areas, etc.) number of facilities: 146	/	102	375	369	69	18,69	375	125	33,33
TOTAL:	2179316	3364	17134	17036	1941	11,39%	17103	2634	15,04%

The overall activity of the centres for public health regarding the health safety of drinking water in 2010

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
				Physical - chemical analyses			Bacteriological analyses		
	Citizens	Insights	Samples	Total:	Invalid		Total:	Invalid	
					Number	%		Number	%
City water supply system	1259453	123	7657	7542	402	5,33	7657	114	1,49
Villages connected to the city water supply system (number of villages: 240)	307405	112	1148	1148	190	16,55	1144	143	12,5
Villages with their own water supply system (number of villages: 864)	507722	712	4940	4845	1203	24,82	4938	1463	29,6
Villages - other types of facilities (number of villages: 316)	132305	301	1393	1381	336	24,33	1357	537	39,57
Weekend settlements, hotel-catering tourist facilities from their own spring (number of facilities 85)	/	57	331	323	36	11,15	332	51	15,36
Work organizations that are significant consumers of water from their own spring (number of facilities 126)	/	76	975	963	102	10,59	972	142	14,6
Water with special features (number of facilities 33)	/	49	206	112	35	31,25	206	40	19,41
Other facilities (wayside, monumental in the hill-mountain or recreational areas, etc.) number of facilities: 141	/	128	485	485	68	14,02	485	169	34,84
TOTAL:	2206885	1558	17135	16799	2372	14,12%	17091	2659	15,56%

The overall activity of the centres for public health regarding the health safety of drinking water in 2011

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
				Physical - chemical analyses			Bacteriological analyses		
	Citizens	Insights	Samples	Total:	Invalid		Total:	Invalid	
					Number	%		Number	%
City water supply system	1 261 134	145	7558	7407	253	3,41	7552	58	0,77
Villages connected to the city water supply system (number of villages: 238)	302 394	125	1276	1276	138	10,81	1276	108	8,46
Villages with their own water supply system (number of villages: 872)	501 690	735	5151	5144	1188	23,09	5149	1113	21,61
Villages - other types of facilities (number of villages: 293)	125 067	239	1621	1616	266	16,46	1618	595	36,77
Weekend settlements, hotel-catering tourist facilities from their own spring (number of facilities 62)	/	73	351	350	34	9,71	351	37	10,54
Work organizations that are significant consumers of water from their own spring (number of facilities 107)	/	63	992	978	76	7,8	990	139	14,04
Water with special features (number of facilities 32)	/	31	207	134	39	29,1	204	21	10,29
Other facilities (wayside, monumental in the hill-mountain or recreational areas, etc.) number of facilities: 115	/	124	391	391	46	11,76	390	121	31,02
TOTAL:	2 190 285	1535	7 547	17296	2040	11,79%	17530	2192	12,5%

The analysis of the data from the water supply of the towns shows that the sanitary and hygienic condition of water supply facilities and health safety of the analyzed water samples is generally satisfactory, i.e. it is within the expected limit, compared to the previous years. This analysis encompasses 32 towns with 1,261,134 citizens. Every year, approximately 7500 samples are taken and examined for bacteriological and physical – chemical analysis in the laboratories of the centres for public health in the scope of the so called basic analysis. Most common reason for invalid findings in the physical – chemical analysis is a result of the absence of residual chlorine or increased contents of iron, but not from the water samples from the water supply network.

The Agency for Food and Veterinary is regularly informed on all invalid drinking water samples.

Air

Based on the Law on Health Care (Official Gazette of the RM "no. 38/91, 46/93, 10/04, 84/05, 111/05, 65/06, 5/07, 77/08 and 67/ 09) and the Law on the Ambient Air Quality (Official Gazette of the Republic of Macedonia "No.67/04) PHI Centres for public health shall be obliged to organize and monitor the air quality in populated areas.

The Law regulates the measures for avoiding, preventing or reducing the harmful effects of the pollution of the ambient air on human health and the environment as a whole, through the establishment of ambient air quality limit values and alert thresholds, limit values for emissions, formation of a unique system for monitoring and control of ambient air quality and monitoring of emission sources, comprehensive system for management of ambient air quality and emission sources, information system and other measures for protection from certain activities of illegal entities and natural persons who have a direct or indirect impact on air quality.

According to the Law on Ambient Air Quality (revised text with amendments of 2010) it is defined that the Ministry of Environment and Physical Planning shall prepare a National Plan for protection of the ambient air which is to be adopted by the Government of the Republic of Macedonia. The plan arises from the requirements of the Convention on Transboundary Transmission of Air Pollution (implemented through its eight protocols).

State automatic monitoring system for ambient air quality of the Republic of Macedonia is in accordance with the requirements of the EU regulations. Regular continuous operation of this system allows identification of ambient air quality on the territory of the Republic of Macedonia, for the purpose of informing the public, academic and professional institutions, reporting in accordance with the requirements of international agreements and institutions, and the preparation of plans and programs for improvement of air quality.

Pursuant to Article 27, paragraph 2, 3 and 4 of the Law on Ambient Air Quality ("Official Gazette of the Republic of Macedonia" no. 67/2004, 92/2007) the following bylaws have been adopted:

- Rulebook on the detailed content and manner of preparation of the program for reducing pollution and improvement of the quality of the ambient air ("Official Gazette of the Republic of Macedonia" no. 108/2009);
- Rulebook on the detailed content and manner of preparation of the action plan for protection of the ambient air ("Official Gazette of the Republic of Macedonia" no. 108/2009);
- Rulebook on the detailed content and manner of preparation of the national plan for protection of the ambient air ("Official Gazette of the Republic of Macedonia" no. 108/2009);

Among the other things, the National plan for protection of the ambient air is to provide the following:

- Maintenance of ambient air quality in the zones where the limit values of the quality are not exceeded;
- Improvement of ambient air quality in the zones where the limit values of the quality are exceeded;
- Taking measures to reduce emissions from certain stationary sources of pollution;
- Adoption of necessary measures for minimization and complete removal of the negative effects on the ambient air quality.

The Law on Ambient Air Quality provides the basis for the establishment and operation of a state network of monitoring of ambient air quality, which will unite the three existing networks, as well as local networks for monitoring of the ambient air quality in certain local self-government units, if there is a need of a special additional air quality monitoring at the local level. The activities for establishment and operation of the state network are provided for in the Action Plan for European Partnership.

The National Annual Programme for Public Health in the Republic of Macedonia defines the scope of measures, tasks and activities that are implemented by the 10 regional centres for public health with their regional units and the Institute of Public Health of the Republic of Macedonia, by examining the following types of pollutants:

- Smoke, SO₂, aero sediment, carbon monoxide, and lead are examined in the Centre for Public Health – Skopje;
- Smoke, SO₂, aero sediment, lead, cadmium and zinc are examined in the Centre for Public Health – Veles;
- Aero sediment is examined in the Centres for Public Health Bitola, Kocani, Kumanovo, Ohrid, Prilep, Strumica, Tetovo and Stip; lead, cadmium and zinc are examined in Kumanovo;
- Automatic measuring station that monitors the concentrations of CO₂; CO; NO_x; O₃ and PM₁₀ is installed in Bitola;

- Lead, cadmium, iron, manganese, copper, zinc, cobalt, nickel, chromium and strontium in aero sediment are monitored in the Institute for Public Health of the Republic of Macedonia in Skopje at 4 measuring points.

A List of zones and agglomerations for ambient air quality ("Official Gazette of the Republic of Macedonia", No.23/2009) was adopted in 2009 . This list implements the requirements of the Framework Directive on Air Quality 96/62/EC and the related directives. The establishment of zones and agglomerations provides a basis for preparation of programs for reduction of the pollution and improvement of the ambient air quality and action plans for protection of the ambient air at the level of local self-government units.

During 2010, the following laws were adopted on ratification of the first five protocols of the UNECE Convention on Long-Range Transboundary Air Pollution from 1979:

- Law on Ratification of the Protocol on further reduction of sulphur emissions from 1994 to the UNECE Convention on Long-Range Transboundary Air Pollution from 1979 ("Official Gazette of RM" no. / 10);
- Law on Ratification of the Protocol on the reduction of sulphur emissions or their transboundary transmission by at least 30% from 1985, to the UNECE Convention on Long-Range Transboundary Air Pollution from 1979 ("Official Gazette of RM" No. 24/10);
- Law on Ratification of the Protocol on the Long_Term Financing of the Co-operative Programme for Monitoring and Evaluation of the Long-range Transmission of Air Pollutants in Europe (EMEP) to the 1979 UNECE Convention on Long-Range Transboundary Air Pollution ("Official Gazette of RM" no. 24/10);
- Law on Ratification of the Protocol on Control of Emissions from Volatile Organic Compounds (VOC) or their transboundary transmission from 1991 to the UNECE Convention on Long-Range Transboundary Air Pollution from 1979 ("Official Gazette of RM" No. 24/10);
- Law on Ratification of the Protocol on the reduction of nitrogen oxides emissions or their transboundary transfers from 1988 to the UNECE Convention on Long-Range Transboundary Air Pollution from 1979 ("Official Gazette of RM" No. 24 /10).

Noise

The conducted study for assessment of the risk from communal noise in the school population showed that children who study and live in a mixed residential and business zone, in the central area of the City of Skopje, are exposed to an increased noise levels higher than 55 dB (A), and children who live and learn in a suburban area, which is exclusively residential zone are exposed to a noise lower than 55 dB (A). Neurotic disorders associated with stress in school children are examined by determining anxiety, attention, hyperactivity, social adaptability and oppositional defiant disorder. Behavioural

changes (changes in the behaviour) in students who live and study in an environment with increased noise level in the city of Skopje are already expressed at the age of 10-11 and are manifested as reduced social adaptability and increased oppositional defiant disorder.

The results from the scientific research study for evaluation of the effects in the adult population from noise exposure of the City of Skopje, as the largest urban centre, indicate that:

- In mixed residential and business zones in the central area and beyond, with intensive traffic, the day and night time noise levels exceed the limit values of 9-15 dB (A), i.e. the day and night time noise levels is increased by 9 dB (A), compared to the limit value;
- It is defined that there is a high degree of anxiety in 13% of the urban population, and in 33%, moderate degree of anxiety is present caused by noise. The dominant sources that cause anxiety are the noise from the construction activities, traffic noise, noise from the catering facilities and people gathered in one place;
- high degree of sleep disorder caused by utility noise exists in 8% of the urban population, and a moderate degree of sleep disorder is established in 18%, i.e. sleep disorder is established in a total of 26%. The most common reasons are the following: traffic noise, noise from the neighbourhood, noise from social activities of the people;
- vulnerable groups exposed to communal noise are chronically ill persons from hypertension, depression, migraine, arthritis rheumatic diseases, chronic respiratory diseases.

In accordance with the Law on protection from environmental noise, limit values are defined for noise level with the Rulebook from 2008 on the limit values that are in accordance with the recommendations of the World Health Organization and the European legislation on noise management. In addition, the secondary legislation which provides implementation of the law is finalized with adoption of bylaws on noise indicators, strategic noise maps and the Decree on monitoring of the environment, which also includes the monitoring of noise.

Protection from radioactivity in the environment

In accordance with the Law on protection against ionising emissions and radiation security ("Official Gazette" No.154/10) dated 2010, the Rulebook on the maximum allowed amounts of radionuclides in food, water, air, soil, products and raw materials of animal and plant origin and items for general use ("Official Gazette No.163/09"), the Rulebook on the maximum limits of radionuclides in construction materials ("Official Gazette" no. 98/10), the Rulebook on safety of water ("Official Gazette" no. 46/08), as well as the EURATOM Directives and National Annual Programme, systematic monitoring of contamination with radioactive materials is performed in the Institute for Public Health to:

- The air in Skopje and Gevgelija;
- Precipitations in Skopje, Gevgelija and Ohrid;

- The soil in Skopje and Stip;
- Water from the River Vardar near Gevgelija, from the Lake Ohrid near the village of Radozda and from the River Lepenec in the inflow in Vardar;
- Gardening products from different production areas;
- Feed from some areas;
- Water from the water supply systems in Skopje, Ohrid and Bitola;
- Milk- product from the dairy in Bitola;
- Bread and flour;
- Construction materials;
- Herbs; as well as
- Import, export and domestic trade of various types of products.

The degree of contamination with radioactive substances is checked by monitoring the parameters:

- total beta and total alpha radioactivity (air, atmospheric residues, drinking water and geographical water);
- presence of gamma emitters in all samples of the program and in the extraordinary samples;
- presence of the artificial radionuclide Sr-90 in all samples of the program.

After the examples of melting scrap metal with abandoned radioactive sources in several European countries including Macedonia, and in order to prevent contamination on the territory of the Republic of Macedonia as well as the proliferation with nuclear materials within the legal competence for monitoring, in 2000 the Institute for Public Health established dosimetric teams for:

- providing 24-hour service, control and detection of trucks and wagons with old scrap metal from import at the border crossings and terminals defined by the Customs Administration of the Republic of Macedonia;
- Maintenance of the link between the mobile dosimetric teams and the Radiation Safety Directorate, Customs Administration and Border Police through their 24-hour availability, according to the National Strategy for Integrated Border Management Programme in the Republic of Macedonia.

The PHI Institute for Public Health, in accordance with the Law on protection against ionising emissions and radiation security is a responsible institution for monitoring of the level of radioactive contamination of the environment in the Republic of Macedonia from all threats with radioactive materials. Since 1967, the Institute constantly implements the national monitoring.

The climate changes and health in the Republic of Macedonia;

Recognizing that global climate changes are a growing threat for the safety of health, in 2008 the Regional Office of the World Health Organization for Europe launched the two-year project funded by the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety: "Protection of the health from climate changes - Initiative of seven countries".

On 17.06.2009, the Ministry of Health appointed the Committee for Climate Changes and Health, as a responsible body for supervision of the activities and decision-making related to the Project. In order to respond to the potential threats to health from climate changes and to prevent them, with the Project in the Republic of Macedonia an evaluation was conducted for the impact on health, vulnerability and adaptation to climate changes, as a basis for the development of national health and adaptation strategy.

The objectives of the project in the Republic of Macedonia were the following:

- to assess the health impacts of the climate changes and to develop a coherent package of recommendations on inter- ministerial creation of policies;
- To develop capacities for assessment of the risks of the climate changes and for actions taken by the professionals in the field of environment and health;
- Action plans for protection of the health of the population from heat-waves are to be prepared and implemented;
- to equip two medical facilities with equipment the exploitation of solar energy (two general hospitals in regions with the highest solar index) to implement pilot projects on energy efficiency and sustainability in areas vulnerable to summer heat and energy supply interruptions, whereby conditions for reduction of CO2 emissions would be provided;
- Preparation of timely information on the risks of infectious diseases related to the climate at a municipal and national level;

The results achieved in the period 2009-2011, as part of this project realized in cooperation with the World Health Organization, Ministry of Health and other partners such as the Ministry of Environment and Physical Planning, the National Institute for Public Health, Centres for Public Health, the Emergency Service from Skopje, the National Hydrometeorological Service, Crisis Management Centre, Protection and Rescue Directorate , Red Cross of the City of Skopje, the NGO Macedonian Centre for Energy Efficiency MACEF and others are as follows:

The Strengthening of the national capacity for assessment of the impact on health from the climate change includes:

- Training more than 600 health workers, experts in the field of environment, journalists and other profiles for the influence of the climate change on health;

- Assessment of the influence of the climate changes on health in the Republic of Macedonia;
- Study on the influence of the heat waves on the morbidity during summer in the Republic of Macedonia in the period 1994-2009
- Study on the definition of the connection between the occurrence of salmonella infections and the distribution of the average weekly temperature for the period 1996-2009;
- Study on the presence of the Aedes albopictus vector in the Republic of Macedonia – published in 2011;
- Study on the influence of the climate changes on the pollen microflora related to the respiratory allergies in the adult population in the City of Skopje – published in 2011;
- Study on the harms for health and economy from the climate changes and on the costs for adaptation on the heat-waves;
- Publication “The effects of the climate changes on health in the Republic of Macedonia” – prepared and published in Macedonian, English and Albanian;
- Strategy for adaptation of the health sector to the climate changes in the Republic of Macedonia which was prepared and adopted by the Government in February 2011;
- An Action plan for protection of health of the population in the Republic of Macedonia from heat waves, adopted by the in February 2011;
- A system for early warning for heat for on-time publishing of heat-waves, including software design and donated equipment for its operation, prepared and available at the website www.toplotnibranovi.mk;
- Information flyers were prepared and printed for protection from heat-waves intended for the general population, managers in health and social institution, general practitioners and workers;
- Assessments of the energy efficiency and the safety of the hospitals in Gostivar and Stip and prepared reports on the assessments;
- Solar thermal systems and thermostatic valves installed in both pilot hospitals;
- Implemented study on the economic effects and the effects on the environment from the interventions in the pilot hospitals, also including a projection on the decrease of the emission of CO₂ at a municipal level, as well as a long-term forecast on the economic benefit;
- Organized study visit on the topic of energy efficiency and renewable energy sources at the LVR Clinic in Bonn, where 5 experts from the Republic of Macedonia participated;
- The publication “Energy efficiency and renewable energy sources - Instructions for the managers in the health sector” was prepared and published in December 2011 in Macedonian, English and Albanian;

- Organized training for the health managers, as well as the medical and non-medical personnel on the importance of the energy efficiency in the health sector;
- Realization of activities for raising the awareness of the health managers and the medical and non-medical personnel on the importance of the energy efficiency in the health sector; Timely information on the risks of infectious diseases related to the climate at a municipal and national level
- Instructions on the connection between the climate changes and the infectious diseases - Manual for the health workers, for the purpose of raising the awareness of the health workers, as well as the population regarding the risks of occurrence of infectious diseases; The instructions were prepared and published in Macedonian, Albanian and English in June 2011;
- Organized training for more than 300 specialists in epidemiology, specialists in infectious diseases, specialists in hygiene and other health workers on the topic of "Climate changes and infectious diseases";
- A great number of expert missions and trainings, seminars and conferences were realized.

Activities were also organized for capacity building of the media on the climate changes and health related issues (workshops, field visits, production of video materials, etc.). A group was established of fifteen young journalists who expressed their preparedness to cooperate in the network of young journalists that will treat health and environment related issues, with an accent on the climate changes; A partnership was established between the agencies and ministries and the coordination was improved too. Information sharing and trainings, capacity building and raising the public awareness are crucial.

Asbestos

The manner and treatment of asbestos waste and asbestos-containing products are regulated by the Rulebook on the manner of handling asbestos waste and asbestos-containing products ("Official Gazette of RM" no. 89/2006).

The Ministry of Environment and Physical Planning (MEPP) shall be responsible for the transposition of the EU Directive 87/217/EEC of 19 March 1987 on the prevention and reduction of environmental pollution by asbestos. According to the tables for compliance and implementation of the Progress monitoring, which is performed in the MEPP for the seventh consecutive year, the aforesaid Directive is implemented 35%. Therefore, establishment of a multi-sectoral working group (coordinating body) is planned for the purpose of updating these tables with new information by the MEPP and by other institutions, whereby the percentage of implementation will significantly increase. Depending on the aforesaid, for full implementation of the Directive, it must be decided whether to modify and amend the existing legislation, or a new Regulation on the prevention and reduction of environmental pollution by asbestos will be adopted in accordance with the Directive.

The working group will be composed of representatives of the competent ministries (the Ministry of Environment and Physical Planning, the Ministry of Labour and Social Policy, the Ministry of Health), chambers and trade unions (e.g. The Chamber of Engineers and Architects, the Association of Construction Workers, etc.), NGOs, experts from academic institutions and industry, etc.. The working group is to be led by the National Coordinator for asbestos elected among the members of the Working Group.

The control of asbestos, in addition to the Directive 87/217/EEC, is subject to several other directives aimed at protecting the health and safety of people who indirectly help in the protection of the environment.

Thus, the Directive 31987L0217 on asbestos, although it belongs to the field of chemicals, it is also implemented in the following areas:

- air quality (measures for prevention and decrease of asbestos emissions in the air);
- Waste Management (technical advices and guidelines, i.e. options for dealing with asbestos);
- Control of industrial pollution;
- Waters and
- Safety and health at work.

The realized project (2010/2011) funded by the European Union, Building capacity for banning and abandoning the asbestos in the Western Balkans countries (KAPAZ) is given on the web site: <http://www.gaussinstitute.org/kapaz5/> and it contains the following:

- Study on the current situation with asbestos in the Western Balkans countries,
- basic information on asbestos (Brochure 1);
- Work on asbestos materials (Brochure 2);
- removal of asbestos waste (Brochure 3);
- Management of asbestos materials (Brochure 4);
- Practical guide on the best practice to prevent or minimize the risk when working with materials that contain (or may contain) asbestos: for employers, workers and labour inspectors; and
- Action plan for banning and abandoning the use of asbestos in the Republic of Macedonia.

Associated with asbestos, the following acts have been adopted by the other institutions:

Bureau of Medicines:

- List for modification and amendment of the list of bans and restrictions on the use of chemicals);
- Rulebook on the data on each chemical in the registry of chemicals;

- List of bans and prohibitions;
- List of substances which are classified into certain classes of danger;
- Special rules for labelling the products containing asbestos.

Ministry of Labour and Social Policy:

- Convention on Asbestos (No. 162 of 1986);
- Recommendation on Asbestos (No. 172 of 1986);
- Rulebook on the minimal requirements for safety and health of the workers from the risks related to exposure to asbestos at work.

Standardization Institute of the Republic of Macedonia:

- MKC EN ISO 16000-7:2009 - Indoor air - Part 7: Sampling strategy for determination of airborne asbestos fibre concentrations (ISO 16000-7:2007);
- MKC ISO 10397:2008 -Stationary source emissions - Determination of asbestos plant emissions -- Method by fibre count measurement (identical to ISO 10397:1993).

In 2010 a study was conducted on the assessment of the environmental impact during the transport and disposal of construction waste containing asbestos components in the City of Skopje.

In 2007, the Law on Safety and Health at Work ("Official Gazette of RM" no. 92/07) was adopted based on the Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work. This law defines the measures for safety and health at work, the obligations of employer and the rights and responsibilities of the workers in the field of safety and health at work, as well as the preventive measures against occupational risks, the elimination of risk factors for accident, informing, consulting, training of workers and their representatives and their participation in planning and taking measures of safety and health at work.

In accordance with the Law, the principle of prevention of injuries at work, occupational diseases and diseases related to work, shall be the basic principle.

Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work (second individual Directive within the meaning of Article 8 of Directive 80/1107/EEC), Council Directive 91/382/EEC of 25.06.1991 amending Directive 83/477/EEC and Directive 2003/18/EC of the European Parliament and of the Council of 27.03.2003 amending Council Directive 83/477/EEC, shall be transposed in the Rulebook on the minimal requirements for safety and health of the workers from the risks related to exposure to asbestos at work ("Official Gazette of the Republic of Macedonia" no. 50/2009). The provisions of this Rulebook shall apply to the activities where the workers are exposed or may be exposed to asbestos dust or asbestos-containing materials in the course of their work.

II CONTROL AND SAFETY OF FOOD IN THE REPUBLIC OF MACEDONIA

General objectives of the food safety policy in the Republic of Macedonia are to provide a high level of protection of human health and consumer interests regarding the food, through implementation of food safety standards and requirements of the European Union.

The dedication of the Republic of Macedonia for EU accession and the responsibilities for implementation of the Agreement for Stabilisation and Association, determine the need for harmonization of the national legislation in the area of food safety with the relevant EU Acquis, as well as its full implementation in the food sector.

In order to provide an integrated and comprehensive approach to food control, as well as in order to supplement and connect certain segments and regions, the Republic of Macedonia decided to redefine the food safety system and to build a single integrated food safety system.

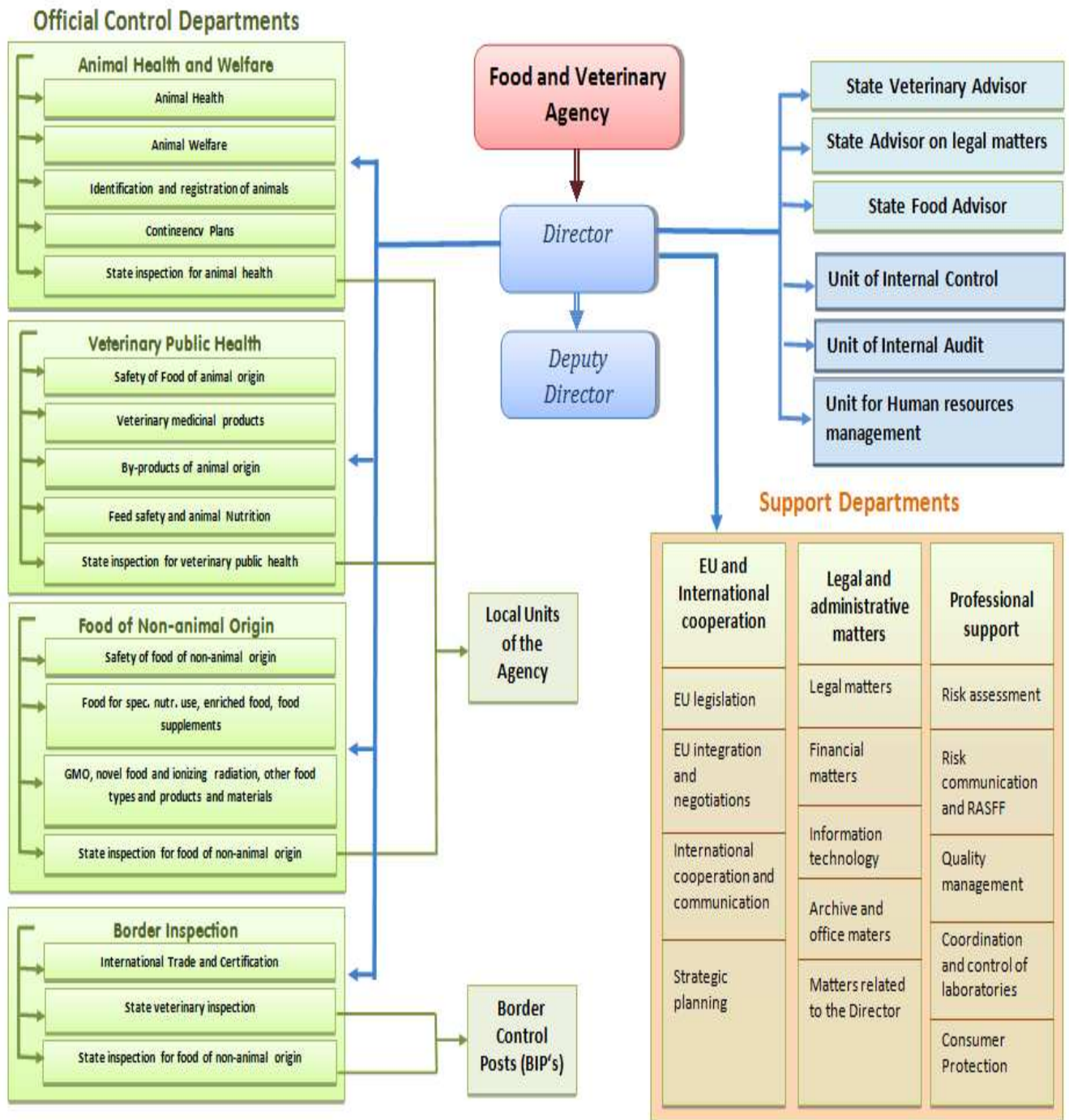
The complexity of the institutional setting of food safety control system in the Republic of Macedonia until 2010, which was distributed between the two ministries, the Ministry of Agriculture, Forestry and Water Economy - Veterinary Directorate and the Ministry of Health - Food Directory, resulted in weak cooperation and coordination of the relevant institutions, at the same time establishment of a single food safety system, which would include the entire chain of food safety was not possible.

The institutional setting was changed in order to ensure adequate division of the responsibilities, coordination of the activities and coverage of the entire chain of food safety, for the purpose of efficient implementation of the food safety policy. This includes adapting the methods of control, preparation and implementation of legislation, implementation of the EU approach to official controls and redefining the role of the laboratories. In addition, new institutional rearrangements were made in order to ensure adequate coordination within the control system, to improve the efficiency, the control over the spending of the budget funds and transparency.

The establishment of an independent body of the Government of the Republic of Macedonia proved to be the most acceptable organisational model of food control system in the Republic of Macedonia in accordance with the practices of the European Union. Hence, with the adoption of the Law on safety of foodstuffs ("Official Gazette of RM" 157/10 of 08.12.2010), the Food and Veterinary Agency of the Republic of Macedonia was established which incorporates the existing: Veterinary Directorate as a body within the Ministry of Agriculture, Forestry and Water Economy and the Food Directory within the Ministry of Health. The Food and Veterinary Agency of the Republic of Macedonia started its operation on 1 January, 2011.

The scheme of the food control system in the Republic of Macedonia is given in *Appendix I* of this Report, and the organizational structure of the Food and Veterinary Agency is given below.

Organisational structure of the Food and Veterinary Agency



The Food and Veterinary Agency (FVA) is a competent body for coordination of the legislation and controlling systems for issues related to the field of food and feed safety among the competent institutions in the Republic of Macedonia, as well as communication with the institutions of the European Union in the field of food and feed safety, veterinary and phytosanitary policy.

Agency is the contact point for EFSA, RASFF and Codex Alimentarius.

Appropriate mechanisms for improvement of the administrative capacities are established within the Agency (increased number of workers, training, expertise check, etc.). Since the establishment, the institutional and administrative capacities are significantly strengthened:

- The largest part of the package of EU acquis regarding Chapter 12, is transposed into the legislation in the jurisdiction of FVA;
- The employment capacities are significantly strengthened and there is improvement in the performance of official controls both at central and regional level for successful implementation of the legislation;
- system of training, human resource management and internal control system have been established.

The strengthening of the capacities of the Food and Veterinary Agency in terms of organization, management and coordination allows further improvement and upgrading of the systems in its jurisdiction. In this context, a system of quality control is established, preparations are planned for accreditation of inspection services of the Food and Veterinary Agency within the IPA 2009 Project in accordance with European standard EN 45004 or other standard adequate for operation of the services.

The IPA 2010 project envisages data connectivity concerning all institutions competent for food safety in one system, as well as a twinning project that will assist in the strengthening of the capacities of the Food and Veterinary Agency in respect of the implementation of European legislation which is transposed into the national legislation.

In terms of the legislation, it is important to note that the Government of the Republic of Macedonia, in the first half of 2010, adopted the Resolution on the methodology of the transposition of the European legislation. It also introduced a formalized System of footnote with indirect reference to the European legislation transposed into national secondary legislation. In this manner a procedure is established that allows full transposition of the EU legislation and achievement of consistency and uniformity, i.e. providing clear guidance for the process of transposition of the EU legislation. Detailed and systematic review of the adopted legislation in line with the relevant EU acquis under the competence of the FVA covered by Chapter 12, food safety, veterinary and phytosanitary policy, is given in *Appendix II*.

The unique food safety system is comprised of central bodies, inspection services and laboratories.

Central level

Providing compatibility with the control systems of the European Union is one of the determinations and also a commitment of the Republic of Macedonia as a candidate country for EU accession.

The Food and Veterinary Agency is competent for the food control system in the Republic of Macedonia in several areas:

- Control system for animal health
- Control system for food of animal origin;

- Control system for imports of food of animal origin;
- Control system for feeding stuff and animal nutrition;
- Control system for TSE and animal by-products;
- Control System for veterinary medicines and residues;
- Control system for general food hygiene;
- Control system for imports of food of plant origin;
- Control system for pesticides; and
- Control system for animal welfare.

The Ministry of Agriculture, Forestry and Water Economy (MAFWE) is the body competent for the development and implementation of agricultural policy and safety of food of plant origin only in terms of primary crop production.

Each of the above systems in the past 5 years is marked by significant progress. Specifically, in terms of the animal disease control system the following results are achieved:

- In terms of the legislation all envisaged measures are already adopted for eradication and suppression of diseases that are obligatorily reported;
- contingency plans are prepared for all diseases set out in EU legislation;
- The monitoring of the diseases has been strengthened;
- The public awareness has also been raised in professional circles regarding the importance of the diseases, prevention and their reporting;
- Effective implementation of the programs for control and eradication of diseases due to increase of the budget funds for implementation of the activities of the programs;
- Success of the vaccine campaigns and increased herd immunity in respect of brucellosis in small ruminants (sheep and goats);
- The laboratory facilities have been strengthened with the opening of a new laboratory for diagnosis of rabies, as well as the introduction of new diagnostic methods for testing for rabies and classical swine fever;
- In the past two years, the vaccination campaign against rabies in wild animals was successfully implemented.

Also, in comparison to the previous years with the change of the policy of eradication of brucellosis in sheep and goats, with the introduction of obligatory vaccination, the epidemiological status of bovine brucellosis is marked by a significant improvement, and thus the number of infected people is reduced.

Regional units

Inspection services

Inspection services responsible for control of food safety, control the entire food chain (supervision of the facilities for food production, processing, storage, distribution, trade (domestic and international), supervise the staff and materials that come in contact with food and food facilities, sample, send samples to laboratory tests and act upon the findings of laboratory analyzes. The inspection services are organized in sections within the respective departments as follows:

- The official veterinarians for animal health and welfare, official veterinarians for veterinary public health and food inspectors are located in regional units of the FVA in the Republic of Macedonia; and
- The official veterinarians and the state inspectors at border crossings are located at the border crossings designated by the Government of the Republic of Macedonia.

According to the Law on Food Safety, the Food and Veterinary Agency is obliged to prepare a Report on the work of the departments, i.e. the inspection services and to inform the Government of the Republic of Macedonia thereof. The report is of a public character and it can be found on the website of the FVA, www.fva.gov.mk. The results of the official controls of the inspection services of the Food and Veterinary Agency for the period from January 2011 to December 2011 are given in *Appendix III* to this Report.

Laboratories

Food safety and quality tests are carried out in the reference or authorized laboratories. Laboratories are also responsible for expert opinion regarding the safety of food for human consumption. Based on the laboratory findings, the inspection services act adequately, i.e. authorize putting of food into domestic trade, import or export. Otherwise, if the laboratory findings have shown that the food is not safe for human consumption, in this case a ban is put on putting food into domestic trade, import or export, i.e. the access of the unsafe food to the end consumers is prevented.

With regard to the testing of food samples, the national reference laboratories are responsible for laboratory analysis and risk assessment.

According to the Law on Veterinary Health, the laboratories that belong to the Faculty of Veterinary Medicine (FVM) have been designated as national laboratories for conducting laboratory analyzes of official controls of the Food and Veterinary Agency.

FVM was accredited on 25.06.2008 by the Institute for Accreditation of the Republic of Macedonia for meeting the requirements of the standard *MKC ISO/IEC 17025:2006*, (certificate No. LT-006). The scope of regulation of the accreditation is as follows: biology, microbiology, biochemistry (2.02 - an official document issued by the Institute for Accreditation, website: www.iarm.gov.mk). Until now, there are 90 accredited methods (7 in the field of testing of animal diseases, and the rest of them in the other above-mentioned fields). They are available on the website of the Institute for Accreditation, www.iarm.gov.mk. The tests are performed in a fully reconstructed and well equipped laboratories: Institute for Food and Veterinary Institute. The implementation of the standard *MKC ISO / IEC 17025:2006* and the accreditation FVM is a guarantee for the clients that the results of the test are credible and in accordance with the latest national

and international standards and regulations, as well as evidence for providing highly confidential client services.

The Institute for Public Health of the Republic of Macedonia participates in the national food safety control system through laboratory testing of the safety, in cooperation with the inspection services and food operators. Specific laboratory methods are accredited in the institute in accordance with the standard 17025 and they are in a continuous process of accreditation maintenance and expansion of the scope of the accreditation.

The test of the safety of products of domestic origin before being put into trade or exported is of particular importance. In order to guarantee safety of food in the entire chain (from farm to fork), and thus to make sure the consumer that he consumers safe food, it is necessary to ensure continuous monitoring of the food. For that purpose, the Government of the Republic of Macedonia annually (at the beginning of each year) adopts a Program for monitoring of food safety in the Republic of Macedonia (last in 2012 which is also in force and it is published in the "Official Gazette of RM" 23/2012 of 15.02.2012. The aim of the Program is to determine the presence and concentration of contaminants in food as well as the evaluation of their impact on human health.

The Food and Veterinary Agency shall be competent for the Program through a variety of laboratories and it is comprised of four parts: Monitoring of the microbiological safety of certain foodstuffs; Monitoring with detection of the quantitative presence of pesticide residues in relation to the maximum permissible quantity (MPQ) in vegetables, fruits and products thereof; Monitoring with detection of the presence of heavy metals in certain types of foodstuffs and monitoring with detection of the presence of mycotoxins in certain foodstuffs.

In terms of foodstuffs, the Institute for Public Health has examined the following groups of parameters:

- quality (composition, hygienic quality, organoleptic features) declaration;
- additives (preservatives, foodstuff colours , artificial sweeteners);
- pesticides (organochlorine, organophosphorus);
- heavy metals (lead, cadmium, arsenic, mercury, manganese, copper, iron)
- mycotoxins (aflatoxins B1, B2, G1, G2);
- Antibiotics;
- microbiological safety;
- Radionuclides.

During 2008 a total of 19558 samples of foodstuffs were tested by the authorized professional institutions, out of which 12478 samples of imported foodstuffs, and 7080 samples of foodstuffs from the domestic production and trade, out of which 4873 from large and medium production organizations, 1504 from small production organizations and 703 samples of trade of foodstuffs.

Volume of tested groups of parameters in 2008					
Parameter	Total	Import		Trade and domestic production	
		Total	Unsafe	Total	Unsafe
Quality	14822	9869	35 (0.3%)	4957	142 (2.8%)
Additives	3292	2356	8 (0.3%)	936	5 (0.5%)
Pesticides	8064	6437	0	1630	3 (0.2%)
Heavy metals	10651	8734	10 (0,1%)	1911	55 (2.9%)
Mycotoxins	2296	2011	0	285	2 (0.7%)
microbiological safety ;	19065	10216	127 (1.2%)	9852	629(6.4%)
Antibiotics	3429	2335	1(0.04%)	1094	2(0.2%)
Radionuclides	651	313	0	338	1(0.3%)

Source: Institute for public health of the republic of Macedonia

The analysis of the health safety of the foodstuffs shows a higher percentage of unsafe products from trade and domestic production in terms of quality (2.8%) compared to the imported foodstuffs (0.3%). In addition, the microbiological non-suitability is significantly higher in the analyzed products from domestic production (6.4 %) compared to microbiological non-suitability in the analyzed samples from imports whose percentage is significantly lower (1.2%). All tested 6437 samples of imported foodstuffs for presence of pesticide complied with the legal food safety legislation regulations, pesticide residues above the maximum allowed concentration were detected in only three products from the domestic production, analyzed in RIHP. In the analysis of heavy metals, unsafe samples in percentage (0.1%) have been detected in the imported products and in the products of domestic production and trade, the percentage is 2.9%. From the analyzed samples for mycotoxins two products from domestic production and trade have been unsafe with 0.7%.

During 2009. a total of 17988 samples of foodstuffs were tested by the authorized professional institutions, out of which 8642 samples of imported foodstuffs, and 9346 samples of foodstuffs from the domestic production and trade, out of which 3967 from large and medium production organizations, 3326 from small production organizations and 2053 samples of trade of foodstuffs.

Volume of tested groups of parameters in 2009					
Parameter	Total	Import		Trade and domestic production	
		Total	Non-suitable	Total	Non-suitable
Quality	10644	6693	34 0.5%	3951	83 2.1%
Additives	1709	977	5 0.5%	732	2 0.2%
Pesticides	3982	3422	0	560	0
Heavy metals	6365	5851	11 0.2%	514	3 0.5%
Mycotoxins	2454	2222	0	232	0
Microbiological safety ;	14397	6573	43 0.6%	7824	234 3%
Antibiotics	61	55	0	6	0
Radionuclides	494	308	0	186	0

Source: Institute for public health of the Republic of Macedonia

The analysis of the health safety of the food products shows a high percentage of defective products from trade and domestic production in terms of the quality (2.1%) as opposed to imported food products (0.5%). Also the microbiological defectiveness is significantly higher in the analyzed products from domestic production (3%) compared to the microbiological defectiveness of the analyzed samples from imported products whose percentage is significantly lower (0.6%). All 3982 samples of imported food products tested for presence of residues of pesticides were in compliance with the legal regulations for food safety. Also exceeding of the maximum allowed concentrations (MAC) has not been detected in the analyzed samples for micro toxins. The analyses of heavy metals have shown that 0.5% of the samples from domestic production and trade contain residues of heavy metals above the MAC, whereas in the imported food products the percentage is lower 0.2%.

In the course of 2010, the authorised expert institutions have examined a total of 18875 samples of food products, of which 10259 samples of imported food products and 8616 samples from domestic production and trade, of which 6468 samples are from large and

medium size production organisations, 1199 from small production organizations and 949 from trade with food products.

Overview of examined samples of food in 2010			
	Total number of examined samples	Defective	
		number	%
Total in RM	18 875	332	1,75
Imported	10259	74	0,7
Domestic production and trade	8616	258	3
Large and medium size production organisations	6468	164	2,5
Trade	949	52	5,4
Small production organisations	1199	42	3,5

Source: Institute for Public Health of the RM

The overview of the institutions have shown that the Institute for Public Health of the RM have analyzed 5981 various types of samples of food products, the Institute for Food 5863 samples and the Centres for Public Health (CPH) a total of 7035 samples, wherein the largest number of samples were examined in CPH Kumanovo 2063 samples, then CPH Skopje 1647, CPH Bitola 1078, CPH Prilep 1073, and the least number of samples were examined in CPH Strumica 149.

Out of the total number of chemically tested samples, 1.7% have been established as defective, of which 0.7% are samples of imported products and 3% are samples of products from domestic production and trade. The highest percentage of defectiveness have been established in the products taken from the trade 5.4%, then in the products from small production organisations 3.5%, followed by the products taken from the large and medium size production organisations 2.5%.

Scope of examined groups of parameters in 2011					
		Import	Trade and domestic production	Total	Defective
		Total	Defective	3459	97 2,8%
Quality	9456	5997	34 0,5%	733	26 3,5%
Additives	3560	2827	7 0,2%	372	0
Pesticides	3479	3107	0	699	8 1,1%
Heavy metals	5391	4692	2 0,04%	98	0
Micro toxins	2242	2144	0	7183	154 2,1%
Microbiological safety	12798	5615	22 0,4%	4	0
Antibiotics	14	10	0	388	0
Radionuclides	438	50	0		

Source: Institute for Public Health of the RM

The analysis of the health safety of the food products in 2011 shows a high percentage of defective products from trade and domestic production in terms of the quality (2.8%) as opposed to imported food products (0.5%). Also the microbiological defectiveness is higher in the analyzed products from domestic production (2.1%) compared to the microbiological defectiveness of the analyzed samples from imported products whose percentage is lower (0.4%). All 3479 samples of food products tested for presence of residues of pesticides were in compliance with the legal regulations for food safety. Also exceeding of the maximum allowed concentrations (MAC) has not been detected in the analyzed samples from domestic production for micro toxins. The analyses of heavy metals have shown that 1.1% of the samples from domestic production and trade contain residues of heavy metals above the MAC, whereas in the imported food products the percentage is lower 0.04%.

Estimation of the risk from chemical contamination of vegetables

In accordance with the programme tasks, 100 samples of vegetables have been taken from the markets in the course of 2011. The samples were tested for the presence of organochlorine and organophosphorous pesticides by the application of accredited methods and their residues have not been detected above the detection threshold of 0.001mg/kg.

The same samples have been tested for the presence of residues of heavy metals by the application of the accredited method (EN 14084: 2003, EN 14083: 2003, LMGFMW 01.421) with an atomic absorption spectrometry. In this process it was established that the average content of lead is 0.250mg/kg, of cadmium 0.103mg/kg, and it was established that the average value of arsenic is 0.063mg/kg and of mercury 0.007mg/kg. From the foregoing the conclusion is that the contamination with lead is the highest, followed by cadmium, arsenic and the least contamination with mercury.

Content of heavy metals in the vegetables taken from the markets, stated in mg/kg				
	Pb	Cd	As	Hg
Average value	0,250	0,103	0,063	0,007
Maximum value	1,412	0,700	0,310	0,076

Source: Institute for Public Health of the RM

The average value of lead in root vegetable is 0.265mg/kg which is above the limit value for this type of vegetable of 0.1mg/kg; the same refers to the fruiting vegetables in which the average value of lead is 0.260mg/kg. The average value of lead in leafy vegetables is 0.298mg/kg, whereas the limit value is 0.3mg/kg, which means that the limit value has not been exceeded yet. The conclusion from the presented results is that the lead contamination presents a danger of increased intake of lead through the food, more specifically through the vegetables.

The analysis of the data on cadmium shows that the average value is 0.101mg/kg in root vegetables and 0.110mg/kg in fruiting vegetable which is twice the limit value of 0.05mg/kg. The limit value in leafy vegetables is 0.2mg/kg, whereas the established value is 0.108mg/kg, which means that the limit value has not been exceeded.

The contamination of the fruit with arsenic and mercury is significantly lower compared to the contamination with lead and cadmium. The comparison of the obtained values with the limit values for mercury of 0.02mg/kg and for arsenic of 0.3mg/kg shows that the average values do not exceed the limit values, although there are individual values above the MAC.

Daily intake of contaminants through analysis of a daily meal

For the purpose of making assessment of the health risk from chemical contamination of the food, analyses of the daily dietary intake of heavy metals and residues of pesticides have been conducted in students at the age of 15-19. A total of 14 daily meals have been taken from the dormitory MUC Pance Karagjozov and residues of pesticides, lead, cadmium, arsenic and mercury have been analyzed. First the total weight of the daily meals was determined and then they were analyzed with atomic absorption spectrometry for heavy metals and with gas chromatography for residues of pesticides. In that process no residues of pesticides have been detected and the mean values for daily intake are 0.128mg/day for detected lead; 0.032 mg/day for cadmium; 0.022mg/day for arsenic and 0.011mg/day for mercury. The calculated weekly intake of these contaminants is several times lower than the tolerable weekly intake.

Daily dietary intake of heavy metals, 2011				
	lead	cadmium	arsenic	mercury
	<i>mg/day</i>	<i>mg/day</i>	<i>mg/day</i>	<i>mg/day</i>
Mean value	0,128	0,032	0,022	0,011
Maximum value	0,350	0,150	0,100	0,079
Calculated weekly intake	0,896	0,224	0,154	0,077

Source: Institute for Public Health of the RM

The number of laboratory tested samples for microbiological safety of the food from domestic production is significantly higher, but the percentage of faulty samples is higher as well. That points out to a higher responsibility and awareness of the domestic food operators in terms of monitoring the microbiological safety of the own products. During 2011 it has been established that the highest number/percentage of faulty samples is a result of the content of additives 3.5%, followed by the quality 2.1% and the microbiological contamination holds the third place with 2.1%. This points out to an advancement of the hygiene habits and technological procedures for control of microbiological agents. Also, on the other hand, it means insufficient control of the use of additives in the food production.

The imported food products should be controlled, especially certain groups of food products such as the cooking salt for iodine, non-alcoholic drinks, mineral waters, vegetable products.

The chemical contamination with residues of pesticides is not a problem in terms of the types of pesticides that are examined in authorised laboratories. It is necessary to introduce testing for other pesticides within the scope of the laboratory testing.

The assessment of the chemical contamination of the vegetable with heavy metals indicates that the mean value of lead exceeds the limit value and it imposes a health risk that requires certain preventive activities to be undertaken for decreasing the exposure of

the population. The assessment of the daily intake of contaminants through the analysis of daily meals indicates that the daily intake is under the tolerable weekly intake of lead and cadmium. However, it also points out to the need for extension of this activity.

The centres for public health also have laboratories for testing certain parameters for food safety and they are included in the safety control. The Institute for Public Health and the Centres for Public Health are involved in the monitoring of the health condition of the workers that get in touch with the food and in the education of the food operators on the general rules for food hygiene and environmental protection. For that purpose, the Institute has prepared a Manual on Food Hygiene and Environmental Protection.

III MEASURES FOR FIGHT AGAINST SMOKING, ALCOHOLISM AND DRUG ADDICTION

Protection against smoking

Smoking remains one of the most important risk factors for health damage of the major part of the population, in view of the fact that the diseases of the cardiovascular system and malignant neoplasms remain leading reasons for mortality in the Republic of Macedonia.

In the reporting period several researches have been conducted that refer to smoking. In 2008 a Global Research of the use of tobacco in youth in RM was conducted which showed that the prevalence of smokers at the age of 13-15 has increased from 7.7% to 9.8%. Approximately 5% of them were everyday smokers. The rate of current smokers was the highest in Skopje (13.6%) and the lowest in the rural areas (6.8%). 16.3% of the students started to smoke below the age of 10, compared to 20% in 2002. More than 2/3 of the students were exposed to cigarette smoke in their homes and 66% in public places. 86.4% of the students in all regions believed that the smoking should be forbidden in all public places.

In 2011 the study "Public health determinants that affect the sexual and reproductive health of the women in the Municipality of Stip" was published in which it was established that the highest percentage of smokers during the pregnancy were at the age of 25 to 49 or from 46.8% to 58.4%, whereas from 12.6% to 19% stopped smoking during the pregnancy. The highest percentage of smokers during the pregnancy were with primary and low level of education 47.6% and 69.2%. The highest percentage of smokers during pregnancy among the respondents were volunteers, redundant workers, social welfare beneficiaries (50%, 50% and 72%), as opposed to the percentage of unemployed, housewives and employed women who smoked during pregnancy (42.8%, 54.2% and 57%). The survey of pregnant women from the Roma community has been conducted in two local self-government units. 64.4%, i.e. 40% of them smoked during pregnancy.

The Law on Protection Against Smoking stipulates a ban on smoking in public places and a ban of sale of cigarettes to minors. It also regulates the advertising and sponsorship. The Law on Tobacco sets quality standards for the level of tar and nicotine, the health warnings and image warnings. The legislation is in accordance with the EU measures in the respective sphere.

The results of the inspection controls pertaining to the application of the Law on Protection Against Smoking conducted by the State Sanitary and Health Inspectorate in public and private health facilities; social facilities (nursing homes, homes for infants and young children, orphanages and the like); facilities for performing activities of education and care (kindergartens) and facilities and means of transport in the international traffic, have shown that the individual non-compliance with the law identified in 2010 have been rectified (after 1431 supervisions conducted in 2011 non-abidance by the law has not been established), and the same results were obtained from the controls conducted by the State Market Inspectorate (after 4600 conducted supervisions, 150 requests for misdemeanour procedure have been initiated in 2011 compared to 340 requests for misdemeanour procedure initiated in 2010).

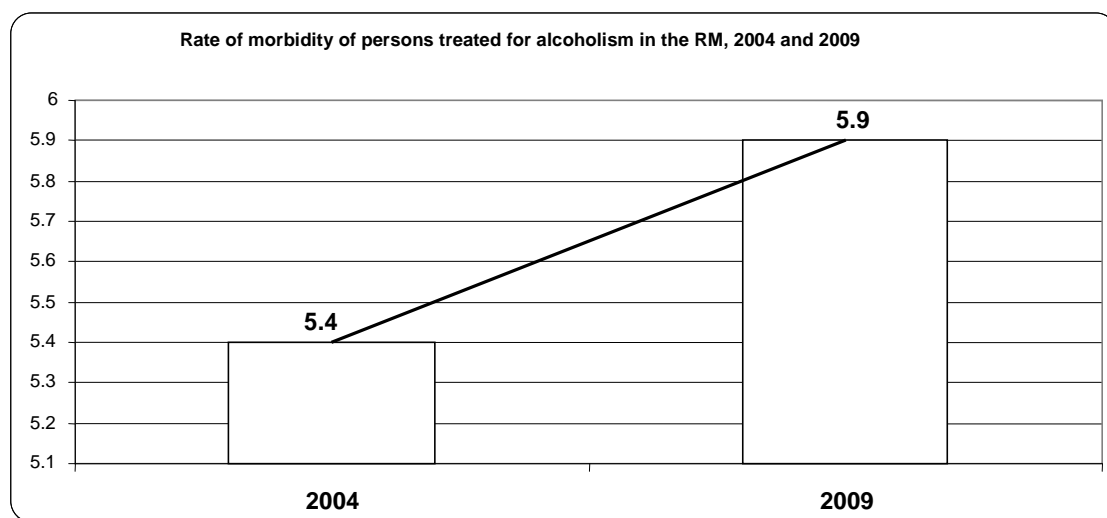
The amendments of the Law on Protection Against Smoking were adopted in 2011 (Official Gazette of RM number 100/11) for the purpose of introducing more restrictive measures for non-abidance by the Law and providing a possibility for the inspector to close the facility in which smoking has been detected for a period of 7 days (sole proprietor), i.e. 15 days (legal entity).

A Counselling Office for quitting smoking has started to operate within the Institute for lungs diseases and tuberculosis, which Office works with patients that are treated in the Institute.

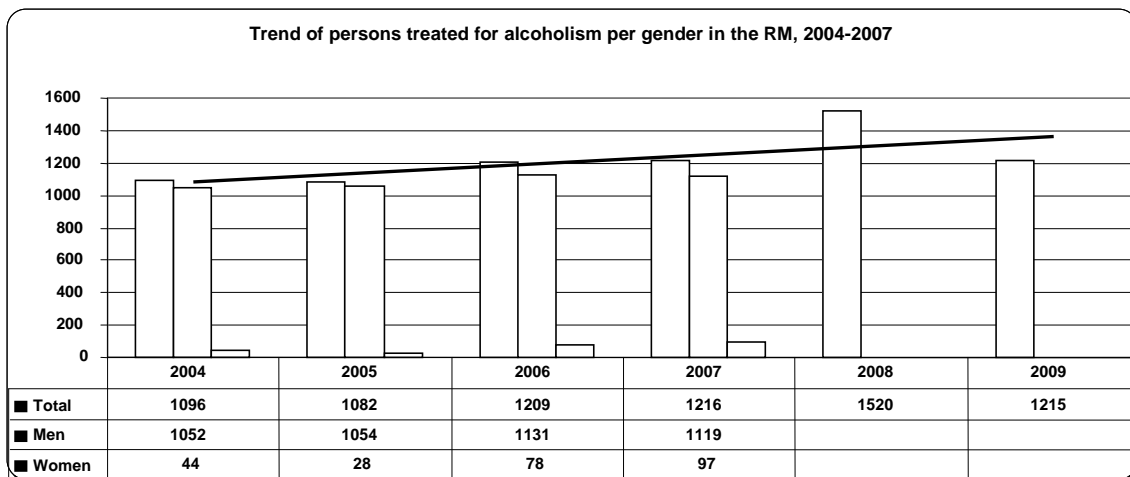
Trends of alcohol abuse

In accordance with the data of the Annual Statistical Report of the Republic of Macedonia for 2011, the average annual consumption of alcoholic beverages stated in litres in the households in 2010 is as follows: for wine is 8.6 litres, for beer is 46.7 litres and for spirits is 3.1 litres, and there is an increasing trend of the price index of alcoholic beverages from 84.0 in 2006, 84.8 in 2007, 93.0 in 2008 to 100.3 in 2010.

The Information on the situation with the addiction-related diseases in the Republic of Macedonia for 2004-2009 prepared in the Institute for Public Health in Skopje in 2010 states that the number of patients treated from alcoholism in RM has increased from 1096 in 2004 to 1215 registered cases in 2009. The morbidity rate on 10.000 individuals shows an increase from 5.4 in 2004 to 5.9 in 2009.

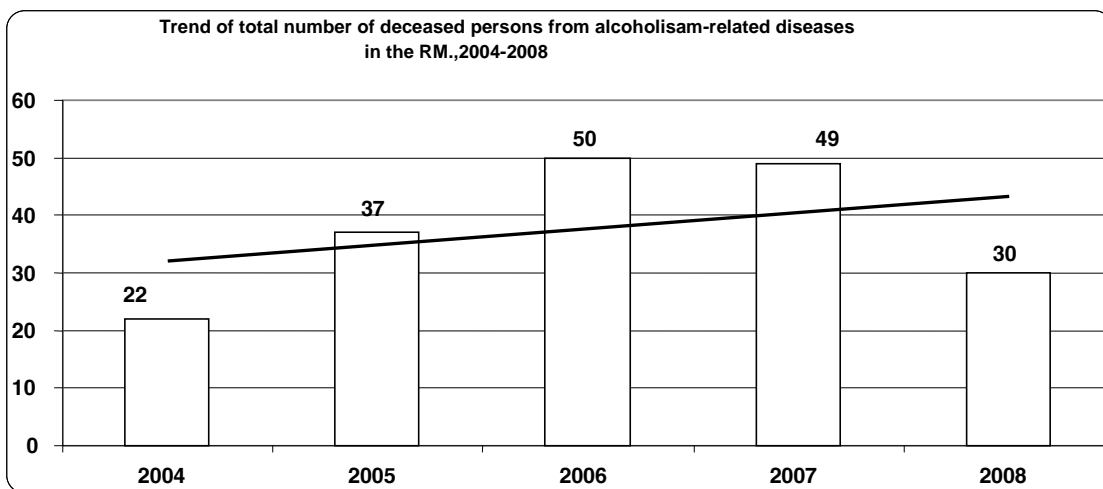


Source: Institute for Public Health of the RM



Source: Institute for Public Health of the RM

The number of deceased people from alcoholism-related diseases has been increased from 22 in 2004 to 30 in 2008.



Source: Institute for Public Health of the RM

Alcoholism and youth

The research pertaining to the youth behaviour dated 2010 has shown a decreasing trend of alcohol consumption in the Republic of Macedonia by the pupils and youth compared to the study dated 1988. Furthermore, compared to other countries, Macedonia is among the countries with small percentage of alcohol consumption by the youth.

The limitations lead to smaller alcohol consumption and smaller damage related thereto. Pursuant to the legal provisions which regulate the ban on selling alcohol to persons under the age of 18, as well as the ban on selling alcoholic beverages after 19:00hrs, except in the period from 1 May until 30 September when the ban is in force after 21:00hrs, they contribute to a decreased possibility for alcohol consumption especially among the youth.

In accordance with the data of the manufacturers of alcoholic beverages, the sale has been decreased by approximately 5%.

According to the data of the Toxicology Clinic, 450-550 alcohol poisonings have been registered on annual level by 2009. 358 alcohol poisonings have been registered in 2010 and 259 alcohol poisonings in 2011. The decreasing trend is present in all age groups (for example, in the age group of 15-19 years, 97 persons with alcohol poisonings have been registered in 2010, and 56 persons in 2011). This data indicate that the measures for alcohol ban in the evening hours influence on the decrease of the alcohol poisonings and other health consequences.

Protection against alcohol abuse

The sphere of health protection against alcohol abuse is regulated with the Law on Health Care and the Law on Trade. The Law on Trade introduced a ban on selling alcohol to minors, general ban on selling alcohol in the period from 19:00 to 06:00hrs, register and licensing for retail of alcohol and other measures.

The market inspection and the public health institutions are working in this sphere, and the later are obliged to keep health records, promotional and preventive activities.

An analysis has been prepared based on the statistical indicators for the influence of the legal measures for ban on selling alcohol in the evening hours on the alcohol consumption, alcohol poisoning and other health consequences caused by the alcohol. The data indicate a decreased alcohol consummation – according to the data of the manufacturers of alcoholic beverages, the sale has been decreased by approximately 5%. According to the data of the Toxicology Clinic, the number of alcohol poisonings has also decreased as follows: from 450-550 alcohol poisonings per year in 2009, 358 in 2010 to 259 in 2011. The decrease refers to all age groups (for example, in the age group of 15-19 years, 97 persons with alcohol poisonings have been registered in 2010, and 56 persons in 2011).

Protection against drug abuse

The Law on Drugs regulates this sphere along with the legislation in the sphere of justice and customs, wherein the health sector regulates the rules for legal use of medicine and treatment of addictions. The National Drugs Strategy deals with issues of coordination and organisation of various departments included in this sphere, and establishes measures and activities for decreasing the drug consumption and demand. A State Inter-Ministerial Commission for fight against drugs has been established and the Bureau for Medicines performs the function of Centre for monitoring drugs and drug addiction, and it is a contact point for cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). In 2011 Republic of Macedonia joined the Pompidou Group (Council of Europe).

The treatment of drug addicts is available within the national network of public health services, whereby the public sector has the leading role in the medical assisted treatment of drug-related diseases, to which several private psychiatric offices have recently joined. The treatment of drug users is available in the entire country through the Services for prevention and treatment of drug abuse in Tetovo, Ohrid, Bitola, Gevgelija, Kavadarci,

Kumanovo, Stip and Veles. The drug addicts in Skopje receive hospital treatment in the Psychiatric Hospital Skopje - Skopje, whereas they receive daily out-patient treatment in the Centre for prevention and treatment of abuse of drugs and other psychoactive substances in Kisela Voda - Skopje (which is a ward of the Psychiatric Hospital Skopje) and the Service located within the former Clinical Centre Skopje and in the competence of the Centre for prevention and treatment of abuse of drugs and other psychoactive substances in Kisela Voda - Skopje. Persons from the penal correctional institution Idrizovo - Skopje also receive substitution methadone treatment.

The system of treatment includes daily out-patient treatment, hospital treatment, detoxification and substitution treatment. Most of the drug users that are treated receive daily out-patient treatment with substitution, psycho-social interventions, individual or group therapy and social and psychotherapy. The hospital treatment of drugs consists of pharmacologically assisted psychosocial interventions, in terms of treating the symptoms of withdrawal.

At the moment 10 centres for treatment of addiction-related diseases operate in Macedonia and the funds for substitution therapy (methadone and buprenorphin) are provided through the Annual Programme for treatment of addiction-related diseases. 1099 persons were covered with substitution treatment in these centres in 2008, 1055 persons in 2009, 1354 in 2010 and 1594 in 2011. In the penal correctional institution Idrizovo approximately 200 addicts who serve prison sentence are covered with substitution treatment.

Activities for education of risk groups, students and general population are continuously undertaken through the preventive public health activities of the Institute for Public Health and the centres for public health, as well as through the activities of the NGO sector included in the HIV/AIDS Programme funded by GF.

IV EPIDEMIOLOGICAL MONITORING

In accordance with the programme activities for measles control and prevention of their epidemic, based upon the goals set in the Programme for Public Health in the past years and in accordance with the recommendations of the WHO, a Programme for elimination of measles, rubella and prevention of congenital rubella infection in the Republic of Macedonia 2010-2015 was proposed. The programme was adopted by the Commission for Infectious Diseases within the Ministry of Health in November 2010, with an implementation period of the envisaged activities 2010-2015.

The Institute for Public Health (IPH) in cooperation with the Centres for Public Health (CPH), the Ministry of Health (MH) and the Commission for Infectious Diseases within the Ministry of Health are permanently developing strategies and operational plans for newly emerged infectious diseases and their threat to the health of the population, which provide for coordinated activities on all levels of health protection and involving the local self-government, education and other institutions.

The National Coordinator for the International Health Rulebook timely informs the WHO and ECDC on the occurrence and spreading of infectious diseases that can have an international impact and which are registered in the Republic of Macedonia.

The ALERT – system for surveillance of infectious diseases aimed at rapid response in case of epidemic, which started to function in 2006 in three pilot institutes, in 2008 has expanded its functioning at the territory of the entire state and as of 2009 the ALERT system continued to function as a legally regulated system implemented by the general practitioners, supported by the Ministry of Health and controlled by the State Sanitary and Health Inspectorate and the Centres for public health. The Institute for Public Health performs an immediate epidemiological field surveillance, preparation of reports, information and it's responsible for its operation. The system provides a possibility for fast alarming and fast detection of epidemics.

Concurrently, the Republic of Macedonia has a system of legally regulated obligatory notification in case of emergency (by telephone, fax, mobile phones) pursuant to which epidemiological teams are organised for field work and urgent measures and activities are undertaken in accordance with the established situations and the legal regulation.

V IMMUNIZATION

The vaccination in RM is mandatory and free for all children at the age of 0-18. Vaccination is also performed in case of epidemiological or medical indications. Mandatory vaccination is performed against tuberculosis, hepatitis type B, paralysis, diphtheria, tetanus, pertussis, measles, rubella, mumps.

As of September 2008 the vaccination against diseases caused by haemophilus influenza type B was initiated, and in October 2009 the vaccine against diseases caused by the human papilloma virus (HPV) was introduced as a continuous mandatory vaccination.

The data of the Institute for Public Health on vaccination coverage with individual vaccines for routine vaccination of children that are subject to mandatory immunization in the Republic of Macedonia in 2008-2011, are aggregated data by type of vaccine / revaccination, by health regions and total data for Macedonia.

The following table provides an overview of the vaccination coverage with primary vaccination against certain diseases (hepatitis type B, haemophilus influenza type B, diphtheria, tetanus, pertussis, measles, rubella, mumps, polio and HPV infections) throughout the country for the period 2008-2011.

Coverage with routine vaccination in the Republic of Macedonia 2008-2011												
Vaccine	Hepatitis B		Hib		Di Te Per		OPV		MRP		HPV	
year	No of vaccinated people	%	No of vaccinated people	%	No of vaccinated people	%	No of vaccinated people	%	No of vaccinated people	%	No of vaccinated people	%
2008	22059	97,1	/	48,9	22228	95,3	22193	95,6	22618	97,8		/
2009	21468	94,5	20580	81,5	22445	95,9	22462	96,4	21779	95,8		/
2010	21460	90,4	20809	88,8	23412	95,4	23351	94,8	41084	98,1	4293	36,5
2011	22540	95,6	21286	96,1	22997	95,9	23386	97	16930	96,8	6055	54,6

Source: Institute for Public Health of the RM

V PROTECTION FROM ACCIDENTS AND INJURIES

The Institute for Public Health (IPH) develops an education centre in the public health care and appoints a coordinator of the activities for rapid response to health crises, whereas the Unit for control and prevention of injuries and violence is a leading institution in RM in the continuous advancement of the human resources in the public health care (injuries, violence, domestic violence etc.) by means of holding workshops throughout RM for education of different profiles of health workers, as well as for the population.

The Institute for Public Health actively participates in the development of the Strategy for data exchange on injuries 2010-2015 of the European Commission, the preparation of data collection methodology on violence against women (in cooperation with UNIFEM), as well as in the preparation of data collection methodology on domestic violence (in cooperation with the WHO and UNFPA).

In October 2001 the Institute for Public Health, as a regional development centre for public health services and system of the Health network of Southeast Europe, organised TAIEX International Workshop on health records, at which 58 technical experts from Croatia, Serbia, Bosnia and Herzegovina, Montenegro, Albania, Bulgaria, Romania, Moldavia, Macedonia, Slovenia, Italia, Finland, Denmark, Netherland and Germany exchanged experiences and good practices on the advancement of the health records, with a special reference to records of injuries and violence. All listed states are either member states of EU or have candidate status or any other agreement with EU.

In 2009 a new Law on Health Records was adopted. In 2011 a methodology for implementation of the Law on Health Records was developed for traffic accident trauma, accident-injury at work, injuries at home and violence. A proposal was prepared for

development of software application for register of traffic accident trauma in accordance with the existing national legislation and in the context of the recommendations of the World Health Organisation and the Recommendation of the European Council on the prevention of injury and the promotion of safety (2007/C 164/01). The register will be included in the integral health information system.

The following has been prepared: individual form for violence, Instructions on the application of the individual reporting form, web oriented software for keeping records of violence and 2 accredited educational workshops have been held in July 2011 on records and application of the domestic violence software and on training of 20 health professionals.

The National Strategy on Protection Against Domestic Violence 2008-2011 was continuously implemented during the reporting period by implementation of annual action plans (in the public health segment), by education of health and other professionals on recognising, keeping records, reporting and support of the victims of domestic violence through the establishing a system for monitoring the domestic violence and through the application of the protocol for treatment of victims of domestic violence in the health sector. The members of the National Coordinative Body comprising representatives of the Institute for Public Health and the Ministry of Health, as well as representatives of other relevant government and non-government organisations, are responsible for the implementation of the Strategy.

Furthermore, a Protocol is prepared on the treatment of victims of domestic violence in the health care, in cooperation with the other relevant ministries and NGOs for the purpose of preventing secondary victimization of the victims of domestic violence. The Protocol was adopted by the National Coordinative Body in 2011. A methodology was developed for preparation of Instructions for protocols for treatment of victims of domestic violence, for all relevant ministries. Instructions for the protocol for treatment of victims of domestic violence in the health sector, general and specific for individual types of violence and vulnerable groups, and Instructions for application of the protocols for treatment of victims of domestic violence in the other sectors, as well as Instructions on referring of the victims of domestic violence to various sectors were prepared. The Protocol was printed and distributed to the relevant institutions.

A significant progress was made in the education of students, health and other professional for prevention of injuries and violence and promotion of safety: injuries and violence are included in the curriculum of the undergraduate studies at the Faculty of Medicine (for all study programs) and the Faculty of Dentistry, as well as in the curriculum of postgraduate and doctoral studies in public health.

The National Youth Strategy dated 2005 for target 4: prevention of traffic injuries is continuously being implemented.

A great progress has been made in the sphere of traffic safety (from a public-health aspect). In 2009 the National Coordinative Body and work group were established for implementation of the National Strategy of RM for advancement of the road traffic safety

(adopted in 2008). A National Action Plan was prepared for implementation of the Strategy with specific action plans for each department. During 2010 and 2011 the activities provided for in the Action Plan for the health sector, for the public health segment have been implemented by means of preparing promotional materials, educational materials in accordance with the World Health Organisation's TEACHVIP module for traffic safety, as well as promotion of the World Day of Remembrance for Road Traffic Victims and the Decade of Action for Road Safety 2010-2020.

The planned activities are continuously being implemented within the two year agreement between the World Health Organisation (WHO) and the Government of RM in the period of 2010-2011, relevant for the traffic safety; improvement of the health services in emergency conditions, improvement of the safety and decreasing the environmental risks and implementation of Children Environment and Health Action Plan (CEHAP) for safety of children in the traffic.

In cooperation and with the financial support of the WHO, certain activities for the Decade of Action for Road Safety 2011-2020 have been implemented, i.e. the Division for control of injuries and violence within the Institute for Public Health has prepared a promotional material in Macedonian and Albanian: 1 brochure (3000 copies in Macedonian and 1000 copies in Albanian) and 6 posters (large format, 10 copies of each poster) for the most frequent reasons for traffic accidents and injuries and recommendations for their prevention: Brochure – Decade of Action for Road Safety 2011-2020 and posters: general poster – billboard banner – “DECADE OF ACTION FOR ROAD SAFETY 2011-2020”, “IT'S TOO LATE TO STOP DRINKING”, “IT'S TOO LATE TO FASTEN YOUR SEAT BELT”, “IT'S TOO LATE TO BE SEEN”, “IT'S TOO LATE TO PUT YOUR SAFETY HELMET ON”, “IT'S TOO LATE TO SLOW DOWN”.

The Decade of Action for Road Safety 2011-2020 was promoted and the World Day of Remembrance for Road Traffic Victims was marked on 20 November 2011 in the organisation of the Republic Council for Traffic Safety. Press conferences (07.11. and 20.11.2011)

In 2009 in cooperation and with the support of the WHO, a survey of injuries in the community was conducted, with a special reference to injuries in children and youth, and the survey on traffic injuries is ongoing.

ARTICLE 12 – Right to social security

Article 12§1

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake to establish or maintain a system of social security.

As stated in the previous report of the Republic of Macedonia dated 2008, the social security system in the Republic of Macedonia encompasses the social security systems, social protection and child protection (family benefits).

The established social security system covers all traditional risks to which the citizen, family or certain group of population/vulnerable group is exposed during the life. The social security system in the Republic of Macedonia provides prevention or overcoming the health risks of the citizens (sickness, injury, invalidity), the risks of old age and surviving, the risks of motherhood and family, the risks of unemployment and professional inadaptation, social exclusion and no material means of subsistence (need).

The social insurance in the Republic of Macedonia covers three basic insurance systems: health insurance, pension and disability insurance and insurance in case of unemployment.

HEALTH INSURANCE

The Law on Health Insurance regulates the health insurance of the citizens, the rights and obligations arising from the health insurance, as well as the manner of implementation of the health insurance. The Law defines two types of health insurance: mandatory and voluntary. Voluntary health insurance may be established only as an additional insurance for persons for whom a mandatory health insurance have been previously established. The insurance companies in the Republic of Macedonia may offer health insurance, but only for covering the costs for health services that are not covered with the mandatory health insurance.

With regards to the specific question raised by the Committee of Social Rights⁶, we hereby report that with the amendments of the Law dated 2009, all citizens of the Republic of Macedonia, who did not have a prior basis for mandatory health insurance, are included in the health insurance system covered from the funds of the Budget of the Republic of Macedonia, i.e. each calendar year, through a special Programme, budget funds are provided for payment of the contributions for mandatory health insurance of these citizens of the Republic of Macedonia. The Ministry of Health, as a responsible body for calculation and payment of the contribution for mandatory health insurance, pays the contribution on monthly basis. Pursuant to the foregoing, these persons have a regularly paid contribution and can use the health services, health protection.

⁶ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.15

The Law defines the following categories of insured persons:

1. an employee in labour relation with legal entity, self-employed person, institution, other legal entity that performs public service, state authority and authority of the local self-government units and the City of Skopje;
2. a citizen of the Republic of Macedonia that in the territory of the Republic of Macedonia is employed in foreign and international entities, organizations and institutions, foreign diplomatic and consular offices, in personal service of a foreign diplomatic and consular offices or in private service of foreigners, unless otherwise defined in an international agreement;
3. self-employed person;
4. individual farmer;
5. religious official and member of the religious orders, unless a member of the monasticism and sisterhood;
6. temporarily unemployed person while receiving financial benefit arising from the insurance in case of unemployment;
7. a citizen of the Republic of Macedonia employed abroad, if during that time the person has not been mandatorily insured at a foreign holder of insurance in accordance with the law of the country in which the person is employed or in accordance with an international agreement, and had a residence on the territory of the Republic of Macedonia immediately before the establishing of the labour relation abroad - for the family members who live in the Republic of Macedonia;
8. a beneficiary of pension and salary compensation in accordance with the regulations of the pension and disability insurance;
9. a citizen of the Republic of Macedonia that receives pension or disability contribution from a foreign holder of insurance while staying at the territory of the country;
10. a beneficiary of permanent financial assistance, a person placed in the foster family or institution for social protection, a beneficiary of financial benefit for assistance and care and financial assistance to a person who, until the age of 18, had the status of a child without parents and parental care, in accordance with the regulations of social protection, if the person cannot be insured on another basis;
11. A foreigner that on the territory of the Republic of Macedonia is in a labour relation or service with foreign natural persons or legal entities, international organizations and institutions or foreign diplomatic and consular offices, unless otherwise defined in an international agreement;
12. a foreigner that is attending educational institution or undergoing a professional development in the country, unless otherwise defined in an international agreement;
13. a person serving prison sentence, a person in custody (if not insured on other grounds) and a minor that is subject to execution of educational measure of referral to educational-correctional facility or institution;
14. a participant in the National Liberation War and participant in the National Liberation Movement in the Aegean part of Macedonia, disabled veteran and members of the families of fallen combatants and deceased participants in the National Liberation War, as well as disabled civilians during the Second World

War, persons persecuted and imprisoned for the ideas of independence and statehood of Macedonia, to whom such status has been established with special regulations and family members and parents of the persons, citizens of Republic of Macedonia, killed in the wars of disintegration of Yugoslavia; and

15. a citizen of the Republic of Macedonia that is not mandatorily insured pursuant to one of the items 1 to 14 of this Article.

With regards to the specific question raised by the Committee of Social Rights with reference to the form of co-payment of the insured persons in the payment of the health protection⁷, we hereby report that pursuant to the Law on Health Insurance, the insured persons participate with their own funds in the use of the health services and medicines with up to 20% of the average amount of the total costs of the health service, i.e. medicines. The Health Insurance Fund defines the amount for co-payment as a fixed amount, but disproportionate to the prices of the services. The co-payment of the insured persons is introduced as a correction of the unnecessary use of the health services on one hand, and as an additional source of funds for the Fund that, nevertheless, will be available to the health institutions on daily basis in order to meet the daily needs of material costs.

With regards to the specific question raised by the Committee of Social Rights as to “whether the foreigners and persons without citizenship must be subject to mandatory health insurance or whether they can choose to be covered in another manner”⁸, we hereby report that in addition to the citizens of RM, the mandatory health insurance also covers foreign citizens and persons without citizenship employed in foreign companies that temporarily perform works on the territory of RM, during their education or professional development or persons in service of international organisations, foreign consular and other offices or in a personal service of foreign citizens with diplomatic immunity, unless otherwise defined in an international agreement and if they requested it. If not requested, they will be able to use health protection in accordance with the regulations of their domicile country.

Pursuant to Article 5 paragraph 2 of the Law on Health Insurance, the citizens that are not covered with the mandatory health insurance, pursuant to paragraph 1 of this article may join the mandatory health insurance for the purpose of using the health services referred to in Article 9 of this Law.

PENSION AND DISABILITY INSURANCE

As stated in the previous report, the pension and disability insurance in the Republic of Macedonia is regulated with several laws, as follows:

- *Law on Pension and Disability Insurance* (Official Gazette of the Republic of Macedonia No. 98/2012, 80/93, 3/94, 14/95, 71,96, 32/97, 24/00, 96/00, 50/01, 85/03,

⁷ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.16

⁸ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.15

- 50/04, 4/05, 84/05, 101/05, 70/06, 153/07, 152/08, 161/08, 81/09, 156/09, 83/10, 156/10, 24/11, 51/11 and 11/12);
- Law on Mandatory Fully Funded Pension Insurance (Official Gazette of RM No. 29/02, 85/03, 40/04, 113/05, 29/07, 88/08, 48/09, 50/10, 171/10, 36/11 and 98/2012);
 - Law on Voluntary Fully Funded Pension Insurance (Official Gazette of RM No. 7/08, 124/10 and 71/11);
 - Law on Payment of Pensions and Pension Benefits from *Fully Funded Pension Insurance* (Official Gazette of the Republic of Macedonia No. 11/2012).

The new Law on Pension and Disability Insurance started to apply as of 8 August 2012 and it is a revised text of the previous law. The previous Law on Pension and Disability Insurance was adopted in December 1993 and had 22 amendments and many Resolutions of the Constitutional Court of the Republic of Macedonia that annulled or cancelled certain legal provisions and as a result, many ambiguities and difficulties in terms of its application emerged in the practise. Having into consideration that the reformed pensions system, as an important segment of the social policy in the Republic of Macedonia, started to be implemented as of 1 January 2006 and in view of the fact that the Law on Pension and Disability Insurance in this reform process was a subject to many amendments, and on the other hand, the implementation of the second pension pillar also gave rise to modifications in the relevant laws on the second and third pension pillar, a need of adoption of a new Law on Pension and Disability Insurance emerged which shall clearly define the rights arising from the first and second pension pillar.

The new law contains provisions that shall strengthen the criteria for exercising the right to disability pension and establishing a level of disability of the insured person. Unlike the former solution where the disability was defined as a general or professional inability to work, the proposed Article 38 also defines the disability according to the level of disability. In addition to this definition, the disability is defined according to two categories, the first category is when the working ability of the insured person has been decreased by more than 80% and the second category is when the working ability of the insured person has been decreased by more than 50%, but not more than 80%. The introduction of disability categories shall ensure higher impartiality in the evaluation of the working ability and defining a more specific level of disability of the insured person.

Furthermore, an integrated system of legal regulation of the data on years of pensionable service and salary has been established and as a result it was assessed that this law should also contain provisions of the Law on Personal Records of Insured Persons and Beneficiaries of Rights arising from the Pension and Disability Insurance. Thus, this law ceased to be valid and the personal records were regulated in a separate chapter of the adopted Law on Pension and Disability Insurance.

Concurrently, the existing legal solutions related to the second pension pillar have been harmonised and the percentage which is used for defining the pension was harmonised with the amount of the contribution.

The new text of the Law contains a modification of the formula for decreasing the age limit for workers who are employed in job positions that are performed underground, i.e. in mines with underground excavation.

The amount of the contribution in the second pension pillar is fixed to 6%, instead of the former solution whereby the amount of the contribution is 35% of the total amount for pension and disability insurance. Hence, a higher transparency is achieved and the contribution for the second pension pillar is safe because it will not decrease when the contribution is decreased.

It is important to emphasize that the composition of the Management Board of the Pension and Disability Fund of Macedonia has been changed, both in terms of the number of members and especially in the qualifications and the representatives from which the members are appointed. The Management Board now consists of seven members appointed by the Government of RM, of which the following are mandatory: one representative of the representative trade union – a member of the Economic and Social Council, one representative of the representative associations of employers – a member of the Economic and Social Council and one representative of the Union of associations of pensioners of Macedonia. The other members shall be appointed upon a proposal of the Government of the Republic of Macedonia.

Such structure of the Management Board of the Fund shall cover and reflect the interests of both insured persons and pensioners that are covered with the pension and disability insurance system. Concurrently, the non-government sector and the trade unions shall be included in the process of management of the operation of the Pension and Disability Insurance Fund.

In terms of the payment of the contribution for pension and disability insurance, as of 1 January 2009 the integrated collection system applies to all social contributions (pension and disability insurance, health insurance and insurance in case of unemployment). Namely, with the Law on Contributions for Mandatory Social Insurance, the calculation, payment and coercive collection of all contributions shall be made by the Public Revenue Office and then they will be allocated to the competent institutions.

The contribution for pension and disability insurance in 2009 was 19% and from 2010 to 2014 it is 18% of the gross salary.

With the introduction of the second pillar of the mandatory fully funded pension insurance dated 2006, the contribution for insured persons that are included in the second pillar is separated and it is 13.72% for the first pillar and 7.48% for the second pillar, out of the total 21.2%. In 2009 the contribution for pension and disability insurance in the defined amount of 19% for insured persons that are included in the second pillar is separated and it is 12.35% for the first pillar and 6.65% for the second pillar. In 2010 and 2011 the contribution for pension and disability insurance in the defined amount of 18% for insured persons that are included in the second pillar is separated and it is 11.7% for the first pillar and 6.3% for the second pillar. The minimum basic amount for calculation of the contribution for pension and disability insurance is 50% of the average salary per employee in the country, published in the month of January for the ongoing year, whereas for the individual farmers it cannot be less than 20% of the average paid salary per employee for the current month.

As a result of the implementation of the second pillar, there is a need of financing the cots for the pensioners from the first pillar.

The realised transitional costs in 2008, 2009, 2010 and 2011 are shown in the following table:

YEAR	2008	2009	2010	2011
Transitional costs (in millions MKD)	2,490.53	2,932.20	3,172.93	3,482.61

Source: Annual Report on the Operation of the Pension and Disability Insurance Fund for 2011

Ratio of insured persons – pension beneficiaries for the period 2004-2011				
Year	Number of workers	Number of pension beneficiaries	Number of pension beneficiaries on 1000 workers	Number of workers on 1 pension beneficiary
2004	348,212	260,075	747	1.3
2005	348,500	265,152	761	1.3
2006	377,763	269,681	714	1.4
2007	424,338	272,386	642	1.6
2008	451,491	273,281	654	1.65
2009	475,780	273,977	576	1.74
2010	466,280	273,751	587	1.70
2011	489,608	280,891	573	1,74

Source: Annual Report on the Operation of the Pension and Disability Insurance Fund for 2011

Number of pension beneficiaries for the period 2004-2011				
Year	Old age pensions	Disability pensions	Family pensions	Total
2004	137,840	51,589	70,646	260,075
2005	142,827	50,180	72,145	265,152
2006	146,852	49,364	73,465	269,681
2007	150,075	48,054	74,257	272,386
2008	149,682	48,562	75,037	273,281
2009	150,092	47,947	75,937	273,976
2010	151,894	46,118	75,739	273,751
2011	156,016	46,895	76,530	277,441

Source: Annual Report on the Operation of the Pension and Disability Insurance Fund for 2011

Depending on the year in which the right to pension was exercised, the mandatory pension and disability insurance system distinguishes three groups of lowest amount of pension, as follows:

Lowest pension amount

	2008		2009		2010		2011	
	N. of beneficiaries	Pension amount (in MKD denars)	N. of beneficiaries	Pension amount (in MKD denars)	N. of beneficiaries	Pension amount (in MKD denars)	N. of beneficiaries	Pension amount (in MKD denars)
First group								
Pensions received till 31.12.1996	7567	7512,50	6568	7932,50	6051	8044,00	2825	8274,50
Pensions received from 1997-2001	1216	6189,50	1107	6535,50	1037	6627,00	960	6816,50
Pensions received after 2001	2929	6635,00	3125	7005,50	3372	7104,00	4886	7308,00
Total of first group	11712		10800		10460		8671	
Second group								
Pensions received till 31.12.1996	10768	7311,00	9791	7720,00	8924	7828,00	7974	8052,00
Pensions received from 1997-2001	2538	5727,00	2362	6047,00	2230	6131,50	2096	6307,00
Pensions received after 2001	4234	6149,50	4743	6493,00	5164	6584,00	7690	6773,00
Total of second group	17540		16896		16318		17760	
Third group								
Pensions received till 31.12.1996	27927	7051,50	25686	7446,00	23419	7550,50	20289	7766,50
Pensions received from 1997-2001	10150	5262,00	9506	5556,00	8849	5634,00	12979	5795,50
Pensions received after 2001	14781	5663,50	16382	5980,00	17497	6064,00	18007	6238,00
Total of third group	52858		51574		49766		51275	
TOTAL	82110		79270		76543		77706	

Source: Annual Report on the Operation of the Pension and Disability Insurance Fund for 2011

In the reporting period, in the mandatory fully funded pension insurance (second pillar) several modifications of the legal regulation have been made, primarily for the purpose of improving the system and protecting the interest of the members of the second pension pillar. As of 2007, the benefits for the second pension pillar charged by the pension companies started to decrease which directly influenced on the amount of the funds

accumulated on the individual account of each member separately and hence on the future pension thereof.

Namely, in 2006 the benefit from every paid contribution in the second pension pillar was in the amount of 8.5% and as of 2007 it started to gradually decrease to 4% in 2012, which is the maximum amount of benefit regulated with the law. Concurrently with the decrease of this benefit, the benefit charged by the Agency for Supervision of the Fully Funded Pension Insurance (MAPAS) decreased as well, from 1.5% to 0.8% from each paid contribution in the second pension pillar.

At the end of 2010, with the adoption of the amendments of the Law on Mandatory Fully Funded Pension Insurance (Official Gazette of RM No. 171/2010) a budgetary independence of MAPAS has been established, and in 2012 institutional independence of this regulatory body was established (Official Gazette of RM No. 98/2012), i.e. its status, responsibility for the operation, autonomy and independence, as well as the supervision over the operation of this regulatory body were transferred from the competence of the executive power, i.e. the Government of the Republic of Macedonia and the competent Ministry of Labour and Social Policy to the competence of the legislative power, i.e. the Assembly of the Republic of Macedonia.

With regards to the voluntary fully funded pension insurance, in 2008 the legal framework for introduction of the third pension pillar was adopted with the adoption of the Law on Voluntary Fully Funded Pension Insurance, and as of 2009 the pension companies that provide services from the third pension pillar started with their operation. With the regulation of the voluntary pension insurance a legal framework for organising professional pension schemes and harmonisation with the European trends was established. Hence, the reasons of the Directive of the European Parliament in this sphere are accepted, which directive stipulates that since the social insurance systems are under constantly increasing pressure, the professional pensions in the future will have an increasing role of supplement.

The Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance that was adopted in January 2012 regulates the types of pension payments from the second pillar, i.e. the types of pension benefits from the third pillar, institutions that will be included in the pension payment, i.e. pension benefit, the manner of payment etc. The Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance is based upon the same principles on which the second and third pillar are based, i.e. providing pension through capitalisation of the assets on the individual account, transparency, possibility for personal choice of the type of pension and the institution that will pay the pension, protection of the interests of the pension beneficiaries from the second and third pillar etc.

With regards to the specific question raised by the Committee of Social Rights on how much of the active population pays a contribution for the disability insurance⁹, we hereby

⁹ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.15

report that the contribution for pension and disability insurance is defined in a single percent of the gross salary, i.e. there is no division of this contribution into two separate parts.

The report states that the taxpayer is obliged to calculate and pay his/her contribution for pension and disability insurance on the basis of his/her monthly salary. For each day of delay with the payment of the contributions, the Pension and Disability Insurance Fund charges an interest in the amount of 0.03%.

With regards to the specific question raised by the Committee of Social Rights pertaining to the activities of the Government for handling the delay with the payment of the pensions by the Pension and Disability Insurance Fund¹⁰, we hereby report that the contributions for the mandatory social insurance are paid by the 15th in the ongoing month for the previous month. An interest of 0.03% is charged for each delay.

Until 2007 the pensions were paid in three groups on the 15th in the ongoing month for the previous month. As of 2008 the payment of the pensions is effectuated at the beginning of each week of the month for the previous month and for all groups of pensions simultaneously. There is no delay in the payment of the pensions in the Republic of Macedonia or in the payment of the pensions of the Republic of Macedonia in other countries.

INSURANCE IN CASE OF UNEMPLOYMENT

The Law on Health Insurance regulates the categories of persons that have a mandatory health insurance, whereas the Law on Contributions for Mandatory Social Insurance (Official Gazette of RM No. 142/08, 64/09, 156/09, 166/10 and 53/11) regulates the issues related to the types of contributions for mandatory social insurance, the bonds for payment of contributions, the bonds for calculation and payment of contributions, the basic amounts for payment of the contributions, the rates, method of calculation and payment deadlines for the contributions, control of the calculation and payment of contributions, as well as other issues that are important for defining and paying the contributions.

Pursuant to the provisions of the Law on Amendment of the Law on Contributions for Mandatory Social Insurance (Official Gazette of RM No. 64/09) and the Law on Amendment of the Law on Health Insurance (Official Gazette of RM No. 67/09), starting from 1 June 2009, the temporarily unemployed persons, while receiving financial benefit for insurance in case of unemployment, shall have a mandatory health insurance. The Employment Service Agency of the Republic of Macedonia shall be responsible for calculation and payment of the contribution for mandatory health insurance for the beneficiaries of financial benefit. The beneficiaries of financial benefit shall exercise the

¹⁰ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.17

right to health insurance as of the day of acquiring the right until the day of its termination.

With the amendments of the Law on Health Insurance dated 14 April 2011, the basis for mandatory health insurance of unemployed person is deleted and such person in the future will have a health insurance as a citizen that has no other basis for mandatory health insurance in accordance with the Law and as a person that cannot get a status of insured person as a closest family member pursuant to the provisions of Article 6 of the Law on Health Insurance.

Article 10-a paragraph 1 of the Law on Mandatory Social Insurance stipulates that the citizen that has not been defined as a contribution payer in accordance with one of the basis referred to in Article 10 paragraph 1 items 1 to 14, shall exercise the rights arising from health insurance as a citizen of the Republic of Macedonia in accordance with the conditions stipulated in the law. Accordingly, the person that has no other basis for health insurance shall exercise the right to health insurance in the Health Insurance Fund of Macedonia and such person shall not be obliged to register as unemployed person in the Employment Service Agency of the Republic of Macedonia. Such person shall exercise the right to health insurance as a citizen of the Republic of Macedonia, and as a result, the category of unemployed person beneficiary of health insurance no longer exists.

With the transfer of the health insurance to the competence of the Health Insurance Fund of Macedonia, the Employment Service Agency shall be released from the burden of the huge technical work related to exercising the right to health insurance by the unemployed persons and gradually the main purpose of the Agency shall be achieved and that is to be finally transferred into an agency that provides assistance and service to unemployed persons who are actively seeking a job, i.e. it can mediate in the employment for the purposes of increasing and improving the active employment measures.

The right to pension and disability insurance in accordance with the regulations for pension and disability insurance shall be exercised by the unemployed person who is a beneficiary of financial benefit and who needs maximum up to 18 months to fulfil the conditions for acquiring the right to old age pension, and who has not reached 15 years of pensionable service, until the person reaches 15 years of pensionable service (Article 64 paragraph 1 item 4 of the Law on Employment and Insurance in case of Unemployment).

If the beneficiary of the financial benefit has not reached 15 years of pensionable service and needs maximum up to 18 months to fulfil the conditions for acquiring the right to old age pension, i.e. who had attained more than 60 years and 6 months of age (women) or 62 years and 6 months (men), shall also exercise the right to pension and disability insurance for the period of receiving the financial benefit until the time of reaching 15 years of pensionable service.

A beneficiary of financial benefit in a period of eight, nine, ten, eleven and twelve months cannot exercise the right to pension and disability insurance, regardless of the age, if it has over 15 years of pensionable service, i.e. the beneficiary shall receive only financial benefit.

The beneficiary to whom the financial benefit has been paid until his/her employment, i.e. until some of the grounds for termination of the right to financial benefit have become applicable, shall not be entitled to pension and disability insurance because the condition for acquiring a permanent right to financial benefit is to have over 15 years of pensionable service and to need maximum up to 18 months to fulfil the conditions for acquiring the right to old age pension.

Overview of registered unemployed persons – beneficiaries of financial benefit				
Year	Unemployed persons – beneficiaries of financial benefit			
	2008	2009	2010	2011
Average number of beneficiaries of financial benefit	23934	24554	24362	24213

Source: Employment Service Agency of the Republic of Macedonia

With the Law on Amendment of the Law on Employment and Insurance in case of Unemployment (Official Gazette of RM No. 88/10) Article 70 is modified and reads as follows: “the financial benefit shall be adjusted with the increase of the costs of living for the previous year published by the State Statistical Office in January for the current year for the beneficiaries of financial benefit for over 12 months”.

With reference to the request of the Committee in this Report to provide information on the minimum level of assistance during unemployment¹¹, the Law on Employment and Insurance in case of Unemployment does not provide for minimum guaranteed lower limit of the amount of the financial benefit, but it only defines its upper limit which, pursuant to Article 68 paragraph 2 cannot be more than 80% of the average monthly net salary per employee in the country published for the last month. As a result of this method of calculation of the amount of the financial benefit, it is not possible to provide accurate information on the minimum amount of the financial benefit. Namely, the financial benefit is paid in the amount of 50% of the average monthly net salary of the employee earned in the last 24 months to a person that exercises this right up to 12 months, whereas the person that exercises this right longer than 12 months shall be paid 50% in the first 12 months and 40% in the remaining months.

¹¹ European Committee of Social Rights, *Conclusions XIX-2 (2009)*, (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.17

With regards to the Committee's request to provide a clarification of "unjustified successive absence from work from 3 to 5 days"¹² contained in the previous Report of the Republic of Macedonia, we hereby inform the Committee that Article 67 of the Law on Employment and Insurance in case of Unemployment regulates the cases in which an unemployed person cannot exercise the right to financial benefit. One such case is when the labour relation of the unemployed person has been terminated due to unjustified absence from work for 3 successive working days or 5 working days in the course of one year. In such case, pursuant to Article 82 paragraph 1 line 1 of the Labour Law, as a result of breach of the working order and discipline, the employee shall be issued a disciplinary measure - termination of the labour relation without a notice period and his/her employment contract shall be cancelled.

The payment of the financial benefit, as one of the rights of the unemployed persons in the Republic of Macedonia, depends on the time period during which the unemployed person was included in the social insurance system, i.e. the person was employed.

Having into consideration the unfavourable situation in the country in terms of the unemployment, in the past period, in cooperation with a number of international institutions and organisations, among them the World Bank, analyses and evaluations have been conducted and certain recommendations have been received for undertaking measures that will improve the situation and concurrently prevent the unemployed person to remain a longer period of time in the records of the employment services. In addition to the establishing of the need of significant shifting of the focus from the passive towards the active measures on the labour market, after which annual Operational plans started to be prepared and implemented for active labour market policies, a subject of analysis and discussion was also the redesigning of the financial benefit payment system.

Hence, with the legal modifications dated April 2006, modifications were made in the time period of receiving the financial benefit in case of unemployment, wherein the minimum period of exercising the right to such compensation was defined to one month for person that have been employed for 9 consecutive months or 12 months with interruptions during the last 18 months.

In the defining of the time period of exercising this right, a care was taken to establish a proportionate relation between the minimum and maximum period of exercising the right to financial benefit.

It is believed for such measure to be simulative and that along with the other existing active measures on the labour market it will contribute for the unemployed persons to seek job more intensively and to find employment.

We would also like to mention that, in accordance with the data received from the Employment Service Agency, the number of persons, who receive financial benefit in case of unemployment with minimum duration of one month, is relatively small compared to the total number of beneficiaries of this right.

According to the data for 2009, the number of the persons that receive financial benefit in duration of 1 month is from 0.3% to 1.9% compared to the total number of beneficiaries in

¹² European Committee of Social Rights, *Conclusions XIX-2 (2009)*, ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.17

the course of the month (in average: 0.7%), i.e. in absolute numbers, the average number of these beneficiaries is 172.

Number of beneficiaries who exercised the right to financial benefit in case of unemployment during 2009			
2009 month	Total number of beneficiaries of financial benefit in case of unemployment	Number of beneficiaries of financial benefit in duration of 1 month	%
January	23458	456	1.9%
February	24515	339	1.4%
March	25380	132	0.5%
April	24279	162	0.7%
May	24625	95	0.4%
June	24936	82	0.3%
July	23659	135	0.6%
August	23956	126	0.5%
September	25081	225	0.9%
October	25253	147	0.6%
November	24854	76	0.3%
December	24648	92	0.4%
TOTAL	24554	172	0.7%

Source: Employment Service Agency of the Republic of Macedonia

2010 month	Total number of beneficiaries of financial benefit in case of unemployment	Number of beneficiaries of financial benefit in duration of 1 month	%
January	24666	114	0.5
February	25335	47	0.2
March	24560	38	0.2
April	24561	66	0.3
May	24784	50	0.2
June	24114	41	0.2
July	24073	96	0.4
August	24107	66	0.3
September	23580	56	0.2
October	24275	32	0.1
November	24020	31	0.1
December	24263	30	0.1
TOTAL	24666	114	0.5

Source: Employment Service Agency of the Republic of Macedonia

2011 month	Total number of beneficiaries of financial benefit in case of unemployment	Number of beneficiaries of financial benefit in duration of 1 month	%
January	24023	27	0.1
February	24759	44	0.2
March	24437	20	0.1
April	24302	17	0.1
May	23836	26	0.1
June	23779	24	0.1
July	23725	40	0.2
August	24182	22	0.1
September	23678	21	0.1
October	24079	51	0.2
November	24265	89	0.4
December	25486	19	0.1
TOTAL	24023	27	0.1

Source: Employment Service Agency of the Republic of Macedonia

With regards to the remarks and the established non-compliance of the situation in RM with the provisions of the European Social Charter, in the part referring to the too short time period of one month, additional researches and analyses will be conducted in the forthcoming period in terms of the impact of such measure on the rate of unemployment, as well as the relevant financial effects, whereupon adequate solutions will be proposed and implemented.

With regards to the specific question raised by the European Committee of Social Rights pertaining to the measures of the Government of the Republic of Macedonia in the fight against the unregistered employment¹³, in accordance with the priorities of the Government of RM, the country has undertaken a number of activities in the reporting period for stimulation of the workers' registration, such as modification of the legal regulation, implementation of various types of projects, strengthening the inspection supervision and the like. The foregoing can be confirmed with the increase of the number of workers during the economic crisis, which is also a result of the following measures: improvement of the business environment, harmonisation of the labour legislation with the EU legislation, introducing of a flat tax, decreasing the grey economy, active programmes and measures for employment etc. The foregoing is partially a result of the introduction of the concept of negotiation, calculation and payment of the gross salary that contributed to the decrease of the taxation per employee, whereupon to a certain extent it became uneconomical for the employers to avoid the registration of the workers. Furthermore, with the introduction of integral collection of the social contribution and

¹³ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.15

the personal income tax on the salaries and harmonisation of the databases, the possibilities for manipulation, i.e. avoiding the registration of the workers have decreased. In 2008 the Labour Law was subject to amendments (Official Gazette of the Republic of Macedonia No. 106/2008), which amendments are aimed at larger flexibility. Namely, the amendments provided a possibility for the employers to electronically register and deregister the workers, electronic exchange of data between the Employment Service Agency of the Republic of Macedonia and the institutions for social insurance, and the provisions pertaining to which in the event of termination of the labour relation of the workers due to business reasons the employers cannot employ a person to the same job position for one year and pursuant to which the employee, whose labour relation has been terminated, shall be given an advantage in employment, have been deleted. Part of the Law amendments in the stated period refer to the penalty provisions that were subject to modification of the misdemeanour sanctions for an employer or legal entity if an employment contract is not concluded and if the employee is not registered in the mandatory social insurance.

The legal solutions provided for in the Law on Contributions for Mandatory Social Insurance (Official Gazette of RM No. 142/2008) are aimed at motivating the registration of the workers and thus achieving a higher flexibility and safety of the workers, and they also provide a possibility for payment of the contributions depending on the working hours which contributes to a higher flexibility of the employers for employing persons depending on the need.

The introduction of the integral collection of the contributions for mandatory social insurance and the personal income tax, the harmonisation of the minimum amount for payment of contributions, as well as the successive decrease of the amounts of the contributions from the total of 32% in 2008, to 27.9% in 2009 and to 26.5% in 2010 and 2011, have contributed to increasing of the social safety of the workers and decreasing the administrative burden and the costs for the employers (in accordance with the Law on Contributions for Mandatory Social Insurance (Official Gazette of RM. No. 142/2008)).

The implementation of the active employment policies also had an influence on the registration of the workers, i.e. on the motivation for performing a formal activity. Hence, as of 2008, the Government of the Republic of Macedonia each year in accordance with the Operational Plan for Active Programmes and Measures for Employment provides financial support with non-repayment funds for formalization of businesses. The financial support from 2008 to 2011 was in the amount of MKD 188,000.00 of which MKD 185,000.00 are in a form of direct support for purchase of equipment and raw materials, and the others for registration of activity.

Inspection supervision over unregistered work

Until 2008, the Labour Law stipulated that if the labour inspector finds a person at the employer's premises with whom no labour relation has been established pursuant to the law, the labour inspector is to adopt a decision for ban of the activity of the employer until the rectification of the identified irregularities, i.e. until the establishing of a labour relation with the unregistered employee pursuant to the law. In the afore-stated period the labour inspectors were discovering approximately 20.000 unregistered workers per

year, however upon the adopted decisions for ban of the activity, the employers were immediately registering such workers and the ban on the activity was lifted. For the committed misdemeanour, the inspectors were initiating a request for misdemeanour procedure before the misdemeanour courts. Most of the submitted requests were not resolved on time by the courts and the procedures were ceased due to a statute of limitation. Upon the other requests, the perpetrators were issued misdemeanour warnings or low fines. These measures did not lead to solving of the problem with the unregistered workers, but the employers were encouraged to continue to break the law. The identified unregistered workers, upon a notification of the labour inspection, were deleted from the records of the Employment Service Agency and their rights arising from unemployment and social protection were denied. As a result of the foregoing, these persons made the inspection supervision difficult by hiding in the event of a control, avoiding to identify themselves or by providing false data.

In order to overcome the negative situation with the unregistered workers in December 2008 modifications and amendments were made to the Labour Law ("Official Gazette of RM" no. 161/2008) that significantly tightened the penal and administrative measures. In accordance with these amendments, if the labour inspector finds a person at the employer's premises with whom no labour relation has been established pursuant to the law, the labour inspector is to adopt a decision for ban of the activity of the employer for a period of 30 days. Fines in the amount of EUR 15,000 in MKD equivalent for the legal entity and EUR 7.000 in MKD equivalent for the responsible person were prescribed for such committed misdemeanour. A novelty in the 2008 amendments to the Law is that misdemeanour proceeding was transferred from the jurisdiction of the court to the jurisdiction of the Misdemeanour Commission within the Ministry of Labour and Social Policy.

In the course of the first months of 2009 the inspectors undertook informative and educational activities so as to enable the employers to get acquainted with the amendments to the Law and the envisaged measures. For this purpose, the inspectorate prepared brochures comprising the modifications and amendments to the law that were distributed to all registered employers. Furthermore, checklists about the rights and obligations in the field of labour relations were prepared and distributed to all employers, so as to enable each employer to perform self-control of its operations, which is indeed the subject of the supervision of the labour inspection.

The intensive inspection supervisions and measures undertaken in accordance with the law in the course of 2009 and 2010 contributed to reducing the number of unregistered workers.

These measures, no matter how effective, had their disadvantages:

- the ban on activity for a period of 30 days did not envisage a measure for registration of the persons identified as workers, i.e. their employment;
- in the 30-day period of the ban on activity the registered workers did not exercise the rights from employment;

- due to the ban on activity and the inability to pay high penalty some employers stopped working;
- the unregistered persons were deleted from the records of the unemployed persons with the Employment Service Agency, because they evaded the inspection supervisions.

Therefore in September 2010 modifications were made to the Labour Law, which provide that if the labour inspector finds a person at the employer's premises with whom no labour relation has been established pursuant to the law, the inspector is to issue a decision ordering the employer to employ the identified or other persons within a period of 15 days and to pay them a compensation in the amount of three average gross salaried paid in the Republic of Macedonia. If the employer does not comply with the decision, the inspector shall issue a ban on the activity of the employer, until the fulfilment of the order stated in the decision.

With these modifications of the law the amount of the fines was also reduced, so for this kind of misdemeanour a fine was determined in the amount between EUR 6,000 and EUR 7,000 in MKD equivalent for the legal entity and between EUR 3,000 and EUR 4,000 in MKD equivalent for the responsible person.

Inspection supervision for unregistered work and measures taken				
Year	Regular supervisions	Identified unregistered workers	Filed misdemeanour reports	Registered workers after the performed inspection supervisions and measures taken
2008	33917	15626	4731	12773
2009	30810	3405	596	3405
2010	31571	2918	841	2918
2011	28748	1269	996	1269

Source: State Labour Inspectorate

Inspection supervision related to the payment of salary and allowances

In accordance with the Labour Law, the employee is entitled to a salary in accordance with the law, collective agreement and employment contract. The salary is paid for a period not exceeding one month, no later than 15 days after the expiry of the month for which it is paid.

A large number of the requests that were addressed to the Inspectorate referred to late payment or non-payment of the agreed salary and non-payment of the supplements for

night work, overtime work, work on holidays and allowances provided by law. In such cases the inspector issues a decision ordering the employer to pay the unpaid salaries, supplements and allowances.

A large problem are the employers that have not paid salary over an extended period of time due to blocked accounts and therefore are not able to act upon the decision of the inspector.

The failure to act upon the decision issued by the inspector represents a misdemeanour and consequently a request for initiation of a misdemeanour proceedings against the employer is filed, whereas the workers are referred to exercise their rights through a court proceeding.

Since January 2012 the Law on Minimum Salary is applied, which for the first time in the Republic of Macedonia establishes the minimum monthly amount of the basic salary which the employer is obliged to pay the employee for the performed full-time work and regular performance.

Until the present moment there are no reports to the Inspectorate for paid lower salaries than the minimum salaries and during the regular inspections violations of the law have not been identified. If during the first inspection the inspector establishes that a salary lower than the minimum salary has been paid, the inspector gives directions to the employer to pay the proper salary within 8 days and undertakes educational activities towards the employer. If the employer does not comply with the directions, a request for initiation of a misdemeanour proceeding shall be filed.

Inspection supervisions for unpaid salaries and allowances		
Year	Adopted decisions that impose an obligation to the employer to pay the salaries and allowances	Filed requests for initiation of misdemeanour proceedings for failure to act upon the decisions
2008	523	97
2009	411	108
2010	1060	84
2011	1128	106

Source: State Labour Inspectorate

With regards to the specific question raised by the European Committee of Social Rights in terms of the measures taken in favour of the single parents¹⁴, we would like to inform you that with the Programme for the formalization of the existing businesses at annual level in the period from 2009 to 2011, 250 unemployed persons formalized their business, with the exception of 2008, when 113 unemployed registered their own companies. The

¹⁴ European Committee of Social Rights, Conclusions XIX-2 (2009), (“THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.18

active employment programs and measures include unemployed persons from different targets groups, i.e. in addition to the economic component they contain a social component including the single parents. Thus in 2008 and 2009, 80 i.e. 67 single parents were supported under the Subsidy Programme. In 2010, 8 single parents with supported under the Employment Subsidy Program and 20 persons under the Self-employment Programme. in 2011, 13 persons were supported under the employment subsidy program, 13 persons under the Self-employment Programme and 1 person under the Scarce Skills Training Programme.

CHILD PROTECTION (FAMILY BENEFITS)

The amendments of the Law on Child Protection adopted on 30 June 2009, and published in the "Official Gazette" No.83/2009 incorporated provisions under which the right to child allowance is provided to a child, citizen of the Republic of Macedonia, who is regularly attending school in the Republic of Macedonia, whereas the right child allowance as a right of the child may be exercised by one of the child's parents, guardian, or person to whom under a decision of the competent social welfare centre is entrusted with the child and lives in a family with him. This solution leaves out the previous form of standard listing of all persons who can exercise this right. It starts from the position that every citizen, i.e. every child is entitled to a child allowance as a form of protection provided by the state, under the terms and conditions and in a manner established by this law. This approach means a great progress in terms of compliance with the recommendations of the Committee on the Rights of the Child from Geneva, to which the Ombudsman of the Republic of Macedonia also insists. The modifications are significant in terms of the necessary amount of funds that are required so as to exercise this right, and they are with deferred action, i.e. shall apply after the entry of the Republic of Macedonia in the EU. All these modifications have a character of a kind of reform under which the rights on the grounds of child protection became universal and uniform for all citizens in the state, and are primarily targeting the poor citizens who need such protection.

One of the novelties in the child protection system is the introduction of a new right - **parental allowance for a child**, therefore in accordance with to the Law on Child Protection ("Official Gazette of RM" 98/2000, 17/2003, 65/2004, 113 / 2005, 98/2008, 107/2008, 83/2009, 156/2009, 51/2011 and 157/2011) child protection rights are the following:

- Child allowance;
- Special allowance;
- One-off financial assistance for a newborn;
- Co-payment;
- Parental allowance for a child.

As a result of the Decision adopted by the Constitutional Court of the Republic Macedonia concerning the newly introduced right to parental allowance for a child as a measure for demographic development of the Republic, which right was implemented from 1 January 2009 to cover the newborn children on the entire territory of the Republic of Macedonia, certain modifications to the law were made. Namely, with the adopted amendments to the Law on Child Protection ("Official Gazette of RM" No. 83/09) the right to parental allowance for a child is granted to the mother for a third-born child provided that certain conditions are met, and therefore in order to ensure equitable access in securing the right to parental allowance for a child, a transitional period of 9 months from the date of entry into force of the law was foreseen. During this transitional period, the right to parental allowance for a child can be exercised for the second-, third- or fourth-born child (children born until April 11, 2010 inclusive).

With the adopted amendments to the Law, the right to one-off financial assistance for a newborn will be exercised only for the mother's first child born alive.

In 2009 with the adopted amendments to the Law on Child Protection, published in the Official Gazette of the Republic of Macedonia No.156/2009, a new method of calculation of the amount of the rights for child protection was introduced (child allowance, special allowance, one-off financial assistance for a newborn and parental allowance for a child) and they were defined in absolute amounts.

Child allowance

Child allowance is a financial benefit to cover part of the costs for the upbringing and development of the child. The right to child allowance can be exercised by one of the parents of the child who is a citizen of the Republic of Macedonia and is regularly attending school.

The right to child allowance is exercised depending on the age of the child and the family's financial standing.

The right to child allowance can be exercised:

- by one of the parents for a child up to the age of 18 years, if the child is regularly attending school;
- by one of the parents of a child if he/she is an employee, retiree, unemployed person who receives a financial benefit through the Employment Service Agency, beneficiary of permanent financial assistance, in accordance with the Law on Social Protection, disabled person - veteran and beneficiary of family disability benefits, farmer-taxpayer;
- Child without parental care who is placed in a foster-family.

The threshold amount of the average monthly income per family member for the exercise of the right to child allowance as of 1 January 2010 amounts to MKD 2490, whereas for single parents MKD 4980 and in 2010 it was adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

The amount of the child allowance, which is provided on a monthly basis, as of 1 January 2010 amounts:

- 716 MKD for a child up to 15 years, or as long as the child is a regular student in primary school;
- 1136 MKD for a child between 15 to 18 years, or until the child is a regular student in high school.

The total monthly amount of a child allowance for children whose parent has exercised the right to child allowance amounts to maximum 1,800.00 MKD.

Special allowance

Special allowance is a financial benefit for a child with special needs who has physical and intellectual disabilities or multiple disabilities.

The special allowance is provided to the child until 26 years of age.

From 1 January 2010, the monthly amount of the special allowance is 4202 MKD and it is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

One-off assistance for a newborn

From 1 January 2006 until 31.12.2008, the amount of the right for assistance for equipping a newborn, which from 1 January 2009 was transformed into one-off assistance for a newborn, depending on the average monthly income of the family, varied from 176.55 MKD to 4,060.65 MKD. Now the amount of one-off assistance for a newborn amounts to 4.829 MKD and it is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

Co-payment

With reference to the specific question raised by the European Committee of Social Rights what is the threshold to benefit from this assistance¹⁵, we would like to inform you that the parent does not pay the economic price for child's attendance of kindergarten, i.e. rest and recreation, but pays for the child's stay in the kindergarten, for the costs for child nutrition and part of the material costs. The detailed conditions for the exercise of this right shall be further regulated by a bylaw.

Parental allowance for a child.

The amount of the parental allowance for a third child amounts to 8,048 MKD and the as of January 1, 2010 it is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

As of 1 January 2010, the amount of the parental allowance for a child (second, third and fourth) that it is exercised in accordance with Articles 98 and 99 of the Law on modification and amendment of the Law on Child Protection ("Official Gazette of the Republic of Macedonia" 83/2009) amounts to 4,829 MKD for a second child, 8048 MKD for a third child and 11,267 for a fourth child, and the single parental allowance for a child, if the mother gives birth to a fourth child while exercising the right to a parental allowance for a third child, amounts to 16,096 MKD.

The amount of the right to parental allowance for a child as of 2010 is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

¹⁵ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.18

The following table gives an overview of the number of beneficiaries of cash allowances for child protection in the period 2008-2011.

Year	Child allowance		Special allowance		Assistance for equipping a newborn (number of beneficiaries)/ one-off financial assistance for a newborn as of 1.01.2009	Parental allowance	
	Number of beneficiaries	Number of children	Number of beneficiaries	Number of children		Number of beneficiaries	Number of children
2008	19235	35774	5417	5597	6102	/	/
2009	18748	34423	5708	5903	12910 *	8.520 *	/
2010	13866	26588	6117	6350	8986	6.151	6.157
2011	11450	22626	6286	6504	8778	9.148	9.162

Source: State Statistical Office of the Republic of Macedonia

* Data from the Ministry of Labour and Social Policy, Analysis and Policy Evaluation Department

The following table gives a presentation of the available data on the amount of the funds allocated from the Budget of the Republic of Macedonia for child rights protection in the period 2004-2006.

Year	Child allowance (Amount in MKD)	Special allowance (Amount in MKD)	„Baby - package“ / One-off financial assistance for a newborn (Amount in MKD)	Parental allowance for a child (Amount in MKD)
2008	279.282.000	252.851.000	22.922.000	-
2009	260.724.000	280.503.000	76.607.341 *	314.324.311 *
2010	214.423.000	300.854.000	43.303.000	678.621.776 *
2011	178.350.000	295.146.000	43.356.000	799.146.852 *

Source: State Statistical Office of the Republic of Macedonia

* Data from the Ministry of Labour and Social Policy, Analysis and Policy Evaluation Department

With reference to the specific questions raised by the European Committee of Social Rights regarding the housing benefits¹⁶, we would like to inform you that the Government of the Republic of Macedonia in 2011 prepared a project "Buy a house, buy a flat" aimed at enabling individuals to acquire their own home under more favourable conditions. Therefore, the Assembly of the Republic of Macedonia in November 2011 passed a Law on subsidizing housing loans ("Official Gazette of the Republic of Macedonia" br.158/2011) which regulates the conditions, manner and procedure for subsidizing housing loans which the individuals take from the commercial banks in order to buy an flat or build a house so as to solve their own housing problems. In accordance with this law, individuals can receive funding from the Republic of Macedonia for a part of the participation in the banking housing loan or part of the instalment for repayment of the housing loan. This subsidy is envisaged to be implemented in two manners of which the individuals have to choose one:

1. Model "Half instalment," according to which it is stipulated that the Government shall pay half of the monthly instalment (principal and interest) in the first 5 years of the loan repayment, wherein the interest on the housing loan is subsidized and amounts to 4.99% for the first three years and 5.5% for the fourth and fifth year of the repayment;
2. Model "Half participation", according to which it is stipulated that the Government shall pay 50% of the participation for the loan for purchasing a flat or building a house, or up to 6250 EUR for a loan of 50,000 EUR, wherein the interest on the housing loan is subsidized and amounts to EURIBOR + 4.5 percentage points over the entire repayment period.

The citizens who want to apply for a subsidized loan, should meet the following conditions:

- The total monthly income of the individual or married couple to amount to maximum 900 EUR;
- Not to have in their possession, in joined ownership with the spouse or in the ownership of the spouse a flat or a house, or have in their ownership only one flat or a house, which is being sold for the purposes of buying a bigger flat or a house for the needs of own housing;
- The person or his spouse have not taken another housing loan;
- The subsidized amount of the loan is up to 50,000 EUR. The citizens can take a loan larger than 50,000 Euros, wherein the subsidies shall apply to the amount up to 50,000 EUR.

The flat that is being purchased or the house being built, should:

- Be a new building with all the necessary documents (title deed, permits and construction permits);

¹⁶ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.18

- The price of the housing facility to be up to 900 EUR per square meter;
- To be purchased directly from the developer or the contractor of the housing facility;
- The construction-technical documentation for the construction of the house to be in the name of the applicant.

The application for use of a subsidized loan is submitted to a commercial bank, which assesses and decides on the credit worthiness of the applicant, and at the conclusion of the contract, the following shall be specifically provided:

- Ban on giving the real estate for lease (rent);
- Ban on the additional burdening of the real estate with a mortgage;
- Ban on the borrower to dispose of the property within the first 5 years of the commencement of payment of the loan;
- Obligation for filing an application for changing the residence to the address of the new flat or house to the competent authority within 60 days as of the day of the introduction of the possession of the applicant of the subsidized credit over the flat or house;
- In the event of early repayment of the housing loan (in whole or in part), the beneficiary is obliged to return immediately the subsidized funds to the Ministry of Finance through a commercial bank.
- Right of the commercial bank, in case when the borrower is late at least 90 days in settling the liabilities, i.e. obligation of the commercial bank, in case the borrower is late at least 180 days in settling the liabilities, to terminate the loan contract and to take actions for coercive collection of the claim on the basis of housing loan and the subsidy.
- If the funds approved for subsidized housing loans are not used in accordance with the Law on subsidizing housing loans, or the facts on which the decision on approval of subsidized housing loans is based are untrue, it should proceed with coercive collection of the housing loan and subsidy.

Under the project of the Government of the Republic of Macedonia "Buy a house, buy a flat" the citizens can apply for subsidized housing loans in the period from 25 January until 31 December 2012.

As regards the measures for social housing, the information is contained in Article 13&1

Article 12§2

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake to maintain the social security system at a satisfactory level at least equal to that required for ratification of International Labour Convention (No. 102) Concerning Minimum Standards of Social Security.

As stated in the Conclusions of the European Committee of Social Rights, the Republic of Macedonia, as a member of the International Labour Organization (ILO), had a several-year delay in the preparation and submission of reports on the application of the ratified Conventions. However, as of 2010 inclusive, the Government submitted the first reports for all individual conventions and since then the necessary dynamics was established and there is no lag and delay in terms of the reporting obligation under the Constitution of the ILO.

The second report on the Convention on Social Security (Minimum Standards) (S. 102), in addition to the initial report, and according to set dynamics of reporting by the ILO, was sent in 2011 already. The reports which each government of the member states submits to the ILO are subject to review and analysis of the Committee of Experts on the Application of the Conventions and Recommendations. The Committee reviewed the submitted reports, whereupon it submitted its comments together with a few additional questions to the Government of the Republic of Macedonia, in the form of Direct Request. These few additional questions shall be answered by the Government in the preparation of the next report on this Convention.

Old age pension

The Law Amending the Law on Pension and Disability Insurance ("Official Gazette of RM" No.161/2008) excluded the possibility for a pension beneficiary to work and use a part of the pension. Notably, as of 2009 the payment of the pension is suspended while the pension beneficiary works or performs business activity. Upon the termination of the work or the performance of the activity a new pension amount shall be established in accordance with the additional pension years of service and salaries paid.

With the provisions of the Law Amending the Law on Pension and Disability Insurance ("Official Gazette of the Republic of Macedonia" 153/2007), the indexation is performed according to the movement of the index of cost of living in the amount of 50% and movement of the average paid net salary of all workers in the Republic of Macedonia in the amount of 50%. The indexation is performed twice a year on 1 January and 1 July each year. The **indexation** percentage is obtained from the sum of the percentage of the movement of the index of costs of living in the previous half year and the percentage of

the average monthly net salary of all workers in the Republic of Macedonia paid in the previous half year compared to the half year which precedes it.

Indexation of pensions			
Year	Salary increase	Cost increase	Total
2008	13,00%	7,65%	21,66%
2009	3,50%	2,02%	5,59%
2010	0,30%	1,10%	1,40%
2011	0,75%	2,10%	2,86%

Source: PDIFM Annual report on the operations for 2011

The indexation of the pensions in 2008 was conducted in accordance with Article 37 of the amendments to the Law on Pension and Disability Insurance ("Official Gazette of RM" No. 153/2007) as follows: 50% of the movement of the average net salary paid to all workers in the Republic of Macedonia and 50% of the movement of the index of cost of living. The pensions were adjusted on 1 January and 1 July 2008 according to the percentage that is calculated as the sum of the movement of the cost of living index in the previous half year and the percentage of the movement of the average net salary of all workers in the Republic of Macedonia paid in the previous half year compared to the half year which precedes it.

In accordance with the applicable regulations, the indexation of the pensions from January 1, 2008 was 4.45% and from 1 July 2008, 5.10%, i.e. the total indexation in 2008 was 9.78%.

In addition to the statutory pension indexation in 2008 under a decision of the Government the pensions were indexed with a higher percentage than the pension indexation percentage set out in Article 37 of the Law on Pension and Disability Insurance.

The increase of the pensions with a Decision of the Government was performed with different percentage depending on the amount of the pension, but on average the pensions as of 1 January 2008 were indexed for 8.3%, and from 1 July 2008 for 2.36% i.e. the total indexation was 10.8%.

The total increase of the pensions on both grounds was 21.66% and is the highest increase of the pensions since 2001.

The pension, until 2015, cannot be more than 80% of the average salary earned in the Republic of Macedonia in the previous year increased 2.7 times, and after 2015 - no more than the percentages specified in Article 65 paragraph 1 of the Law, from the average salary in the Republic of Macedonia in the previous year increased 2.7 times.

The percentages referred to in Article 65 paragraph 1 of the Law are:

Year	Percentage
2016	79.68
2017	79.36
2018	79.04
2019	78.72
2020	78.40
2021	78.08
2022	77.76
2023	77.44
2024	77.12
2025	76.80
2026	76.48
2027	76.16
2028	75.84
2029	75.52
2030	75.20
2031	74.88
2032	74.56
2033	74.24
2034	73.92
2035	73.60
2036	73.28
2037	72.96
2038	72.64
2039	72.32
2040	72.00

Source: Law on Pension and Disability Insurance

Survivor pension

The modifications and amendments to the Law on Pension and Disability Insurance ("Official Gazette of the Republic of Macedonia" no. 156/2010) removed the various conditions regarding eligibility age for obtaining survivor pension for widow / widower, so as to ensure the principle of equality of the citizens on the basis of sex as defined in Article 9 of the Constitution of the Republic of Macedonia, as well as legal security of the citizens set out in Articles 8, 34 and 35 of the Constitution of the Republic of Macedonia.

Under the provisions of this Law, a widow / widower is eligible for survivor's pension if at the moment of death of the spouse they have reached 50 years of age.

If on the date of death they have not reached 45 years of age, the right to a pension shall be exercised when they turn 50 years of age - or if during those years they became

incapable of work. Furthermore, the age when parents become eligible to survivor pension on the grounds of deceased child-insured persons is harmonized and is 55 years of age.

The conditions for becoming eligible to the right to survivor pension for a widow / widower to had been married with the deceased insured person or pension beneficiary for a period of at least five years before the death of the insured person i.e. pension beneficiary was abolished in 2006 by the Constitutional Court of the Republic of Macedonia.

Given that the Pension and Disability Insurance Fund of Macedonia decides on the rights of pension and disability insurance, and in the process it collects and employs a large number of data relevant to the exercise of the rights, as of 2011 it began to implement a software for electronic resolution of the requests and payment of pensions.

For each individual application for pension an electronic file is opened in the archive, which is further electronically completed with data about the years of service and salaries in the original records, whereupon a decision is adopted which is electronically controlled and the payment of the pension is established.

The overall flow of the process for adopting a decision and payment of pension is done through an electronic system without the movement of the paper documents through an electronic file.

Article 12§3

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake to endeavour to raise progressively the system of social security to a higher level.

The reformed pension system in the Republic of Macedonia is comprised of pension and disability insurance based on intergenerational solidarity and Fully Funded Pension Insurance, which allows the citizens of the Republic of Macedonia to obtain material and social security.

The structure of the multi-pillar pension system is based on three types (pillars) of insurance:

1. mandatory pension and disability insurance based on generation solidarity (first pillar);
2. mandatory fully funded pension insurance (second pillar);
3. voluntary fully funded pension insurance (third pillar).

1. The mandatory pension and disability insurance based on intergenerational solidarity (first pillar) is insurance organized according to the principle of current funding (pay-as-you-go), which means that current beneficiaries (insured persons) pay for the current retirees. This insurance is under the responsibility of the Pension and Disability Insurance Fund of Macedonia. The first pillar continues to function in the same manner as until now - the principle of generational solidarity. This pillar provides defined pensions according to a predetermined formula, whereas the rest of the pension is provided from the fully funded pension insurance. This pillar enables the exercising of the rights arising from pension and disability insurance in case of old age, disability and death, which means that it pays a part of the old age pension, disability pension, survival pension, as well as the lowest amount of pension (minimum pension).

2. The mandatory fully funded pension insurance (second pillar) is insurance based on capitalization of the assets on the principle of defined contributions, wherein there is a close correlation and dependence between the volume of the invested funds - contributions and future pension benefits that are exercised by each person based on the market regularities. Notably, this type of insurance is based on the principle of collecting funds through the payment of contributions to individual accounts whose funds are further invested and the profit reduced for the operational costs of the system is added (accumulates) to the funds on the individual accounts. This insurance includes private mandatory pension funds and pension companies that manage them. This pillar provides the exercising of the right to pension insurance in case of old age, i.e. old age pension is paid (in addition to the pension from the first pillar).

Each beneficiary can choose only one mandatory pension fund. The deposited assets are invested according to strictly defined legal regulations, thus providing the highest protection of the interests of the members and their funds. In private mandatory pension funds each member has its own individual account on which the funds from the

contributions that each member allocates from their salary. The funds allocated from the salary, plus the return of their investment belong to the member and are included in the formation of the pension amount. The members are regularly informed about their own funds allocated for pension days.

In view of the members of the two-pillar pension system, 35% of the contributions for pension and disability insurance are transferred to the private mandatory pension fund (second pillar), while 65% of the contributions remain in the PDI Fund of Macedonia (first pillar).

All those persons who were first employed starting from 1 January 2003 are mandatory members of the second pillar of the pension system, whereas all those persons who were employed before January 1 2003 have the right to choose whether to become members of the second pillar. The mandatory members have the right to choose the pension fund in which they shall be members.

3. In 2008 the voluntary fully funded pension insurance (third pillar) was established.

The primary goal of the voluntary fully funded pension insurance in the Republic of Macedonia is the following:

- providing higher income after retirement for the beneficiaries that are already insured under the in mono- or two-pillar pension system (mandatory pension and disability insurance), and who are willing and able to allocate additional funds for increased financial security or maintaining a higher standard of living after retirement;
- Providing pension to persons who are not covered under the mandatory pension insurance for themselves or from other persons. These include the spouses who are not employed, long-term unemployed, employed on projects or in foreign missions, spouses who are not employed, and other persons whether employed or unemployed, etc.;
- providing the prerequisites for the establishment of occupational pension schemes in the process of harmonization of the social security system in Macedonia with the system in the European Union.

The voluntary pension insurance provides coverage of a large group of people from the population of Macedonia, as well as persons who are not citizens of the Republic of Macedonia. It provides additional savings for old age, which increases the financial security in old age. This insurance covers people who are not covered in the mandatory pension insurance, but also achieves a higher level of income after retirement for people who are already insured in the mandatory pension insurance. Furthermore, the voluntary pension insurance is an opportunity to establish occupational pension schemes and harmonization with the European Union Directives. Thereby the reasons stated in the Directive of the European Parliament in this area are accepted, stating that because social security systems are under pressure, which is constantly increasing, occupational pensions in the future shall increasingly have the role of supplement. Due to these reasons it is necessary to develop occupational pensions without questioning the importance of the social security pension systems in terms of safe, durable and effective social insurance, which should guarantee a decent standard of living in old age and

therefore should be at the very core the goal for strengthening the European Social Model. A key Directive of the European Parliament on pension funds is the *Directive on the activities and supervision of institutions for occupational retirement provision 2003/41/EC*. Directive 2003/41/EC of the European Parliament and the Council regulates the activities and supervision of institutions for the provision of pensions through occupational pension schemes. Given the fact that a part of the third pillar will include the provision of pensions through occupational schemes, the voluntary fully funded pension insurance is in compliance with this Directive.

With the implementation of the second pension pillar and the operationalization of the third pension pillar, the whole reform process was completed with the adoption of the Law on the payment of pensions and pension benefits from the fully funded pension insurance. ("Official Gazette of RM" No.11/2012)

Through the second pension pillar a part of the old-age pension is provided from funds accumulated on the individual account of each member of the pension fund. The third pillar provides pension benefits as additional income from accumulated assets on the voluntary individual account and on the occupational account of each member of the pension fund.

This law regulates the types of pension payments from the second pillar, i.e. types of pension benefits from the third pillar, the institutions that will be involved in the payment of the payments, i.e. the pension benefits, the payment procedure, etc. The Law on payment of pensions and pension benefits from the fully funded pension insurance is based on the same principles as the second and third pension pillar, i.e. ensuring pension through capitalization of the funds on the individual account, transparency, possibility for personal choice of the type of pension and the institution that will pay the pension, protection of the interests of the pension beneficiaries from the second and third pillar, etc.

It is especially significant that this law takes into consideration the specific features of the second pillar from the aspect of its connection with the first pillar, especially due to the fact that the process of exercising the right to old age pension is to be treated in an integrated manner, as a right arising from the mandatory pension system.

Given that this is mandatory pension insurance, the types of allowed pension payments from the second pillar are life programmed withdrawals, life annuity and a combination of both. In view of institutional organization, the pension companies are to effectuate payment of programmed withdrawals, as a type of payment of pensions and pension benefits, and the insurance companies are to effectuate payment of annuities as products of the insurance market. By doing so, the payment of pensions is not brought into question because the two companies are already specialized in products that they offer on the market. The selection of the type of pension payment and the company that shall pay the pension is a decision of the member of the pension fund.

For the purposes of transparent access of the future pension beneficiary from the second and third pillar to the potential types of pension payments and companies that will pay them, in the Law stipulates the establishment of a Centre for electronic listing. Through this centre, offers shall be objectively and transparently collected and published about the type of pension or pension benefit payment from the second and third pillar.

The law has a special section on pensions from the second pillar and third pillar pension benefits. These two parts are similar, but have significant differences. The main aspects in which these two differ are the following: greater flexibility in the third pillar concerning the species payments of pension benefits that are permitted and the use of a centralized system for listing for the third pillar on a voluntary basis.

Becoming members of the fully funded pension insurance continued on a regular basis during 2011 and the number of members has reached a figure of about 297,000 members. The investing of the funds of the mandatory pension funds was performed on current basis, whose amount reached about 16 billion MKD (or about 260 million EUR). The investment portfolio of the mandatory pension funds is comprised of domestic investments involving government securities, deposits and shares, as well as investments abroad including stocks and shares of the investment funds. In the course of 2011 there was an increase in the overseas investment in bonds issued by domestic issuers, and the share of investments in deposits in domestic banks was reduced. At the end of 2011, as a result of the operation of the mandatory pension funds in the period from the previous three years (2009-2011), average weighted amount of about 7.69% on annual level was achieved.

By the end of 2011 approximately 12,000 persons become members (as individual members or as participants in occupational pension schemes (74%) of the voluntary fully funded pension insurance. The investment portfolio of the voluntary pension funds consists of domestic investments involving government securities, deposits and stocks, as well as investments abroad. At the end of 2011, the funds of the voluntary pension funds amounted to approximately 112 million MKD (or about 1.8 million EUR). At the end of 2011, as a result of the operation of the voluntary pension funds, for the previous years (2010-2011) a returns in the range of 4.65% to 6.05% on annual level was achieved for the voluntary pension funds.

Article 12§4

1. With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake to take steps, by the conclusion of appropriate bilateral and multilateral agreements, or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
 - a. equal treatment with their own nationals of the nationals of other Contracting Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Contracting Parties;
 - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties.

Annex to Article 12§4

The words "and subject to the conditions laid down in such agreements" in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Contracting Parties.

Republic of Macedonia after its Independence concluded and is applying social security agreements with the following countries:

1. Agreement with the Republic of Croatia entered into force on 11.01.1997;
2. Convention with Austria, entered into force on 01.04.1998;
3. Agreement with Turkey entered into force on 01.07.2000;
4. Agreement with the Republic of Slovenia, entered into force 01.04. In 2001;
5. Convention with the Swiss Confederation entered into force on 01.01.2002;
6. Agreement with FR Yugoslavia, entered into force 01.04.2002;
7. Agreement with the Republic of Bulgaria entered into force on 01.08.2003;
8. Agreement with FR Germany, entered into force 01.01.2005;
9. Agreement with Bosnia and Herzegovina, entered into force 01.04.2006;
10. Agreement with the Czech Republic, entered into force on 01.01.2007;
11. Agreement with the Kingdom of the Netherlands, entered into force on 01.04.2007;
12. Agreement with the Republic of Poland, entered into force 01.07.2007;

13. Agreement with the Republic of Romania, entered into force on 01.03.2008;
14. Agreement with the Grand Duchy of Luxembourg entered into force on 01.04.2009;
15. Agreement with the Kingdom of Belgium entered into force on 01.06.2009;
16. Agreement with Australia entered into force on 01.04.2011;
17. Agreement with the Republic of Montenegro, entered into force on 01.08.2011;
18. Agreement with Canada, entered into force on 01.11.2011.

Social security agreements signed and ratified by the Assembly of the Republic of Macedonia and awaiting ratification by the foreign parliaments:

- Agreement with the Kingdom of Denmark.

Agreements that have been initialled, awaiting signature:

- Agreement with the Republic of Hungary;
- Agreement with the Republic of Italy;

Initiated procedures for entry into agreements in 2012 with:

- France;
- Slovakia;
- Kosovo.

Countries with which there are ongoing negotiations for entry into social security agreements:

Until the entry into new social security agreements Republic of Macedonia applies the agreements taken from the former SFRY as follows:

- Former Czechoslovakia (in terms of the Slovak Republic);
- England and Northern Ireland;
- France;
- Italy;
- Norway;
- Sweden.

With regards to the specific question raised by the European Committee of Social Rights regarding the plans of the Republic of Macedonia to conclude new social security agreements¹⁷, we would like to inform you that as an independent state, the Republic of Macedonia has signed Social Security Agreements with 18 countries as follows: Austria,

¹⁷ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.21

Switzerland, Germany, Czech Republic, Poland, Luxembourg, Netherlands, Belgium, Romania, Slovenia, Croatia, Bosnia and Herzegovina, Serbia, Bulgaria, Turkey, Montenegro, Australia and Canada and in the process of ratification is the social security agreement with the Kingdom of Denmark.

The French Republic has initiated an initiative for entry into a social security agreement, whereas the negotiations with Hungary are in the final phase, the signing of the agreement shall follow. However, the nationals of these states can exercise the social security rights without any impediments, because in terms of these three states the social security conventions of former SFRY are applied, which were taken over with the Constitutional Law of the Republic of Macedonia in 1993.

With regards to the specific question raised by the European Committee of Social Rights on whether and how equal treatment is guaranteed to non-nationals legally residing or working in the Republic of Macedonia¹⁸, and not covered by bilateral agreements, we would like to inform you that in Law on pension and disability insurance in a separate chapter (Chapter II Insurance Beneficiaries) defines the persons who are covered by the mandatory pension and disability insurance, among other (citizens of the Republic of Macedonia), it mandatorily covers the citizens of other countries who are working or are self-employed in the Republic of Macedonia and originate from countries with which a social security agreement has not been concluded.

With regard to the request of the Committee to list the benefits that are covered by the agreements¹⁹, we would like to inform you that the social security agreements with the Republic of Croatia, Turkey, Slovenia, Swiss Confederation, FR Yugoslavia (Serbia), Republic of Bulgaria, Bosnia and Herzegovina, Czech Republic, Kingdom of Netherlands, Republic of Poland, Republic of Romania, Grand Duchy of Luxembourg, Montenegro and the Kingdom of Belgium cover the pension and disability insurance rights (rights on the grounds of risk of old age, death and disability), health insurance and healthcare and maternity, rights in respect of accidents at work and occupational disease, temporary unemployment and family.

The social security agreements with Austria and FR Germany cover the aforementioned rights, with the exception of the family benefits.

With the overseas countries Australia and Canada, the rights to pension and disability insurance are covered.

Regarding the specific issues relating to the relations with Turkey, Albania, Armenia and Georgia²⁰, we would like to inform you that social security agreement with Turkey contains provisions on the right to family benefits (child allowance). With regard to

¹⁸ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.22

¹⁹ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.22

²⁰ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.22

Albania, in 2011 started the negotiations for the entry into a social security agreement, which is planned to cover the family benefits as well. Efforts are being exerted to start negotiations with the Russian Federation, and the conditions and the opportunities for starting negotiations with Armenia and Georgia are being considered.

The benefits are accrued according to type, and the exercise and payment of the same is done when the requirements in each of contracting state are met.

With regards to the specific question raised by the Committee as to whether the citizens of the States Parties which are not bound by bilateral agreements may also retain the accrued social security benefits²¹, we would like to inform you that the bilateral agreements contain provisions for determining a pro rata amount and the accrued benefits in one contracting state are retained.

²¹ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.22

Article 13 - The right to social and medical assistance

Article 13§1

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake: to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition.

The social protection, as an area of particular public interest in the Republic of Macedonia, is continually monitored, adjusted and adapted both according to the needs of persons who are in need for social protection and to the actual possibilities of the system and the state to implement these policies in compliance with the international norms and standards. The reform of the social protection system is aimed at the preparation of the Republic of Macedonia for the open method of co-ordination with Member States of the European Union in the process of obtaining the status of a Member State, the improvement of the social protection system, its redesign and harmonization with the European legislation and practice in this area.

The new Law on Social Protection, adopted in June 2009 ("Official Gazette of the Republic of Macedonia" No. 79/09), the social protection is provided through a system of measures, activities and policies to prevent and overcome the basic social risks to which the citizens are exposed throughout life, to reduce poverty and social exclusion and to strengthen their capacity for own protection. Social risk in view of this law means:

- health risks (illness, injury and disability);
- risks of old age and aging;
- risks of single-parent families;
- risks of unemployment, loss of income to support themselves on the basis of work and the like;
- risk of poverty; and
- risks of other type of social exclusion.

The new Law on Social Protection is aimed at improving the social protection system through the improvement and standardization of the conditions, the manner and the procedure for exercising the right to social protection, improved identification of the beneficiaries of the social protection rights, establishing effective measures and actions of active social policy, building on the principles of social inclusion of socially excluded persons, decentralization, de-institutionalization and pluralisation in providing social protection services. Furthermore, the law provides an immediate application of Articles 34 and 35 of the Constitution of the Republic of Macedonia.

The Law on Social Protection improves the social protection system and organization that is comprised of: the institutions, the measures, the types and forms that are

implemented in the framework of exercising the rights of the citizens in the area of social protection.

This regulation providedr better standardization of the conditions, the manner and procedure for exercising the rights to financial assistance from social protection and improved the standardization of the conditions, manner and procedure for the exercise of rights to financial assistance based on the need to help the citizens who have found themselves in situation of social vulnerability. Unified approach for calculating the rights of material provision was introduced as well as an unified method for determining material and property status for all beneficiaries. The basis for calculating the financial assistance for social protection is fixed in a nominal amount for each right, which is adjusted annually in January with the increase of the cost of living published by the State Statistical Office. This ensures greater social security for the citizens, as the amounts pertaining to the rights to financial assistance for social protection is adjusted with the increase of the cost of living.

The Law on Social Protection regulates the rights to financial assistance for social protection including:

- social financial assistance for a person capable of work and without material means of subsistence;
- permanent financial assistance;
- financial assistance to a person who until 18 years of age had the status of a child without parental care;
- financial assistance to a mother who gave birth to a fourth child;
- financial benefit for assistance and care by another person;
- one-off financial assistance or assistance in-kind;
- salary compensation for part-time work due to care for a child with physical or mental disabilities;
- financial assistance for social housing; and
- right to medical assistance.

The social security of the citizens in the system of social protection is provided through the exercise of the right to financial assistance for social protection, as well as by providing institutional or extra-institutional social protection services.

In order to implement the established system of fixed nominal amount as a basis for calculating the amount of the rights to financial assistance for social protection, in January 2011 the basic amount was adjusted with the increase of the cost of living, in accordance with data published by the State Statistical Office.

The social protection system allows a person or a family to exercise more rights. In this regard, in accordance with the Rulebook on the manner of exercising and using the right to social financial assistance, the income on the basis of permanent financial assistance

(which right shall be exercised on the basis of incapacity to work and having no material means of subsistence) are not taken into account as income of the household that is submitting a request or exercises the right to social financial assistance.

The right to social financial assistance is provided to persons who are capable to work, who have no material means of subsistence, i.e. do not have income and property to support themselves. In accordance with the principle of solidarity and social justice, these people exercise the right to social financial assistance under the conditions stipulated by the Law on Social Protection, in order to facilitate their social integration. As conditions for the exercise of this right, obligations were determined for the beneficiaries for their inclusion in the labour market, in the active employment measures (according to their education and professional education), as well as in public and seasonal work.

In regard to the question of the European Committee of Social Rights on what is the nature of the public work²², we would like to inform you that public work is a form of organizing work in the local community in the interest of all citizens, from which arises the obligation of every citizen to participate in accordance with their knowledge and capacities in order to apply the principle of solidarity. Therefore, this rights is imposed as a civil right i.e. obligation for beneficiaries of social financial assistance as well.

The Law on Social Protection stipulates an obligation for the beneficiaries of social financial assistance to participate in public works up to five days a month, as well as to perform seasonal work and other temporary work. Public works can be organized by the mayor of the local self-government unit, the public enterprises and the public institutions. Bearing in mind the purpose for the inclusion of work capable citizens in public works, the law provides that such obligation shall not apply to the following: pensioners, woman during pregnancy and mothers up to 9 months of maternity leave, a person incapable to work due to old age, disability or illness, people in employment, pupils and students.

The beneficiaries of social financial assistance who are engaged in work up to five days a month, shall not cease to exercise the right to social financial assistance, whereas in case of being engaged to perform seasonal work, the right to social financial assistance shall be suspended for the period of the work engagement, and following the cessation of the work engagement they shall continue to exercise the right. During the work engagement, the beneficiaries must be insured by the organizer of the work on the basis of disability and physical impairment, injury at work or occupational disease.

The organizer of the public work provides reimbursement to the beneficiaries of social financial assistance to cover the cost for food and transport to and from the place of performance of the work, up to the amount of 15% of the average salary paid in the Republic of Macedonia in the previous year, and for engagement exceeding five days, a compensation for engagement as well, if necessary, depending on the work engagement.

The obligation to participate in public works in the local community is not provided for the other categories of financial assistance, including the elderly persons.

²² European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.25

With regards to the specific question raised by the European Committee of Social Rights on the circumstances of the withdrawal of financial assistance²³, we would like to inform you that in case when the beneficiaries of social financial assistance will not fulfil their legal obligation (inclusion on the labour market and active employment measures, as well as performance of public and seasonal work), only the person who refused to be included in certain obligation is excluded and it can exercise the same after the expiry of certain period or the fulfilment of the conditions laid down by law. Other household members exercise their right to social financial assistance, in accordance with the circumstances and the fulfilment of the conditions laid down by law.

The procedure for exercising the right to financial assistance for social protection is in accordance with the constitutional principle of the right to appeal and court protection. The Constitution of the Republic of Macedonia guarantees the right to appeal against individual legal acts adopted in the first instance proceedings before a court, administrative body, organization or other institutions performing public mandates. In the section that regulates the appeal procedure, the Law on General Administrative Procedure also regulates the actions of the first instance body. In this regard, the Centre for Social Work as a first instance body, in addition to the examination of the appeal as to whether it is admissible, timely submitted and given by an authorized person, also considers the allegations of the appellant. Where the Centre finds that the appeal is justified, it can correct the previous decision with a new decision against which the party has the right to appeal.

Any first instance decision adopted by the Centre for Social Work can be appealed before the Ministry of Labour and Social Policy. In the second instance, the appeal is examined by experts in the Department of Social Protection in the Ministry of Labour and Social Policy, after which a second instance decision is adopted, with a legal advice that the party may seek court protection, i.e. to initiate administrative dispute with a complaint to the specialized Administrative Court of the Republic of Macedonia (in accordance with the Law on General Administrative Procedure ("Official Gazette of RM" No.38/2005, 110/2008, 51/2011).

With regards to the specific question raised by the European Committee of Social Rights as to whether the right of appeal is accompanied by the right to legal aid²⁴, we would like to inform you that the professionals in social protection institutions are obliged to consider each individual case, in order to identify the problem that arises from the situation of social risk, to indicate to the respective party the possible solutions, services and resources for full protection, as well as the network of institutions responsible for the provision of services. This obligation derives from Article 27 of the Law on Social Protection, which provision provides for the right to first social service to the beneficiaries of social protection.

²³ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.25

²⁴ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.27

Concurrently, in order to provide adequate professional assistance in any court and administrative proceedings for the vulnerable citizens, the Law on Free Legal Aid ("Official Gazette of RM no. 161 of 30.12.2009") was adopted. This regulation stipulates that the free legal aid is realized as previous legal assistance and legal advice, and is provided by citizens' associations or lawyers, in a special register kept by the Ministry of Justice.

The right to free legal assistance (Article 12) can be exercised by persons who given their financial situation, could not exercise their rights guaranteed by the Constitution and the law, without endangering their own and the support of the members of their family living in common household.

The right to free legal aid in accordance with this law, can be exercised by citizens of the Republic of Macedonia with permanent residence in the Republic of Macedonia, as follows:

- beneficiaries of social assistance;
- beneficiaries of the disability allowance, who do not generate other income on the basis of earnings or income from real estate;
- beneficiaries of minimum pension living in a family with two or more dependents thereof; and
- families or single parents with one or more minor children exercising the right to child allowance.

In accordance with this law, the following persons are entitled to free legal aid:

- A person who has been granted asylum, internally displaced persons, and displaced or exiled person who have a domicile on the territory of the Republic of Macedonia;
- Foreign national, who in accordance with the international agreements, whether with domicile or residence on the territory of the Republic of Macedonia or not, exercised his right which is in the competence of a national authority of the Republic of Macedonia;
- Stateless person who is a legal resident in the Republic of Macedonia;
- a national of a Member State of the European Union under terms and conditions and in a manner prescribed by this Law.

The Law on Free Legal Aid provides that the financial and property standing of the people who seek to exercise this right needs to be examined, therefore as financially vulnerable persons are considered the persons, and members of their households with income below 50% of the average monthly salary paid in the Republic of Macedonia, earned in the month preceding the month in which the application for free legal aid is submitted.

With regard to the specific question by the European Committee of Social Rights, in respect of the conditions for granting permanent residence permits to foreigners in order to become eligible to exercise the social protection rights²⁵, we would like to inform you that the permanent residence permit, pursuant to Law on foreigners (Article 87) is

²⁵ European Committee of Social Rights, Conclusions XIX-2 (2009), ("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.27

conditioned with a minimum of five years of continuous residence on the territory of the Republic of Macedonia on the basis of a temporary residence permit. The condition for five years of residence in the RM allows for six months uninterrupted stay of foreigner out of the state or a maximum of 9 months for a period of five years. Only the persons who have had a temporary residence permit on the basis of employment, work or family reunification in the past can obtain a permanent residence permit.

In view of persons who have had a temporary residence permit for: educational or studding, participation in international exchange of pupils or students programmes, due to specialization, vocational education or practical training, for scientific research, for medical treatment, due to humanitarian reasons, due to temporary protection, as recognized refugee or who has applied for asylum, and whose application has not been finally resolved in a procedure stipulated by and based on the legal status governed by the Vienna Convention on Diplomatic Relations of 1961, the Vienna Convention on Consular Relations of 1963 or the Vienna Convention on the representation of States in their Relations with International Organizations of universal character, the period of validity of the temporary residence permit is not taken into account in the period required for obtaining the right of permanent residence.

RIGHTS TO FINANCIAL ASSISTANCE FOR SOCIAL PROTECTION

Social financial assistance

The right to social financial assistance can be exercised by a person capable of work and a household, without material means of subsistence that cannot provide the means of subsistence under some other regulations. A household means a community of family members and other relatives among which there is no legal obligation to support each other, and who together, contribute, manage and consume.

The amount of the right to social financial assistance, in July 2009 inclusive was determined in percentage of the average monthly net salary per employee in the Republic of Macedonia earned in the previous year:

- individual 13,50%;
- family and household with two members 17.46%;
- family and household with three members 22.23%;
- family and household with four members 28.58%;
- family and household with five and more members 33.34%;

The amount of social financial assistance depends on the period of the exercise of the right, as follows:

- in the first two years, the right is exercised in full amount;
- in the third, fourth and fifth year 70% of the defined amount is paid;
- after the expiry of the fifth year 50% of the defined amount is paid.

	Amount of social financial assistance for 2008			Amount of social financial assistance for 2009		
	100%	70%	50%	100%	70%	50%
Individual	1.825,00 MKD	1.277,50 MKD	912,50 MKD	2.173,00 MKD	1.521,00 MKD	1.086,50 MKD
Family and household with two members	2.360,00 MKD	1.652,00 MKD	1.180,00 MKD	2.810,50 MKD	1.967,00 MKD	1.405,00 MKD
Family and household with three members	3.005,00 MKD	2.103,50 MKD	1.502,50 MKD	3.578,00 MKD	2.505,50 MKD	1.789,00 MKD
family and household with four members	3.863,00 MKD	2.704,00 MKD	1.931,50 MKD	4.600,00 MKD	3.220,00 MKD	2.300,50 MKD
Family and household with five and more members	4.506,00 MKD	3.154,50 MKD	2.253,00 MKD	5.366,50 MKD	3.756,50 MKD	2.683,00 MKD

Source: MLSP

With the adoption of the new Law on Social Protection the amount of social financial assistance for the holder of the right amounts to 2,140 MKD. For each subsequent household member the base is increased for a coefficient of 0.37, for up to five members at the most.

The amount of social financial assistance is adjusted each year with the increase in the cost of living for the previous year published by the State Statistical Office in January for the current year.

	Amount of social financial assistance for 2010		Amount of social financial assistance for 2011		Amount of social financial assistance for 2012	
	100%	50%	100%	50%	100%	50%
Individual	2.140,00 MKD	1.070,00 MKD	2.174,00 MKD	1.087,00 MKD	2.223,00 MKD	1.111,00 MKD
family and household with two members	2.932,00 MKD	1.466,00 MKD	2.979,00 MKD	1.489,00 MKD	3.046,00 MKD	1.523,00 MKD
family and household with three members	3.724,00 MKD	1.862,00 MKD	3.784,00 MKD	1.892,00 MKD	3.869,00 MKD	1.934,00 MKD
family and household with four members	4.516,00 MKD	2.258,00 MKD	4.588,00 MKD	2.294,00 MKD	4.692,00 MKD	2.346,00 MKD
family and household with five or more members	5.308,00 MKD	2.654,00 MKD	5.393,00 MKD	2.696,00 MKD	5.515,00 MKD	2.757,00 MKD

Source: MLSP

Permanent financial assistance

The right to permanent financial assistance can be exercised by a person who is incapable of work and without material means of subsistence, who cannot provide means for their subsistence on the basis of other regulations. A person without material means of subsistence is a person who has no income or whose income on all grounds per family member is lower than 5.000, adjusted with the increase in the cost of living for the previous year, published by the State Statistical Office in January for the current year and does not own any property and property rights to support himself.

The amount of the right to permanent financial assistance, in July 2009 inclusive was determined in percentage of the average monthly net salary paid per employee in the Republic of Macedonia earned in the previous year:

- basic financial assistance (holder-single) 20%;
- holder with one co-beneficiary of the right 28%;

- holder with two and more co-beneficiaries of the right 40%

	Amount of permanent financial assistance for 2010	Amount of permanent financial assistance for 2009
Basic financial assistance (holder-single)	2.917,00 MKD	3.219,00 MKD
Holder with one co-beneficiary of the right	4.084,00 MKD	4.507,00 MKD
Holder with two and more co-beneficiaries of the right	MKD 5.834,00	MKD 6.438,00

Source: MLSP

With the adoption of the new Law on Social Protection in 2009 the amount of permanent financial assistance amounts to:

- for the holder of the right - the basic amount defined in Article 47 paragraph 1 of this Law is increased for a coefficient of 1.5;
- for one co-beneficiary the amount of the right of the holder is increased for a coefficient of 0.40;
- for two and more co-beneficiaries the amount of the right of the holder is increased for a coefficient of 1.0;

	Amount of permanent financial assistance for 2010	Amount of permanent financial assistance for 2011	Amount of permanent financial assistance for 2012
Basic financial assistance (holder-single)	MKD 3.210,00	MKD 3.261,00	MKD 3.335,00
Holder with one co-beneficiary of the right	MKD 4.494,00	MKD 4.566,00	4. MKD 669,00
Holder with two and more co-beneficiaries of the right	MKD 6.420,00	MKD 6.523,00	MKD 6.670,00

Source: MLSP

Financial assistance for a person who until 18 years of age had the status of a child without parental care

The right to financial assistance for a person who until 18 years of age had the status of a child without parental care is exercised by a person who has no income and property to support himself until such person turns 26 years of age.

The amount of the financial assistance for this right amounts to 4,000 MKD, that is 5,600 MKD for a person who is regularly attending school. The amount of benefit is adjusted each year with the increase in the cost of living for the previous year published by the State Statistical Office in January for the current year.

In accordance with the Law on Social Protection, in order to provide easier integration of children and youth in the community after leaving the institutions and foster families, these persons are entitled to one-off financial assistance in the amount of 180,000 MKD.

Financial assistance to a mother who gave birth to a fourth child

As of 1 January 2009, any mother who gave birth to a fourth child born alive is entitled to financial assistance. This right is exercised by a mother, who has looked after her children until they reached 18 years of age, is unemployed and cannot exercise the right to pension at the age of 62. The right cannot be exercised if the mother has been deprived of her parental rights over one of the children.

The amount of the financial assistance is MKD 8,000 and it is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office, in January for the current year.

Right to a financial benefit for assistance and care by another person (2008/2009)

The right to financial benefit for assistance and care by another person can be exercised by a person over 26 years of age, with moderate, severe and profound impairments in their mental development, a person with moderate and severe physical disabilities, totally blind person, as well as a person with permanent changes in their health condition, who require assistance and care of another person because they cannot satisfy the basic necessities of life by themselves, if this right cannot be exercised on the basis of other regulations.

The amount of the financial benefit for the assistance and care by another person as of July 2009 is determined depending on the extent of the need for assistance and care of another person.

The amount of the financial benefit for assistance and care by another person, is determined in the amount of the average monthly net salary per employee in the Republic of Macedonia earned in the previous year:

- For people from the first category (larger extent) 26% - for 2008 it was 3,792.00 MKD.

- For people from the first category (smaller extent) 23% - for 2008 it was 3,354.00 MKD.

The amount of the financial benefit for assistance and care by another person, depending on the generated average monthly income of the family amounted to:

Person who lives in a family with one and two members

	Family income		Amount of a financial benefit for assistance and care by another person for 2008	
	Amount in MKD	%	Amount in MKD	%
1	Up to 7,292.00 MKD.	Up to 50%	1 st Category 4,550.00 2 nd Category 4,025.00	120%
2	7.292,00-14.584,00	over 50%-100%	1 st Category 3,792.00 2 nd Category 3,354.00	100%
3	14.584,00-21.876,00	over 100%-150%	1 st Category 1,896.00 2 nd Category 1.677,00	50%
4	over 21.876,00	over 150%	1 st Category 190.00 2 nd Category 168.00	5%

Source: MLSP

Person who lives in family with three members

	Family income		Amount of a financial benefit for assistance and care by another person for 2008	
	Amount in MKD	%	Amount in MKD	%
1	Up to 14,584.00 MKD	Up to 100%	1 st Category 3,792.00 2 nd Category 3,354.00	100%
2	14.584,00-21.876,00	over 100%-150%	1 st Category 2,654.00 2 nd Category 2,348.00	70%
3	over 21.876,00	over 150%	1 st Category 190.00 2 nd Category 168.00	5%

Source: MLSP

Person who lives in a family with four and more members

	Family income		Amount of a financial benefit for assistance and care by another person for 2008	
	Amount in MKD	%	Amount in MKD	%
1	Up to 18,895.00 MKD	Up to 150%	1 st Category 3,792.00 2 nd Category 3,354.00	100%
2	18.895,00-25.194,00	Over 150%-200%	1 st Category 2,654.00 2 nd Category 2,348.00	70%
3	Over 25,194.00 MKD	Over 200%	1 st Category 190.00 2 nd Category 168.00	5%

Source: MLSP

Right to a financial benefit for assistance and care by another person (2009-2011)

The right to a financial benefit for the assistance and care by another person, with the adoption of the new Law on Social Protection is exercised regardless of the material and the property standing of the applicant and his family. This right depends only on the need for assistance and care by another person, determined by a finding, evaluation and opinion of a competent commission. The right to financial benefit for assistance and care by another person can be exercised by a person over 26 years of age, with moderate, severe and profound impairments in their mental development, a person with moderate and severe physical disabilities, totally blind person, as well as a person with permanent changes in their health condition, who require assistance and care of another person because they cannot satisfy the basic necessities of life by themselves, if this right cannot be exercised on the basis of other regulations.

The amount of the financial benefit for the assistance and care by another person in a larger extent amounts to 4,185 MKD, adjusted with the increase of the cost of living for the previous year, published by the State Statistical Office in January for the current year, while the amount of the financial benefit for the assistance and care of another person in a smaller extent amounts to 3,702 MKD, adjusted with the increase of the cost of living for the previous year, published by the State Statistical Office in January for the current year.

Right to a financial benefit for assistance and care by another person - 2010

- For people from the first category (larger extent) 26% - for 2010 it was 4,185.00 MKD.

- For people from the second category (smaller extent) 23% - for 2010 it was 3,702.00 MKD.

Right to a financial benefit for assistance and care by another person - 2011

- For people from the first category (larger extent) 26% - for 2011 it was 4,252.00 MKD.
- For the people from the second category (smaller extent) 23% - for 2011 it was 3,761.00 MKD.

Right to a financial benefit for assistance and care by another person - 2012

- For people from the first category (larger extent) 26% - for 2012 it was 4,348.00 MKD.
- For people from the second category (smaller extent) 23% - for 2012 it was 3,846.00 MKD.

One-off financial assistance and assistance in-kind;

One-off financial assistance or assistance in-kind is granted to a person or family who find themselves at social risk, as well as to a person and a family due to suffered natural disaster or epidemic and longer treatment in a medical institution. The right, notwithstanding accidents, acute illness requiring hospital treatment, etc., can also be exercised by citizens of the Republic of Macedonia who have no permanent residence, as well as foreigners with temporary residence and regulated entry into the Republic of Macedonia, in accordance with the law.

The amount of the one-off financial assistance may amount to 30,000 MKD, as follows:

- for meeting the needs of a person or a family that is in a situation of social risk, which can leave permanent consequences, due to suffered natural disaster (earthquake, flood, fire), epidemic and death of a family member;
- to a family whose member is a beneficiary of state-owned agricultural land given under usufruct, at the time of signing the usufruct agreement in accordance with the regulations;
- a person who is in need of surgery or longer treatment in a medical institution abroad;
- person without proper housing, beneficiary of permanent financial assistance, as assistance in providing the necessary accommodation.

The amount of one-off financial assistance may be up to 15,000 MKD for the needs of the family member who is a person with mental disabilities or a person with a permanent physical disability, which under this law could exercise the right to stay in institutions for social protection.

The amount of one-off financial assistance may be up to 12,000 MKD for meeting the needs of a person or family who find themselves in social risk in the event of a treatment in a mental institution.

The amount of one-off financial assistance may be up to 4,500 MKD to meet the needs of a person or family who find themselves in a social risk that leaves no lasting consequences, and the necessary social and economic security of the person.

The amount of one-off financial assistance amounted to 180.000 MKD for a child or youth without parents and parental care, who, after reaching the age of eighteen leaves the institution or foster family, for the purpose of adaptation to social environment.

The amount of allowance is adjusted each year with the increase in the cost of living for the previous year, published by the State Statistical Office in January for the current year.

The amount of the one-off financial assistance aligns with the growing cost of living for the previous year, published by the State Statistical Office, in January of the current year.

Salary compensation for part-time work due to care for a child with physical or mental disabilities;

The right to compensation of salary for part-time care for a child with physical or mental disabilities and the most severe forms of chronic diseases, established by the Labour Law, are accomplished in their respective social welfare centre.

The amount of the salary compensation is MKD 4,800 and it is adjusted with the increase of the cost of living for the previous year published by the State Statistical Office in January for the current year.

Social contributions of the beneficiary of this right shall be calculated and paid in accordance with the Law on compulsory social insurance contributions.

Families caring for a child with disabilities realize special allowance, in accordance with the Law on Child Protection, which is explained in the information under Article 12 & 1.

Financial assistance for social housing

The right to financial assistance for social housing is provided for socially endangered persons without proper housing as follows: beneficiaries of permanent financial assistance and a person who had the status of a child without parents and parental care until the age of 18, i.e. even after the end of the custody, maximum up to the age of 26.

The manner of exercising the right to financial assistance for social housing for beneficiaries of constant financial assistance shall be defined by an act by the council of the municipality, of the City of Skopje and the municipalities in Skopje, and for a person who had the status of a child without parents and parental care until the age of 18, i.e. even after the end of the custody, maximum up to the age of 26, it shall be defined by a general act by the Minister of Labour and Social Policy.

The funds for the exercise of the right to financial assistance for social housing for beneficiaries of constant financial assistance are provided from the budget of the municipality, of the City of Skopje and the municipalities in Skopje, and for a person who had the status of a child without parents and parental care until the age of 18, i.e. even after the end of the custody, maximum up to the age of 26, they shall be provided from the Budget of the Republic of Macedonia.

The funds for the exercise of the right to financial assistance for social housing may as well be provided from donations, foundations, loans, etc.

The persons who had the status of a child without parents and parental care, and after the end of their housing after the age of 18 are not provided with proper housing, may also exercise the right to financial assistance for social housing. The manner of exercising this right shall be defined in the Rulebook on the manner on the exercising of the right to financial assistance for social housing for a person who had the status of a child without parents and parental care until the age of 18, i.e. even after the end of the custody, maximum up to the age of 26 (“Official Gazette of the Republic of Macedonia” No. 54/10). The persons can exercise this right after leaving the institution or foster family due to becoming of legal age, through the Centre for Social Work, which offers several alternatives:

- Lease for an individual housing facility or a part of it – to be accommodated in an apartment under a lease with a third person, and the Centre for Social Work to pay funds for them in the amount of MKD 4,000 for rent and MKD 1,500 for public utilities;
- Sanation, adaptation and reconstruction of a personal real estate – if the person owns a personal housing but it is ruined and cannot be used for living, the Centre shall provide financial assistance for the needed repairing and adaptation;
- Compensation for accommodation in a dormitory, for persons who are regularly attending school and who are accommodated in a dormitory, wherein the expenses for the accommodation are paid by the Centre for Social Work.

Data for the exercised right to social housing of the persons who had the status of a child without parents and parental care, after the end of their housing after the age of 18, are given in the tables:

Year	Beneficiaries	Funds
2008	27	2,050,455
2009	28	2,319,812
2010	29	1,304,182
2011	13	595,972

Source MLSP

According to the Law on Social Protection, as of 2009, the municipalities shall be competent for exercising the right to financial assistance for social housing for the beneficiaries of constant financial assistance.

Social housing for the most vulnerable citizens shall be provided by a special Programme for construction and maintenance of apartments owned by the Republic of Macedonia, adopted by the Government of the Republic of Macedonia in 2009. This programme also stipulates the construction of 1 101 social apartments intended for unprofitable housing of persons in social risk. In 2009, a procedure was initiated, and 102 apartments were allocated in Skopje and 29 in Makedonska Kamenica. In the course of 2010, a procedure for assigning 228 apartments for unprofitable housing was initiated in several municipalities (Ohrid – 71, Kicevo – 32, Kocani – 29, Kavadarci – 30 and Kriva Palanka – 46).

Number and category of socially endangered beneficiaries who exercised the right for social housing in the period 2008-2010:							
	Children without parents or parental care-persons at the age above 18, who until the age of 18 lived in institutions or other types of accommodation of children without parents	Beneficiaries of social or permanent financial assistance	Victims of natural disasters	Disabled Persons or persons in need of help and care from other person and families with disabled persons	Socially endangered persons-members of Roma ethnicity	Single parents with underage children	Total
Skopje	88	4	0	2	0	8	102
Makedonska Kamenica	1	13	0	10	0	5	29
Ohrid	10	17	0	12	1	31	71
Kicevo	0	17	0	3	1	11	32
Kocani	5	9	0	4	0	11	29
Kavadarci	3	14	0	4	0	9	30
Kriva Palanka	2	17	0	12	0	15	46

Source: Ministry of Labour and Social Policy

Right to health protection

The right to health protection is expended in terms of the coverage of the beneficiaries, and therefore, this right can be exercised by:

- beneficiaries of permanent financial assistance;
- persons accommodated in a foster family;
- persons accommodated in institutions for social protection (for institutional and extra-institutional protection);
- beneficiaries of financial benefit for assistance and care by another person;
- person who had the status of a child without parents and parental care until the age of 18, and maximum up to the age of 26, and is a beneficiary of social financial assistance;
- person – victim of domestic violence for which a measure of protection is undertaken according to the Law on Family;
- person included in organized independent living with support.

These beneficiaries exercise the right to health protection, if they cannot provide insurance on other basis.

In addition to the rights to financial assistance from social protection defined by the law, in order to undertake measures to stop and decrease the social risk of poverty of the citizens, the new Law on Social Protection provides the basis for the Government of the Republic of Macedonia to adopt programmes for measures for granting subsidies for the electricity expenses and other public utilities, conditioned financial benefits and other measures for implementation of the programmes which are adopted in accordance with this law. The beneficiaries, measures, holders and sources of the funds are defined in the programmes in more detail.

In the social protection system, an additional aid for the most vulnerable beneficiaries of certain rights to financial assistance from social protection are provided through the Programme for subsidizing the electricity expenses, which is adopted on an annual level. The adoption of these programmes provided subsidizing of electricity expenses for the most vulnerable categories of social protection beneficiaries, as of 1 September 2010 continuously until 31.12.2012. The programme for subsidizing of electricity expenses provides additional compensation for decreasing the energy poverty for the beneficiaries of social financial assistance and permanent financial assistance. The amount of the subsidy was MKD 600, and this amount was increased to MKD 700 with the amending of the Programme for subsidizing of electricity expenses for 2012 (“Official Gazette of the Republic of Macedonia” No. 83/12), counted as of 1 August 2012.

In the Centres for Social Works, a special software was installed for registering the requests and payments of subsidies with established control for submission of the applications by the beneficiary for a certain energy product in the course of one month.

Given below are the data about the payments and beneficiaries of permanent financial assistance, in accordance with the Programme for subsidizing of electricity expenses (“Official Gazette of the Republic of Macedonia” No. 113/10), which implementation started on 1 September 2010.

Year	Beneficiaries	Number of payments	Paid amount
2010	14496	36550	MKD 20,921,972.00
2011	15743	99452	MKD 57,029,533.00

Source MLSP

The Republic of Macedonia successfully implemented the Programme for conditioned **financial benefits for secondary education, starting as of the school year 2010/2011 and for the school year 2011/2012 as well.** The goal of this programme is to improve the approach for participation and regular attendance in the education process in the secondary education for the children who come from families who are beneficiaries of social financial assistance. The analysis implemented in this area shows that despite the efforts to increase the enrolment and to decrease the rates of abandoning secondary education, the restrictions on the part of the demand require financial support in order to improve the results with the poor citizens. The amount of the conditioned financial compensation is MKD 12,000 in the course of one school year. In order to obtain the financial compensation, the child is obligated to attend at least 85% of the regular education. A system is established for cooperation between the Centres for Social Works and the high schools, which system controls the attendance of the children of the regular educational process.

Given below are data about the amount of the payments and the number of beneficiaries of permanent financial assistance in accordance with the Programme for conditioned financial compensation for secondary school, which started to be implemented in the 2010/2011 school year.

School year	Number of beneficiaries	Payments
2010/2011	8.171	MKD 90,396,000.00
2011/2012	7,242	MKD 45,520,000.00

Source MLSP

Starting from 2007, the project “Public Kitchens” started to be implemented for the most vulnerable citizens of the Republic of Macedonia. Several public kitchens have been opened in most of the municipalities (urban and rural areas) in order to provide hot meals for the beneficiaries of rights to social protection, elderly people, single parents and persons with social risk of poverty.

During the period 2007-2012, 41 public kitchens were opened in 41 municipality:

Year	Municipality	Number of beneficiaries
2007	27	2756
2008	7	725
2009	2	95
2011	3	230
2012	2	80
Total number of beneficiaries in 41 public kitchens:		3886

Source: MLSP

Source: Ministry of Labour and Social Policy

SUMMARY - SOCIAL PROTECTION RIGHTS - per months in 2009

No.	Payment per month	Permanent financial assistance		Social assistance		Carer's assistance		One-off monetary assistance		Financial assistance for persons over 18 years of age		Placement in a foster family		Civil disability benefit		TOTAL
		Number of beneficiaries	Amount	Number of beneficiaries	Amount	Number of beneficiaries	Amount	Number of beneficiaries	Amount	Number of beneficiaries	Amount	Number of beneficiaries	Amount	Number of beneficiaries	Amount	AMOUNT
1	12/08	5,277	18,028,977	53,038	123,653,804	22,012	82,098,853	1,692	3,944,603	98	386,051	258	1,646,419	345	3,992,544	233,751,250
2	01/09	5,287	18,661,335	52,853	122,481,250	20,028	75,573,390	1,880	4,771,619	100	395,208	265	1,674,227	345	3,990,936	227,547,964
3	02/09	5,289	20,370,388	53,289	121,326,437	19,734	80,959,109	2,295	5,282,236	97	425,966	252	1,795,657	343	4,136,399	234,296,192
4	03/09	5,369	20,808,096	53,305	132,834,971	19,578	83,019,737	2,229	5,064,309	99	430,320	260	1,831,554	341	4,458,446	248,447,433
5	04/09	5,406	20,439,485	53,467	133,810,302	19,437	83,150,795	2,079	4,707,140	97	401,275	260	1,753,226	338	4,235,663	248,497,886
6	05/09	5,439	21,349,863	53,784	136,658,592	19,252	83,064,987	1,838	4,123,350	97	422,254	253	1,856,225	336	4,475,157	251,950,428
7	06/09	5,457	20,802,828	54,036	136,411,158	19,874	84,102,349	1,771	4,588,550	97	442,322	269	1,896,347	337	4,544,662	252,788,216
8	07/09	5,589	22,312,249	52,465	132,501,632	20,003	89,029,733	1,626	4,276,250	102	442,330	268	1,901,976	336	4,492,396	254,956,566
9	08/09	5,559	21,493,958	52,391	129,472,103	19,877	88,133,351	1,587	4,150,427	99	603,269	264	1,909,588	334	4,500,343	250,263,039
10	09/09	5,565	21,557,510	52,348	128,608,619	19,902	86,133,549	1,966	5,112,639	96	427,054	269	1,903,680	331	4,401,310	248,144,361
11	10/09	5,605	21,701,929	51,192	128,548,010	20,680	95,552,173	1,384	4,078,542	97	428,022	274	2,131,383	330	4,403,182	251,963,022
12	11/09	5,742	22,154,917	52,420	127,509,503	20,639	94,107,578	1,954	5,090,128	100	433,462	288	2,138,499	329	4,226,905	255,660,992
TOTAL		65,584	249,681,535	634,588	1,553,816,381	241,016	1,024,925,604	22,301	55,189,793	1,179	5,237,533	3,180	22,438,781	4,045	51,857,943	2,958,267,349

Source: MLSP

SUMMARY - SOCIAL PROTECTION RIGHTS - per months in 2010

No.	Paym ent per mont h	Permanent financial assistance		Social assistance		Carer's assistance		One-off monetary assistance		Financial assistance for persons over 18 years of age		Placement in a foster family		Civil disability benefit		TOTAL
		Num ber of benefi ciarie s	Amount	Num ber of benefi ciaries	amount	Numbe r of benefi ciaries	Amount	Num ber of benefi ciaries	Amount	Num ber of benefi ciaries	Amount	Num ber of benefi ciaries	Amount	Num ber of benefi ciaries	Amount	AMOUNT
1	12/09	5617	21,623,356	50656	123,085,391	20925	92,309,838	1520	3,656,080	104	451,590	293	2,235,463	327	4,457,956	247,819,674
2	01/10	5606	21,482,873	49840	121,161,360	21489	95,295,529	1553	3,928,112	104	453,811	368	2,585,536	326	7,658,194	252,565,415
3	02/10	5646	22,013,794	51781	130,414,409	22022	99,626,799	1788	4,857,999	101	441,144	285	2,196,804	347	9,524,701	269,075,650
4	03/10	5683	22,393,616	52266	128,713,150	22467	100,359,064	1826	5,478,297	104	460,491	288	2,206,689	337	8,625,737	268,237,044
5	04/10	5760	23,045,956	51802	127,192,778	23190	104,407,607	0	0	104	485,682	287	2,237,661	335	8,559,545	265,929,229
6	05/10	5707	22,450,042	52046	128,577,489	22852	96,594,521	58	223,565	105	489,563	286	2,162,677	322	8,626,570	259,124,427
7	06/10	5725	22,507,460	51918	124,780,868	23236	102,657,226	58	223,565	107	475,782	298	2,252,365	319	8,521,620	261,418,886
8	07/10	5643	22,197,988	51060	123,497,783	22432	98,731,377	58	223,565	109	482,260	275	2,105,347	319	8,544,334	255,782,654
9	08/10	5695	22,623,978	51606	124,317,949	22729	96,799,163	61	200,995	109	485,438	291	2,262,653	318	8,764,192	255,454,368
10	09/10	5642	22,040,133	51171	124,009,571	22436	94,942,125	56	226,615	112	475,740	296	2,254,128	319	8,543,237	252,491,549
11	10/10	5678	22,815,286	50034	118,541,104	22053	82,317,308	55	392,280	113	495,031	289	2,179,876	318	8,525,835	235,266,720
12	11/10	5726	23,251,368	46904	114,082,687	21749	94,917,901	55	212,280	107	472,015	287	2,209,931	318	8,527,550	243,673,732
TOTAL		68128	268,445,850	611084	1,488,374,539	267580	1,158,958,458	7088	19,623,353	1279	5,668,547	3543	26,889,130	3905	98,879,471	3,066,839,348

Source: MLSP

SUMMARY - SOCIAL PROTECTION RIGHTS - per months in 2011

No.	Paym ent per month	Permanent financial assistance		Social assistance		Carer's assistance		One-off monetary assistance		Financial assistance for persons over 18 years of age		Placement in a foster family		Civil disability benefit		TOTAL
		Number of benefici aries	Amount	Number of benefici aries	amount	Number of benefici aries	amount	Num ber of benefi ciarie s	amount	Num ber of benefi ciarie s	amount	Num ber of benefi ciarie s	amount	Num ber of benefi ciarie s	amount	AMOUNT
1	12/10	5734	23,570,655	46903	115,234,920	21760	99,073,070	57	752,280	110	499,862	290	2,199,573	319	8,599,779	249,930,139
2	01/11	5691	24,312,106	45967	110,090,090	21618	98,172,373	170	1,480,280	110	517,913	281	2,033,272	317	8,240,585	244,846,619
3	02/11	5686	23,281,134	46252	114,910,640	21859	104,564,492	581	2,520,983	110	490,222	280	2,188,581	317	8,608,459	256,564,511
4	03/11	5666	22,730,233	46789	115,224,716	21947	105,414,202	1384	6,401,330	105	467,728	285	2,244,824	315	8,592,591	261,075,624
5	04/11	5613	23,553,320	46521	116,432,466	21792	104,789,588	1044	3,853,180	109	488,331	280	2,174,373	314	8,459,392	259,750,650
6	05/11	5625	23,669,472	46546	117,312,984	23041	109,721,220	191	1,085,350	109	488,331	280	2,174,373	314	8,459,392	262,911,122
7	06/11	5680	22,539,500	47550	123,655,648	21502	100,216,518	949	2,655,341	107	471,937	280	2,111,293	313	8,397,544	260,047,781
8	07/11	5723	23,261,188	47008	118,914,860	21785	111,106,595	883	2,472,760	107	533,693	284	2,221,476	313	8,432,651	266,943,223
9	08/11	5687	22,898,657	46587	115,965,883	22319	117,898,601	489	1,675,162	105	474,054	286	2,219,139	315	8,388,430	269,519,926
10	09/11	5728	23,099,404	46117	114,289,958	22746	83,317,744	707	2,114,725	101	472,600	280	2,176,003	310	8,318,622	233,789,056
11	10/11	5746	23,538,108	45810	112,125,971	23063	117,795,861	748	2,841,949	120	561,053	282	2,222,193	308	8,228,963	267,314,098
12	11/11	5784	23,895,737	38014	96,343,637	23325	120,158,933	695	2,118,181	136	775,549	287	2,192,512		8,286,553	253,771,102
13	12/11	5767	23,771,463	37048	89,560,583	23569	124,389,173	1011	3,305,641	132	742,143	276	2,168,459	301	8,030,923	251,968,385
ВКУПНО		74130	304,120,977	587112	1,460,062,356	290326	1,396,618,370	8909	33,277,162	1461	6,983,416	3671	28,326,071	3756	109,043,884	3,338,432,236

With regards to the specific question raised by the European Committee of Social Rights, and with reference to the provision of medical aid to the persons who are excluded from the programme for social aid²⁶, we inform you that prior to the modifications to the Law on Health Insurance implemented in 2001, the approach to the health protection was guaranteed for the temporarily unemployed persons until they receive financial compensation from insurance in the case of unemployment, the beneficiaries of pension and salary compensation according to the rules of the pension and disability insurance, as well as the persons - beneficiaries of permanent financial assistance; persons with a status of a recognized refugee; persons under subsidiary protection; persons accommodated in a foster family, persons accommodated in an institution for social protection (for institutional and extra-institutional protection); beneficiaries of financial benefit for assistance and care by another person; persons who had the status of a child without parents and parental care until the age of 18, maximum up to the age of 26, and who are beneficiaries of social financial assistance; persons-victims of domestic violence for whom measures of protection are undertaken in accordance with the Law on Family and persons included in organized independent living with support.

It was stated that if these categories of persons lose their status due to different reasons, they will lose the basis for obligatory health insurance. These categories of people received basis for obligatory health insurance due to their status.

Additionally, in accordance with Article 56 in the Law on Employment and Insurance in case of unemployment, the unemployed persons who exercise the right to health protection are obligated to report personally in the Employment Service Agency of the Republic of Macedonia every 60 days. If the unemployed person does not fulfil this obligation for non-justified reasons, they shall lose the right to health protection and they shall be deleted from the records of unemployed persons at the Agency, wherein the person can reapply after the expiry of 1 year. According to Article 57 of the same law, it is defined that if the unemployed person, who is sent by the Agency to an employer for employment purposes does not appear or refuses to establish a Labour relation in accordance with their education or refuses a training, re-qualification or further qualification for employment within the level of their education, they shall be deleted from the records of unemployed persons, wherein the person can reapply after 1 year.

According to Article 54 of the Law on Social Protection it is regulated that the right to social financial assistance cannot be exercised by a person who refused an employment offer, training, re-qualification or further qualification for employment in accordance with the Law on Employment and Insurance in case of unemployment. It can be concluded that this person, during the period of 1 year, shall lose the right to health protection and if they are in need of it, the expenses shall be paid by themselves.

However, with the modifications to the Law on Health Insurance in 2011, the unemployed persons who do not fulfil the conditions, as well as all other citizens who do not have basis for insurance, according to Article 5 paragraph 1 from item 1 to item 15 of the Law on

²⁶ European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.2

Health Insurance, in accordance with Article 5 paragraph 2 of this Law, can voluntarily join the obligatory health insurance by submitting a Statement for realized income on a prescribed form.

The person who does not have another basis for health insurance, shall exercise the right in the Health Insurance Fund of Macedonia and is not obligated to register as an unemployed person in the Employment Service Agency of the Republic of Macedonia. This person exercises the right to health insurance as a citizen of the Republic of Macedonia, therefore the category "unemployed person who is beneficiary of health insurance" does not exist anymore.

The social protection system involves institutional protection, which also includes the right to training for working-production activity and the right to accommodation in an institution for social protection of the persons who need this type of protection, extra-institutional protection for daily and temporary housing in daily centres and alternative types of care, such as foster families and organized living with support.

The new Law on Social Protection is being upgraded and follows the reform processes of the social protection system in the Republic of Macedonia. This provides development of the social services by expending the forms of extra- institutional protection and the alternative forms of protection. Namely, in addition to the centres for daily and temporary housing of persons with disabilities, children from the streets-street children, victims of family violence, persons who use drugs and other psychotropic substances, persons who use alcohol, as well as homeless people, a new right to organized living with support and forming small group homes was implemented. These new forms allow implementation of the deinstitutionalization process and improvement of the alternative forms of care for the most vulnerable categories of beneficiaries.

The right to life in a small group home is reserved to a child without parents or parental care, with educational-social problems, with mental or physical development disability, person with mental or physical disability who does not have appropriate living conditions in their family, who does not have a family or due to other reasons needs to be accommodated into a small group home.

The right to organized living with support is reserved to a person with mental or physical disability, children without parents and parental care and children with educational-social problems, through independent and organized living in a separate housing unit with constant or temporary assistance by professionals or other persons in terms of the meeting of the basic living needs, social, work, cultural, recreational and other needs.

The level of support is defined in accordance with the needs, the type and the degree of disability of the beneficiary. The support for organized living can be organized by the centre, an institution for accommodation of persons and civic association.

Regarding the measures undertaken for improving the professional work in the institutions for social protection, an individual approach in the work with the beneficiaries has been implemented. The experts in the social protection centres prepare an individual plan for working with a beneficiary, except for the beneficiaries of the rights

to financial assistance from social protection.

In the Ministry of Labour and Social Policy, the Centre for Social Works and the Social Activities Office, a data base was implemented for electronic records of beneficiaries of social services and beneficiaries of financial rights arising from social protection. Training for experts for using the software programmes was organized. There are ongoing activities for electronic data exchange with several institutions (Pension and Disability Insurance Fund, Employment Service Agency of the Republic of Macedonia, Public Revenue Office, Agency for Real Estate Cadastre, Ministry of Internal Affairs and Ministry of Agriculture, Forestry and Water Economy). In December 2011, a Rulebook on the manner of keeping and the content of the records for the beneficiaries of the rights arising from social protection and the documentation for the professional work was established (published in "Official Gazette of the Republic of Macedonia" No. 171/11), which completed the process of electronic records of beneficiaries of the rights and services from social protection.

For the purposes of continuous improvement of the capacities of the experts in the institutions for social protection, the new law introduced one of the most significant changes and that is implementation of licensing system and continuous training of the experts in the institutions for social protection, in accordance with the programme adopted by the Social Activities Office, within the competences thereof for professional advancement of the experts in the institutions for social protection. In 2011, a Licensing Commission was formed in the procedure of issuing, extending and revoking the working license of the experts, based on a validation of the professional knowledge of the experts in the institutions for social protection.

A Rulebook was established on the manner and the procedure of issuing, extending, renewal and revoking the working license of the experts in the institutions for social protection, the amount of the expenses for the issuing of the license, the form, the content and the template of the working license ("Official Gazette of the Republic of Macedonia" No. 4/12).

The Social Activities Office prepared a Training Programme for the experts in the Centres for Social Works and the institutions for social protection, at the levels of beginners and continuous education. The programme was successfully implemented with a validation of the implementation of the knowledge of the existing experts in the institutions for social protection, as a condition for obtaining a license by the experts who are already employed in the institutions for social protection. Based on the activities undertaken by the Licensing Commission, until September 2012, inclusive, 578 experts received licenses for work in the institutions for social protection.

The Department for inspection supervision of the social protection within the Ministry of Labour and Social Policy conducts inspection supervision over the implementation of the laws and other regulations in the sphere of social protection, the institutions for social protection and other legal entities and natural persons who practice their expertise in the social protection. The inspection supervision encompasses:

- Supervision of the implementation of this and other laws, as well as general and individual acts based thereupon, which regulate issues in the sphere of social protection;
- Supervision of issues of importance for the status of the person performing the social protection activity;
- Supervision of the fulfilment of the conditions referring to the space, equipment and experts in the process of performing the social protection activity;
- Supervision of the exercising the rights and fulfilling the beneficiaries' obligations, defined with this law;
- Supervision of the fulfilment of the conditions necessary for the performance of the expert or other worker in an institution for social protection, legal entity or natural person that perform certain activities in the sphere of social protection;
- Preparing records, documentation and reports on the performance of the social protection workers;
- Supervision of the implementation of the issued measures arising from previously conducted inspection supervision.

The inspection supervision is conducted by the inspector with a regular, control and extraordinary inspection supervision. The regular inspection supervision is conducted on the basis of the annual programme adopted by the Ministry. The extraordinary inspection supervision is conducted *ex officio*, upon an initiative of citizens, competent body, other bodies and organizations and other legal entities, when there is interest of the citizen, interest of third parties or general interest. The control inspection supervision is conducted upon the expiry of the deadline defined in the inspection act adopted by the inspector.

During the implementation of the inspection supervision, the inspector is authorized:

- With a decision to forbid the institution for social protection and other legal entities and natural persons, who perform certain activities in the social protection, to implement measures and undertake activities which are in contravention of the law.
- To press criminal charges on account of committed criminal act, to initiate a procedure for the initiation of a misdemeanour procedure or an initiative for initiation of a disciplinary procedure if evidence is found that, along with the breach of the regulations, a criminal act, misdemeanour or severe abuse of office has been committed.

The Department for inspection supervision of the social protection, in accordance with the Programme for Operation 2008, conducted a regular and control inspection supervision in 26 centres for social protection and 4 public institutions, wherein 3310 cases of beneficiaries were reviewed and 1312 irregularities in the operation were

established, and certain measures and deadlines for their elimination were defined. The same year, 23 complaints by citizens and other legal entities were acted upon, and the same number of extraordinary inspection supervision were conducted.

As a result of the actions of the centres for social work and the public institutions upon the defined measures and their cancellation, in 2008 a liability for the beneficiaries was issued for returning of MKD 10,323,589.00, as funds received without any grounds as a result of the illegal exercising of the rights to social protection. The centres for social work have undertaken measures and activities for returning these funds and for indemnification by means of concluding an agreement with the beneficiaries or by submitting a lawsuit to the competent court. During the indicated period, on the basis of a concluded agreement, MKD 2,860,041.00 have been returned by the beneficiaries that had received funds without any grounds as a result of the illegal exercising of the right to social protection.

The department has conducted regular, control and extraordinary inspection supervisions in 30 centres for social work and 12 public institutions for social protection during the period January – December 2009. The inspectors for social protection have established irregularities in the implementation of the valid regulations during the inspection supervision in the centres for social work and public institutions for social protection. In order to eliminate the deficiencies and irregularities, the centres for social work re-examined the cases of all beneficiaries where the deficiencies were established and adopted new decisions pursuant to which procedures for consensual returning of the funds received without any grounds are being implemented or a lawsuit for indemnification of the damage by the beneficiary are being submitted. The effect of the foregoing is a decreased number of beneficiaries by 1436 on various grounds in this period. Additionally, as a result of the decreased number of beneficiaries and the concluded agreements, MKD 2,622,447.00 were returned as well. As a result of the established irregularities in the application of the valid descriptions, the inspectors for social protection have submitted initiatives to the directors for initiation of a disciplinary procedure against 62 experts in 12 centres for social work and 1 public institution for social protection upon which, measures have been undertaken by the directors and disciplinary measures have been issued.

The Department for inspection supervision of the social protection, in accordance with the Programme for Operation 2010, conducted a regular and control inspection supervision in 29 centres for social work and 11 institutions for social protection. An extraordinary inspection supervision was conducted in 21 entities subject to supervision. During the inspection supervision in 2010, 6034 cases of beneficiaries of the right to social protection were reviewed, wherein measures and deadlines were imposed for elimination of the established irregularities in the operation. Initiatives have been submitted to the directors of the public institutions for initiation of a disciplinary procedure against 156 professional and heads of section in the institutions on account of established irregularities in the operation.

During 2011, regular, control and extraordinary inspection supervision have been conducted in 29 centres for social work and 11 public institutions for social protection, in order to monitor and evaluate the application and implementation of the Law on Social Protection, Law on Family, criminal legal regulations and other laws and bylaws in this sphere. At the same time, in 2011 the department conducted control inspection supervision, i.e. supervision over the implementation of the issued measures in the previously conducted supervision. Acting upon the defined measures for elimination of the established irregularities in the application of the valid regulations, the centres for social work implemented a procedure for re-evaluation of the beneficiaries of the right to social protection. As a result of the re-evaluation of the beneficiaries and acting upon the defined measures by the inspectors, in 2011 a liability for the beneficiaries was issued for returning of MKD 9,827,226.00, as funds received without any grounds as a result of the illegal exercising of the rights to social protection. The centres for social work have undertaken measures and activities for returning these funds and for indemnification by means of concluding an agreement with the beneficiaries or by submitting a lawsuit to the competent court. During the indicated period, on the basis of a concluded agreement, MKD 1,486,806.00 have been returned by the beneficiaries that had received funds without any grounds as a result of the illegal exercising of the right to social protection.

During the inspection supervision, the inspectors have established ungrounded rejection of the submitted requests for exercising the right to social protection by the centres for social work in a small number of cases, whereupon the inspectors issued measures that were implemented by the centres for social work.

In the social protection system, starting from 2004, a system of cooperation and performing certain public services by the nongovernmental sector has been built. A register was established of nongovernmental organizations that meet the legal conditions for obtaining a status of association for providing social protection services to the citizens. The trend for support and improvement of the pluralisation in providing social services by different providers has been extended since 2009 by providing the religious organizations and religious groups with a possibility to be included in the provision of certain social services.

As regards the process of decentralization, the reformations are aimed at increasing the competences of the municipalities. In view of the fact that the social protection is an activity of public interest, the Law stipulates undertaking measures for achieving the following: social prevention, institutional and extra-institutional protection and provision of material assets to the beneficiaries of social protection. The country, the municipalities, the City of Skopje and the municipalities in the City of Skopje are defined as providers of social protection in accordance with their competences stipulated in this law. A new possibility has been defined for the municipalities, the City of Skopje and the municipalities in the City of Skopje, in accordance with their material resources, to also define other rights in the sphere of social protection, in a greater scope than the rights defined with this law and more favourable conditions for their realization, as well as other forms of social protection. The municipalities are obliged to prepare a programme for social protection for the citizens' needs in the sphere of social protection, for the purpose

of organizing the social protection for the most vulnerable categories of citizens in their area, such as persons with physical disabilities, children without parents and parental care, children with physical or mental disabilities, children on the streets-street children, children with educational-social problems, children from families with single parents, persons exposed to social risk, persons who use drugs and other psychotropic substances and alcohol, elderly people without family care, by organizing institutional and extra-institutional forms of social protection, housing for the persons exposed to social risk and raising the public awareness about the need of social protection.

During 2011, modifications and amendments were made to the Law on Social Protection ("Official Gazette of the Republic of Macedonia" No. 36/11 and 51/11) in order to provide a greater social involvement of the totally blind persons, persons with medium, severe and profound mental developmental disability, who cannot meet their basic needs without a wheelchair and for the persons with 100% physical disability. A special financial benefit is envisaged for such persons in the amount of MKD 7,000 for the purposes of ensuring their greater mobility, as well as availability to the services. During the hospital treatment, these persons have the right to a companion, and the expenses for the accommodation of the companion in the public health institution shall be borne by the Ministry of Labour and Social Policy.

In order to create conditions for the unhindered process of full-time studies and professional development of first and second cycle of studies, as well as doctoral studies at public universities, a person that until the age of 18 have had the status of a child without parents and parental care, after leaving the institution or foster family, shall be entitled to a new right on financial assistance in the amount that is appropriate for unhindered completion of the educational process, in accordance with the modifications of the Law on Social Protection.

The Law on Social Protection stipulates that the bylaws shall prescribe the establishing of the status of the income, property and property rights in order to exercise the right to social financial assistance, permanent financial assistance, the right to a financial assistance of a person who, up to the age of 18, had a status of a child without parents or parental care. For the purpose of implementing the foregoing legal solution, the following acts have been adopted:

- Rulebook on the manner of establishing the status of the income, property and property rights and the necessary documentation for exercising the right to social financial assistance of the person who, up to the age of 18, has had a status of a child without parents or parental care ("Official Gazette of the Republic of Macedonia" No. 122/09);
- Rulebook on the manner of exercising the right to a permanent financial assistance ("Official Gazette of the Republic of Macedonia" 146/09, 59/2011 and 123/11 and 64/12);
- Rulebook on the manner of exercise and use of the right to social financial assistance ("Official Gazette of the Republic of Macedonia" No. 146/09, 59/2011, 123/11, 139/11, 35/12, 62/12 and 116/12);

- Rulebook on the manner of exercising the right to one-time financial assistance and the necessary documentation for exercising this right (“Official Gazette of the Republic of Macedonia” No. 122/09);
- Rulebook on the manner of exercising the right to financial benefit for assistance and care by another person (“Official Gazette of the Republic of Macedonia” No. 122/09 and 36/12);

For the purpose of a complete implementation of the provisions for exercising the right to financial assistance arising from the social protection, the following rulebooks have been adopted:

- Rulebook on the criteria for selection of a foster family, type and number of beneficiaries that can be placed in one foster family and type and scope of social protection services provided to the family („Official Gazette of the Republic of Macedonia“ No. 54/2010);
- Rulebook on the manner of exercising the right to financial assistance for social housing for a person who up to the age of 18 had a status of a child without parents or parental care, i.e. after the end of the custody, but maximum up to the age of 26 (“Official Gazette of the Republic of Macedonia” No. 54/2010);
- Rulebook on the more detailed conditions for the standards in terms of the needed space, equipment and experts, support level, the manner and programme for exercising the support for independent living in a housing unit (“Official Gazette of the Republic of Macedonia” No. 161/09);
- Rulebook on the manner of keeping and the content of the records for the beneficiaries of the rights arising from social protection and the documentation for the professional work (“Official Gazette of the Republic of Macedonia” No. 171/11);
- A Rulebook on the manner and procedure for issuance, extension, renewal and revocation of work license of the experts in the institutions for social protection, the amount of the fee for issuing a license, the form, content and the work license form (“Official Gazette of the Republic of Macedonia” No. 4/12);
- Rulebook on the manner, type and number of experts for providing care to the accommodated persons, the condition of the premises and equipment for living in a small group home.

The development of the social services in the community, as an alternative for the institutions for long-term accommodation, is of a crucial importance for reaching an actual social involvement of the persons with mental developmental disability at a local level. The promotion of social involvement and respecting the human rights is one of the basic components for membership in the European Union.

Starting from these principles, as well as the former positive results in the extra-institutional forms of protection, the Ministry of Labour and Social Policy has established the need for providing and developing a strategy for deinstitutionalization in the social

protection system. Therefore, the Government of the Republic of Macedonia has adopted a National strategy for deinstitutionalization of the social protection system (2008-2018).

The main purpose of this strategy is to raise the quality of the social protection services and create conditions for bringing the services closer to the beneficiaries at a local level. This purpose will be achieved by developing the existing and implementing new forms of extra-institutional protection, as well as by transforming the existing system of institutional protection.

The process of deinstitutionalization in the Republic of Macedonia is being implemented through established forms of extra-institutional protection, day care centres and developing services, improving the accommodation of persons in foster families and the availability to services in the place where the beneficiaries live. The process of deinstitutionalization of the persons with mental developmental disability started in 2008, with the support of the MHI Open Society Mental Health Initiative Budapest. The service of the extra-institutional form of protection, organized living by means of support, is being implemented by the NGO Centre for assistance to the persons with mental disability “Poraka Negotino” from Negotino. In 2011, inclusive, two Offices for support of the housing in the community were opened (Skopje and Negotino/Demir Kapija), i.e. 16 housing units were opened where 64 beneficiaries are accommodated.

Office for support of the housing in the community	Year	Number of housing units	Number of beneficiaries
Negotino-Demir Kapija	2008	1	4
	2009	7	29
	2010	-	-
	2011	-	-
Skopje	2008	-	-
	2009	-	-
	2010	6	24
	2011	2	7

Source MLSP

In order to implement the process more efficiently and to facilitate the integration of the beneficiaries accommodated in housing units, the Deinstitutionalization Department within the Ministry of Labour and Social Policy implemented a Programme for psychosocial support for the persons with mental developmental disability during the period 2010/2011.

The Government of the Republic of Macedonia adopted the National Strategy for Elderly Persons 2010-2020 on 13.07.2010, which mission is to create one integral and coordinated policy for protection of elderly persons aimed towards improvement of their life quality, their social and economic status, strengthening the social cohesion, fostering and

maintaining their independence, preventing their marginalization and the development and strengthening of the social and health care system. Fulfilment of the mission will be accomplished through the implementation of the Operational Plan for implementation of the measures, provided for in the text of the Strategy by all entities involved in its implementation. The Operational plan for the implementation of the Strategy is a comprehensive document on the implementation thereof and it shall be adopted annually or every year with clearly defined specific activities and measures for achieving the set goals and guidelines, as follows: OP 2012; OP 2013; OP 2014; OP 2015, etc. The respective line Ministries prepared the Operational Plans for 2012 for the implementation of the measures foreseen in the Strategy and the Ministry of Labour and Social Policy incorporated them into a single integral Operational Plan for 2012 for implementation of the Strategy. For successful implementation of the National Strategy for Elderly Persons, the Government of the Republic of Macedonia also established a National Coordinative Body for monitoring and evaluating the implementation of the Strategy. Members of the Coordinative Body are representatives from all relevant Ministries and institutions. The implementation of the Strategy requires an overall cooperation between the Ministries and the institutions in the system, cooperation between the state institutions and cooperation between the state and the local authorities. The Coordinative Body, if necessary, may involve members from other Ministries, institutions, organizations and associations. In the recent years, they were intensively working on developing extra-institutional forms of care and assistance for the elderly persons in the legally prescribed forms: day care and temporary care services for the elderly persons, home care, providing financial assistance for the elderly persons over 65 years of age who are unable to work, have no material assets, have no property and property right that can provide income and cannot obtain financial assistance based on the Family Law, in accordance with the Law on Social Protection are entitled to permanent financial assistance. In respect of the specific request of the Committee for Social Rights to provide information on the amount of assistance paid to the elderly persons²⁷, we inform that from the total number of elderly persons over the age of 65, 8,22% are entitled to a permanent financial assistance benefit within the social protection system. This right was granted to 2010 elderly persons in 2009. The amount of the permanent financial assistance benefit is same for all beneficiaries of this right. Also, the elderly persons may be entitled to one-off financial assistance and assistance in kind. This right is granted to persons who find themselves in a position of a social risk. Elderly persons are part of the category of beneficiaries. This benefit is paid to an individual/household put in a risk with permanent consequences (earthquake, flood, fire, need for surgery or a longer treatment, assistance for necessary accommodation). The amount of this benefit ranges from 4.500 MKD to 30.000 MKD, depending on the social risk of the beneficiary.

The Ministry of Labour and Social Policy and the Institute for Social Activities have been recently working on developing extra-institutional forms of social protection of the elderly persons. In addition to the day care centre for the elderly persons in Caska, which is an organizational unit of the Centre for Social Work Veles, in the last three years the Ministry and the Institute worked on opening another 3 new day care centres, as follows:

²⁷European Committee of Social Rights, Conclusions XIX-2 (2009),("THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2010), p.25

in Bogomila, Municipality of Caska, where about 250 beneficiaries daily spend their leisure time through organized way of life, while for thirty decrepit persons one hot meal is provided during the day; in Samokov, Municipality of Makedonski Brod and in Bucin, Municipality of Krusevo.

The Ministry of Labour and Social Policy provides open support to all NGOs and Municipalities which are ready to develop this domain of extra-institutional care for elderly persons. Based on this support of the Ministry, in cooperation with the City of Skopje and the Skopje City Red Cross, a Day Care Centre for elderly persons and a Centre for assistance at home were opened on 10.06.2012 in Skopje, Municipalities of Centre and Cair, which represent a significant starting point for developing stable extra-institutional capacities for protection of the elderly persons at the local level. In this manner, it aims to increase the availability of the resources and the services to the elderly persons, where they live. Beneficiaries of the Day Care Centre for elderly persons and the Centre for assistance at home will be the elderly persons who live on the territory of the Municipalities of Centre, Kisela Voda, Suto Orizari, Cair and Butel.

By the end of 2012, it is planned to open one more Day Care Centre for elderly persons in the Municipality of Vevcani.

Great efforts were made in the previous period for expanding the national institutional and extra-institutional forms of care for the elderly persons. The Ministry of Labour and Social Policy urged all homes, which previously worked as trade companies, to be licensed as institutions for social protection of the elderly persons, as it was the only legal basis for their existence. Thus, in addition to the four homes for institutional accommodation of the elderly persons, the national capacities at the moment were increased by additional 13 private licensed institutions for social protection of the elderly persons. With this step of the Ministry of Labour and Social Policy, the national capacities were increased for 375 beds in order to accommodate elderly persons, and at the same time began to guarantee minimum standards in the institutional capacities for accommodation of the elderly persons. The newly licensed private institutions for social protection are with smaller capacities than the existing mass institutions, which results in a greater degree of humanization of the living conditions of the elderly persons.

The existing four state homes, by their own initiatives and with the help and the support from the relevant institutions, improve the housing conditions in their institutions, through reconstruction of the buildings, expansion of the accommodation facilities, supply of new working equipment, etc., in accordance with the "Rules of Procedure on the norms and standards for establishment and commencement of operation of the institutions for social protection for the elderly persons" ("Off. Gazette of the RoM", No.10/2005).

The Institute for Social Activities, as a public institution, aims to raise the capacities of the experts in the institutions for social protection of the elderly persons, in order to promote the professional work with the beneficiaries, through supervision and trainings for using new techniques and methods in the work with the elderly persons.

At the beginning of 2012, a new facility of the Hospice "Sue Ryder" was built in Bitola. Currently, over 140 elderly persons stay at the hospice, and with the construction of the

new hospice, the capacity will increase to 190 beds. The new nursing home in Bitola will be built according to the most modern European standards and will have all conditions for a decent life.

The conditions in the Home for elderly persons in Kumanovo are improved, the accommodation capacities are also increased for ten more beds and now it has about 175 beds. The conditions in the Home for elderly persons in Prilep are also improved, where a complete reconstruction of the sewer and the water supply system and installation of new tiles and sanitary have been carried out.

The Ministry of Labour and Social Policy, in cooperation with the UNICEF Office in Skopje, extended the network of day care centres for street children in the Republic of Macedonia by opening a Day Care Centre for street children in Bitola (September 2010) and a Transit Centre for street children in Ohrid. Also, a continuous training program was developed within this Project for the workers who are working in the day care centres for street children and the capacities of 30 experts are strengthened in the SWC from the Municipalities of Bitola, Prilep, Skopje, Kumanovo and Ohrid.

In cooperation with the OSCE Mission to the Republic of Macedonia, the project "Topical meetings of the Local Prevention Councils on the security issues of the Roma" was implemented, where the focus of the project was put on the street children, who are potential victims of human trafficking, victims of different types of abuse (physical, psychological, sexual) and they are often at risk to abuse drugs and other psychotropic substances. With this Project, meetings were held in 17 municipalities in the Republic of Macedonia, which have the biggest problem with the street children. The Mayors of the municipalities, the representatives of the Ministry of Labour and Social Policy, the Ministry of Interior, the Ministry of Defence, the Ministry of Justice - Office for Keeping Record Books, the Ministry of Agriculture, Forestry and Water Supply, the Public Prosecutor's Office, the representatives of the Associations of citizens and religious organizations were present at all meetings. All representatives analyze the problem within its domain and give suggestions to overcome it, which will improve the protection of the street children.

With the purpose of improving the social protection of the street children, a Project was implemented with the support of the OSCE Mission to the Republic of Macedonia, entitled as "Street children and combating human trafficking". A Programme was prepared with this Project for patrol social work (as a new form of work). It was practically tested on the site and the capacities of 60 experts from 30 centres for social work were strengthened for implementation thereof. The Program is currently implemented in three pilot municipalities in Skopje.

In order to provide birth certificates for those children who are not registered, an operational working group has been established, consisting of representatives from the Ministry of Labour and Social Policy, the Ministry of Interior and the Ministry of Justice - Office for Keeping Record Books, which review the lists of the children submitted by the Centres for Social Work, and make efforts to identify these children and enrol them in the register book.

In order to establish a coordinated system for assistance and support to the victims of domestic violence, the Government of the Republic Macedonia adopted a National strategy on domestic violence 2008-2011. An intersectoral National Body was established for monitoring the implementation of the activities and the measures referred to in this document. A large part of the activities of the Strategy were conducted in cooperation with the UN agencies in accordance with the Joint Project "Strengthening the National Capacities for Protection against Domestic Violence".

The following trainings were conducted in 2010 for strengthening the capacities of the experts:

- Training for the professional structures, with the aim of introducing the model MARAC from the UK, i.e. Capacity Strengthening Program of the Ministry of Interior and the local government in six municipalities. Participants: centres for social work, health care facilities, educational institutions, local government and civil organizations. Trained: 159 professionals;
- Psycho-social training for the professional structures for working with victims of domestic violence from 25 Centres for Social Work (CSW) and the Employment Agency of the Republic of Macedonia. Trained: 76 professionals;
- Training of trainers for psycho-social support to victims of domestic violence. Participants: Professional structures from CSW Skopje, Institute for Social Activities and Mental Health Institute. Trained: 17 professionals;
- Training "Psycho-social support to victims of domestic violence." It was organized in 25 CSW. Participants: victims of domestic violence reported in CSW. Trained: 101 victims of domestic violence;
- Training "Working in counselling for children and mothers who are victims of domestic violence" Participants: Professionals from CSW, Institute for Social Activities and Mental Health Institute. Trained: 15 professionals;
- Training for the standards to the Centres for Social Work in dealing with victims of domestic violence and providing legal assistance in order to promote the application of these standards and to provide an opportunity for exchanging experiences and practical examples in providing legal assistance to this category of users. Participants: Professionals from CSW. Trained: 30 professionals;
- Training "Working with perpetrators of domestic violence" Participants: members of the National Coordinative Body, professionals from SWC, police, health care facilities;
- Training "Monitoring and Evaluation of the National Strategy for Protection against Domestic Gender-based Violence" for the members of the National Coordinative Body for protection against domestic violence.

A Counselling Office for parents and children, who are victims of domestic violence, was established in cooperation with UNICEF in the primary school Kole Nedelkovski. For the needs of the Counselling Office, a Programme on the operation of the Counselling and

Work Standards of the Counselling Office were prepared by an international expert. This Counselling Office is an organizational unit of the PI Intermunicipal Centre for Social Work of the City of Skopje.

The National Coordinative Body adopted a Common Protocol for dealing with cases of domestic violence.

A campaign was conducted in 2010 for raising the public awareness of the domestic violence under the motto: "I have the courage and the strength to say no to violence. You can do it, too!". The concept of the campaign was to convey a message to the victims of domestic violence by successful women. A video was produced, which was aired on all national TV and radio stations and brochures, flyers and billboards were prepared in Macedonian, Albanian, Turkish and Roma language. 100,000 leaflets and 7,000 posters were printed.

A National Strategy on Alleviation of Poverty and Social Exclusion in the Republic of Macedonia 2010-2020 was adopted in October 2010, a document that provided measures and activities to alleviate the poverty and the social exclusion through better use of the available human and material resources, to improve the conditions of the citizens' life and work, systemic and institutional collaboration for the purpose of faster development, higher standard and life with better quality. The preparation of the Strategy is a result of an extensive consultation process between the relevant institutions at national and local level, the non-governmental sector, the social partners, the academics and experts in the field, and the vulnerable social categories of people. The Macedonian Anti-Poverty Platform (MAPP) was established within this process, as a union which currently comprises 35 civil organizations. This Platform was actively involved in the celebration of the 2010 European Year for Combating Poverty and Social Exclusion. There is an ongoing revision of the National Strategy on Alleviation of Poverty and Social Exclusion 2010-2020, according to the recommendations EU2020 followed by preparation of the Operational Plan 2013. A public campaign titled "Wealth instead of poverty" for combating against poverty and the social exclusion was launched towards the end of 2010, organized by the Macedonian Platform and the Ministry of Labour and Social Policy, as a partner in the activities for raising the awareness of all actors of the existence of the problems and finding solutions to eradicate the poverty.

Also, the Project "Social Inclusion and Human Rights in the Republic of Macedonia" was implemented, financially supported by the Austrian Development Agency, which aimed to support the processes of the social inclusion, including the implementation of the measures and the activities projected in the National Strategy on Alleviation of Poverty. Through this Project, activities are undertaken for launching of pilot micro projects in the area of the social inclusion in the 8 selected partner municipalities. Through this Project, local Strategies for social inclusion, social protection and alleviation of poverty were prepared and adopted in the 8 selected partner municipalities: Studenicani, Caska, Lipkovo, Negotino, Berovo, Pehcevo, Radovis and Konce. Part of the project's activities is the financing of the pilot micro projects in the partner municipalities in the area of the social inclusion, which target the priorities of the local strategies.

The Macedonian Anti-Poverty Platform was established within the project's activities, which is a network of non-governmental organizations and associations operating in the field of the social inclusion. Currently, it is comprised of 69 organizations. The implementation of the Project is co-financed by the Ministry of Labour and Social Policy, as well as the selected partner municipalities.

In order to strengthen the National Strategy on Alleviation of Poverty and Social Exclusion in the Republic of Macedonia 2010-2020, a Council for Alleviation of Poverty and Social Exclusion was established in 2012, in which members are the respective line ministers, as well as the National Operational Group for Alleviation of Poverty and Social Exclusion, which includes persons who are directly working in the social inclusion programs.

The Republic of Macedonia is strategically planning the social protection reforming, with the adoption of the National Programme for Development of Social Protection 2011-2021 in September 2009 by the Government of the Republic of Macedonia. The main goal of the Programme is development of an integrated, transparent and sustainable system of social protection that should provide accessible, efficient and quality measures and services, designed to meet the needs of the local users. In this regard, there are measures and activities to promote the social protection system in several key areas:

- redesigning and strengthening of the social protection system structure, in order to establish a more efficient protection system and its networking with the other relevant systems (labour market, education, health) in accomplishing the social protection;
- improving the organization of the work in the social protection institutions and strengthening the capacities of the social protection institutions by improving the access, forms, interventions and techniques for professional work in the social protection institutions, as well as implementing a continuous professional education of the professional staff in the social protection institutions;
- continuation of the decentralization process and strengthening of the social functions of the municipalities;
- strengthening and developing the measures, the activities and the forms of the social services provided by the state;
- introducing of a public-private partnership in the development and the implementation of the policies in the field of social protection.

In accordance with this Programme, the plural social protection should be developed through the application of different forms of networking and complying with the good governance principles, as well as by complying with the principles of:

- rule of law;
- transparency;
- responsibility and accountability;
- predictability and sustainability;
- continuity;

- effectiveness;
- efficiency;
- accessibility and availability;
- participation;
- equal treatment; and
- non-discrimination.

The Ministry of Labour and Social Policy, as the main carrier of the reform, started with the implementation of activities for establishing structured and operational partnership relations with the relevant actors for the implementation of the Programme. In this regard, the Ministry established mechanisms for coordination of the strategic activities, agreement and cooperation. Namely, a coordinative body for monitoring and evaluation of the implementation of the Programme was established at the beginning of 2011, which comprised representatives from: the Ministry of Labour and Social Policy, the Ministry of Local Government, the Ministry of Finance, the Association of the Local Government Institutions, Social Protection Institutions, Institute for Social Affairs, the Institute for Social Work and Social Policy and the NGOs.

For successful implementation of the objectives, foreseen in the Programme, the Coordinative body for monitoring the implementation of the Programme adopted an Operational Plan for 2011, which defined the measures, the deadlines for their implementation, the competent institutions and the necessary resources for implementation thereof. The Operational Plan for 2011 was focused on the implementation of the measures and the activities, primarily on the aim to achieve the objective of enhancing the capacities of the Centres for Social Work, the development of the social protection, the strengthening of the supervision in the social protection system, the strengthening of the prevention, the development of the counselling and advisory work, the strengthening of the networking between the relevant local institutions and the development of the forms of institutional and extra-institutional protection.

The Coordinative body for monitoring and evaluating the implementation of the Programme adopted the Report on the implementation of the Operational Plan for 2011 and forwarded it to the Government.

In the course of 2012, in-depth analysis of the local conditions and capacities and strengthening of the municipal capacities for performing the social services for the citizens of its territory, were conducted in four pilot Municipalities, within the implementation of the Operational Plan for this year.

Article 13§2

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights.

According to the performed analysis and the identified needs, and taking into consideration the fact that in the Republic of Macedonia there was no complete legislative framework that would ensure the protection of the citizens' rights against the discrimination on various bases and that would regulate the most important aspects in this area, activities were started during 2008 for preparation of a draft text of a particular framework Law on Prevention and Protection from Discrimination. For that purpose, a special working group was established consisting of representatives from the relevant institutions and the non-governmental sector.

The result of the above stated activities was the adoption of the Law on Prevention and Protection against Discrimination by the Parliament of the Republic of Macedonia on 8 April 2010 (published in the "Official Gazette of RoM", No.50/2010 dated 13.04.2010).

The adoption of this Law ensures compliance with the legislation of the European Union and the other international regulations governing the issues related to the prevention and protection against discrimination. The concept and the content of the Law are based on the international norms and standards contained in many international documents, adopted by the United Nations, European Union, Council of Europe, as well as the Constitution of the Republic of Macedonia, which are the basis for defining the provision of the measures and mechanism for legal protection in cases of discrimination.

In the preparation of the Law, experiences were used from the comparative regulatory overview of other countries, which adopted and have in force such laws.

This Law provides prevention and protection against discrimination in exercising the rights which are guaranteed by the Constitution, the law and the ratified international agreements. It prohibits any direct or indirect discrimination, reference and inciting discrimination and help in the discriminatory treatment on the basis of sex, race, colour, gender, belonging to a marginalized group, ethnicity, language, nationality, social origin, religion or religious beliefs, education, political affiliation, personal or social status, mental or physical disability, age, family or marital status, property status, health status or any other basis provided by the law or the ratified international agreements.

This Law is applied in the area of the work and employment relations; education, science and sports; social security, including the area of social protection, pension and disability insurance, health insurance and health care; then, in the field of justice and administration; housing; public information and media; access to goods and services; culture; membership and activities in the Trade Unions, political parties, citizens'

associations and foundations or other membership-based organizations and other areas, determined by the law.

The Law defines the term discrimination and the notion of a person, with the definition of the concepts arising from the EU Directives 2000/43//EC and 2000/78//EC. The Law defines the forms of discrimination while formalizing the provisions related to the direct and the indirect discrimination, harassment, discrimination of people with mental and physical disabilities and severe forms of discrimination, as well as exemptions from discrimination.

Taking into consideration the experience of other countries that adopted anti-discrimination laws, which point to the need of having an independent body that would provide legal protection to the victims of discrimination, the Law on Prevention and Protection against Discrimination establishes a separate independent body - Commission for Protection against Discrimination, as a legal entity, composed of seven members who are appointed by the Assembly of the Republic of Macedonia.

Pursuant to the Law, the Commission shall act on complaints filed by individuals and legal entities, make recommendations and opinions on specific cases of discrimination, inform the complainants of their rights and opportunities for prosecution or other proceedings for the protection, initiate proceedings to the competent authorities for violations, monitor the implementation of the Law on Prevention and Protection against Discrimination, make recommendations to the state authorities for undertaking measures to achieve equality, provide opinions on draft laws relevant to the protection against discrimination, inform the public and undertake promotion and education activities on equality, human rights and non-discrimination.

In the Law on Prevention and Protection against Discrimination, there is a separate chapter which prohibits discrimination against persons with mental and physical disabilities, where the discrimination of people with mental and physical disability means intentional disabling or limited access to the health care, or deprivation of the rights of health care, regular medical treatment and drugs, rehabilitation resources and measures according to their needs, denial of the right to marry and create a family and other rights related to the marriage and family relations, denial of the right to education, work and the rights of employment. It is regulated that discrimination against people with mental and physical disability exists even when the measures are not taken for removing the constraints or adaptation of the infrastructure and the space, use of the publicly available resources, or participation in the public and the social life.

The Law also explains that the discrimination in the provision of goods and services will mean disabling or restricting the use of goods or services to a person or group of persons.

The Law provides for cases that will not be considered discriminatory:

- the measures envisaged by the law, to encourage employment;
- the different treatment of persons with disabilities in the implementation of training and receiving education, in order to meet the special educational needs due to the equalization of chances;

- the specific measures that provide benefit to individuals or groups who are disadvantaged occurred on any discriminatory basis, in order to equalize their opportunities, as long as those measures are needed;
- the special protection provided by the law, orphans, minors, single parents and people with disabilities, and others.

According to the law, any person, who believes to have suffered discrimination, files a complaint to the Commission for Protection against Discrimination, in writing or orally with Minutes, without the obligation of paying the fees and other compensation. The person submits evidence and facts with the complaint for determining the act or the action of discrimination. The complaint may be filed no later than three months from the day of the violence, or no later than one year from finding out about the act of discrimination, but the Commission may initiate a procedure even after the deadline, if it assesses that it is a case of such importance that would be necessary and appropriate to conduct the procedure. The Commission shall submit the complaint to the person against whom it is filed within 15 days from the date of the receipt.

The Commission shall act upon the complaint, unless the court proceeding for the same issue is not already initiated or is effectively concluded.

The Commission gives an opinion about the alleged discrimination within 90 days from the date of filing the complaint and notifies the submitter and the person against whom the complaint was filed. Upon the identified discrimination and the written opinion, the Commission recommends the way of elimination of the violation of the law. The person, to whom the recommendation is addressed, is obliged to act upon the recommendation and eliminate the violation of the law within 30 days from the date of receipt of the recommendation and to notify the Commission thereof. If the person, to whom the recommendation is addressed, does not act upon the recommendation or fails to eliminate the violation of the law, the Commission may submit an initiative for a proceeding before the competent authority (court) for determining the responsibility.

The person, who believes that a certain right is violated due to discrimination, is authorized to file a complaint before the competent court. During the procedure, appropriate provisions from the Law on Legal Proceeding are applied accordingly and the procedure itself is considered to be urgent. If the client in the court proceeding claims that, pursuant to the provisions of this law, his/her right to equal action has been violated, he/she is obliged to present all the facts and evidence which justify the statement. The proof that there is no discrimination is borne by the opposite party, but such provisions do not apply if it is a matter of misdemeanour and criminal proceedings.

The Law on Prevention and Protection against Discrimination contains misdemeanour provisions, which, among the other, defines fines in the amount from 400 to 1000 Euros in MKD counter value.

The Law on Social Protection prohibits direct or indirect discrimination based on the sex, race, skin colour, national, ethnic, social, political, religious, cultural, language, property and social recognition, disability and origin in exercising the rights of social protection

regulated in this Law. It determines the subjects, which may violate based on discrimination, regulates the right to request protection and indemnification in the case of discrimination, the amount of the damage compensation and the cost for testifying in case of a registered dispute. Direct discrimination, within the meaning of the law, is any action with which the requester or the beneficiary of the social protection was put in an unfavourable position from other beneficiaries in the comparative cases.

Indirect discrimination exists when a certain apparently neutral provision, criterion or practice puts the requester or the beneficiary of the social protection due to sex, race, skin colour, national, ethnic, social, political, religious, cultural, language, property and social recognition, disability and origin in an unfavourable position to the other beneficiaries of the social protection rights stipulated by the law, unless the defined criteria or practices, which are objectively justified by a legitimate aim and the means of accomplishing that objective, are appropriate and necessary.

In the cases of discrimination, the requester or the beneficiary of social protection is entitled to demand protection from a competent authority.

If in a court proceeding, it is determined that the requester or the beneficiary of social protection is treated in a discriminatory manner, the requester or the beneficiary of social protection is entitled to demand damage compensation from the perpetrator of the discrimination.

If the requester or the beneficiary of social protection, in case of a dispute, presents facts that he/she was treated in a discriminatory manner, in that case the obligation to verify and decide upon those facts and findings is to be done by the public institution for social protection, established by the Government of the Republic of Macedonia, the appropriate municipality, the City of Skopje and the municipalities in Skopje, the private social protection institution, established by a legal or physical entity and the Association of the citizens and the individual performing certain activities in the field of the social protection.

For the purpose of implementation of the provisions of the Law on Social Protection, in September 2011 the Ministry of Labour and Social Policy prepared a Strategy for intensification of the social inclusion of the Roma in the social protection system of the Republic of Macedonia for the period 2012-2014.

The preparation of this Strategy is based on the analysis conducted for the problems faced by the Roma population, as one of the most vulnerable ethnic communities in the Republic of Macedonia, on the basis of exposure to social risks. The analysis underlined the problems of the citizens of the Roma community, especially the following:

- a considerable part of the Roma community does not know the rights and therefore it is not able to exploit the rights of the social protection system;
- the Roma children represent the majority of the total number of street children;

- there is a large number of juvenile marriages among the Roma community;
- a considerable number of the Roma citizens do not have appropriate identification documentation that limits their inclusion in the social protection system;
- there is insufficient capacity of the local government units for the preparation and implementation of the local programs in the area of the social protection.

The Strategy for intensification of the social inclusion of the Roma in the social protection system sets the following objectives for improving their social-economic status, namely through:

- intensive promotion and implementation of preventive measures for the reduction of the number of the Roma citizens, who are involved for a long time in the social protection system;
- development of programs and facilities for offering of the social services of the Roma community at the local level;
- strengthening of the process of extra-institutional protection, the development of existing and finding out new forms of extra-institutional protection;
- improving the institutions 'service quality for the Roma community within the institutional protection.

Article 13§3

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want.

The system of social protection supports the activities for improvement of the social prevention and strengthening the capacities of the professionals for providing of advisory services and personal assistance. In this regard, the measures from the National Programme for Development of the Social Protection 2011-2021 are being implemented. Starting from 2010, the Programme for basic training of the professionals in the institutions for social protection is continuously implemented, as part of which a special attention is paid to the provision of expert advisory work and providing personal assistance to the beneficiary.

With regards to the specific question raised by the Committee of Social Rights for having an equal treatment in the access to the services covered by this paragraph by the citizens of the other member countries, who are legal citizens or regularly employed in the RoM, we inform that the rights of the social protection, including the services mentioned in this paragraph, are available also to foreigners with regulated residence (temporary and permanent), which is regulated with Article 15 of the Law on Social Protection, as beneficiaries of the rights of the law.

There is a clear need for specialized services in the Republic of Macedonia, which will meet the needs of the women and the children who were exposed to violence in their families. These services are designed in order to respond to their needs by providing of services in a way to be most accessible and least provoking for the families. The services will meet the temporary needs of the families that are facing certain problems related to domestic violence, including crisis, homelessness and trauma. The family violence suffered by the children may result in a number of social, emotional and behavioural challenges and it is believed that the impact of the experienced violence and trauma in the life of the children may sometimes result in serious behavioural problems.

Therefore, the Ministry of Labour and Social Policy opened a Counselling Office for parents and children in 2011, with a special attention to the specific needs of the children that are faced with the domestic violence. The purpose of these services is, in the first place, to avoid victimisation of the children and to promote their development into healthy individuals. The intervention aims to stop the circle of transferring the domestic violence from generation to generation, as well as to prevent the violence among young people. In addition, emphasis is put on the work with the mothers of these children, by strengthening of their parental capacity related to the fulfilment of their parental

responsibilities, which will mean further support in the development of these children. This Counselling Office should serve as a model for prevention and intervention and will contain a comprehensive (holistic) approach to the family problems.

Directing to this Counselling Office is done by the professional offices of the Centre for Social Work and the counselling is performed by trained personnel (psychologist and educator) and one child psychiatrist, who are specialized for this type of work.

The Ministry of Labour and Social Policy gives particular meaning to a structured and systematic development of the cooperation between the specialists from different areas with regard to the development of alternative programs for the treatment of the violence in the family, including the work with the abusers. For that purpose, IV modules were implemented for working with the perpetrators of domestic violence and 14 professionals were trained. The Ministry adopted a Rules of Procedure on the norms and standards for opening a social protection institution –Counselling Office for perpetrators of domestic violence. The first Counselling Office for working with perpetrators of domestic violence was opened in Skopje.

At the beginning of 2005,during the process of creating the National Action Plan for the Decade of Roma Inclusion 2005-2015 in the Republic of Macedonia, the need was identified for additional, adequate informing of the Roma community. The purpose was, through the Roma information centres, to provide an information link between the Roma community and the local institutions, aimed at more rapid integration into the society. The Roma Information Centres had a task to inform in a planned and structured manner about the implementation of the Roma Strategy and Action Plans on the Decade of Roma Inclusion 2005-2015 at the local level.

The Ministry of Labour and Social Policy in cooperation with the local NGOs that work with the Roma community opened in 2007 eight (8) Roma Information Centres in the cities of: Skopje, Tetovo, Gostivar, Bitola, Prilep, Stip, Kumanovo and Delcevo.

The Roma Information Centres should assist the Ministry of Labour and Social Policy, the local institutions, the departments of the Ministries in order to meet the challenges and the needs of the Roma at the local level, and also to assist in greater efficiency and effectiveness in the communication with the representatives of the local institutions and offices. From 2011 until today, 11 RIC were opened in 2 RIC in Skopje (Suto Orizari and Topaana), Tetovo, Gostivar, Bitola, Prilep, Stip, Kumanovo, Delcevo, Kocani and Vinica.

During the reporting period, the Roma Information Centres (RIC) found the highest activity in sharing information, advice, informational meetings and logistical support in the field of the health protection, social services, housing, obtaining identification documents, education and employment. Most of the people who addressed the RIC are unemployed and without education. Almost all people who have addressed the RIC are registered at the Employment Agency and are health insurance beneficiaries and the most of them are beneficiaries of social care.

The RIC, during the period for renewal of the documents for social assistance, together with the Centres for Social Work(CSW) organized informational meetings with the

citizens for introduction to the rights and obligations related to the social assistance. They provided logistical support in the preparation of the documents and the request for exercising of certain rights of the social assistance.

In the period from January to December 2011, 3100 people from the Roma community addressed nine RIC for various needs and services:

Right to social services	556 persons
Health care	1162 persons
Education	251 persons
Employment	212 persons
Issuing of identification documents	319 persons
Housing	444 persons
Other	156 persons
Total	3100 persons

Source: MLSP

Article 13§4

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Appendix to the Article 13§4

Governments not Parties to the European Convention on Social and Medical Assistance may ratify the Charter in respect of this paragraph provided that they grant to nationals of other Parties a treatment which is in conformity with the provisions of the said convention.

Pursuant to the provisions of the Law on Social Protection, the social protection beneficiaries are the citizens of the Republic of Macedonia who have permanent residence in the Republic of Macedonia and foreigners who have permit for permanent residence in the country. The citizens of the RoM, who do not have permanent residence in the Republic of Macedonia and the foreigners who do not have permanent residence in the Republic of Macedonia, use the social protection rights under the conditions stipulated in this Law and other laws.

The foreigners, who are legal residents and were put in the condition of a social risk, are entitled to a one-off financial assistance, in accordance with the Law on Social Protection (Article 15), in order to overcome the situation in which they are found.

The foreigners, who are illegally present on the territory of the RoM, after the period of their founding, are placed in the "Reception Centre for Foreigners - Gazi Baba," where they are given food, clothing, shelter and medical assistance up to the period of deportation to their country.

In the everyday operation of the Reception Centre for foreigners, it is very common the illegal migrants, residing in this facility, to apply for asylum and according to the valid legislation they are transferred to the "Reception Centre for Asylum" in Vizbegovo, where they acquire the rights as asylum requesters pursuant to the law.

The activities, related to the integration of refugees and foreigners in the Republic of Macedonia, are fully defined in the Strategy for Integration of Refugees and Foreigners 2008-2015, which was adopted by the Government of the Republic of Macedonia in December 2008. Following the Strategy, in November 2009 the Government adopted the National Action Plan (NAP) for the implementation of Strategy.

The objectives of the National Action Plan are to enable the target group to enter into the process of integration, as well as to define the specific activities and the measures that are to be taken by all parties concerned, within the seven main topics, which are elaborated in the Strategy:

- housing and accommodation;
- employment and professional training;
- health care;
- education;
- social protection;
- engagement in the community/development and management of the integration process.

The activities for integration of the refugees were accompanied with a proper campaign for their information through the distribution of leaflets, which briefly elaborated the right issues of the social protection, the employment and what generally integration into society means.

For more effective implementation of the strategic measures and activities, included in the strategic documents, a Project Unit - Centre for Integration of Refugees and Foreigners was established within the Ministry of Labour and Social Policy in the course of 2009, which in the previous period developed individual plans for the integration of all families which have applied for their involvement in the integration process in the country. These individual plans continue to be the practice at the Centre for Integration.

On average, 50-80 asylum seekers are located in the institution.

Social rights of recognized refugees

According to the existing legislation, the rights for this category of persons include:

- the right to residence
- the right to work
- the right to financial assistance
- the right to housing
- the right to health care

The personal status of the recognized refugee is determined according to the laws of the Republic of Macedonia. The recognized refugee has the right to reside on the territory of the Republic of Macedonia. The right to work for these people is guaranteed by the Law on Employment and Work of Foreigners, i.e. they have unlimited access to the labour market.

The right to compensation for this category of persons is defined in the Law on Social Protection and it is obtained through the competent Centres for Social Work. The recognised refugees are equal to the Macedonian citizens in respect of all rights of social protection. According to the above, the persons with refugee status and the persons under subsidiary protection are fully entitled to their rights under the existing legislation, in the social protection institutions.

The recognized refugee and the person under subsidiary protection shall be provided with

accommodation, in accordance with the local participation principle, by providing a suitable apartment or financial assistance necessary for the provision of accommodation facilities, until providing resources for its own existence, but not longer than two years from the date of submission of the decision on recognition of the refugee status. In order to further regulate this issue, the Ministry of Labour and Social Policy adopted in 2010 the Rulebook on the criteria and the method of using a suitable apartment or financial assistance necessary for the provision of accommodation facilities for the recognised refugee.

Having into consideration the social status of the persons who have been granted asylum in the period after the expiry of a period of 1 year, where the state in accordance with the Law on Asylum and Temporary Protection can adopt a decision for using the right to financial assistance necessary for the provision of accommodation facilities, the Ministry of Labour and Social Policy, in order to facilitate the integration process of the persons who have been granted asylum in the Republic of Macedonia, adopted the Programme for integration of the persons who have been granted asylum in the Republic of Macedonia for 2011 and 2012. It is implemented by the Ministry, the Centres for Social Work and the Centre for Integration of Refugees and Foreigners in the Republic of Macedonia and, in accordance with this Programme the persons, who have a proactive approach in the process of their integration, may submit a request for financial assistance necessary to provide accommodation facilities.

The right to health care of the persons with recognised refugee status and the persons under subsidiary protection is regulated with the latest amendments to the Health Insurance Law (February 2012). With these law amendments, the persons have the same right to health care as the Macedonian citizens. Following the adopted amendments, all these people applied for exercising the right to health insurance through the Ministry of Labour and Social Policy and at this point they (343 households) have health insurance or have health cards as the Macedonian citizens and receive the health coupons on monthly basis, which enables them unlimited access to the entire health system in the country under the same conditions as the health insured citizens.

The Republic of Macedonia has concluded Social Insurance Agreements with many European countries. The Agreements aimed at providing health care protection to the insured people in the Health Insurance Fund of Macedonia (HIFM) during their stay outside the territory of the Republic of Macedonia, as well as to the foreign insured people during their stay (temporary or permanent) on the territory of the Republic of Macedonia. For implementing the provisions of the health care provisions from the Social insurance Agreements, the Fund has agreed bilingual patterns with the foreign Health Insurance Funds. Based on the bilingual forms, the insured people of the Fund become equal with the insured people of the state in whose territory they reside, and vice versa the foreign insured people during their stay in the territory of the Republic of Macedonia become equal with insured people in the Fund in terms of the rights and the obligations arising from the health insurance. The foreign insured persons have the right to use only emergency and essential health services. This right is exercised based on the bilingual form.

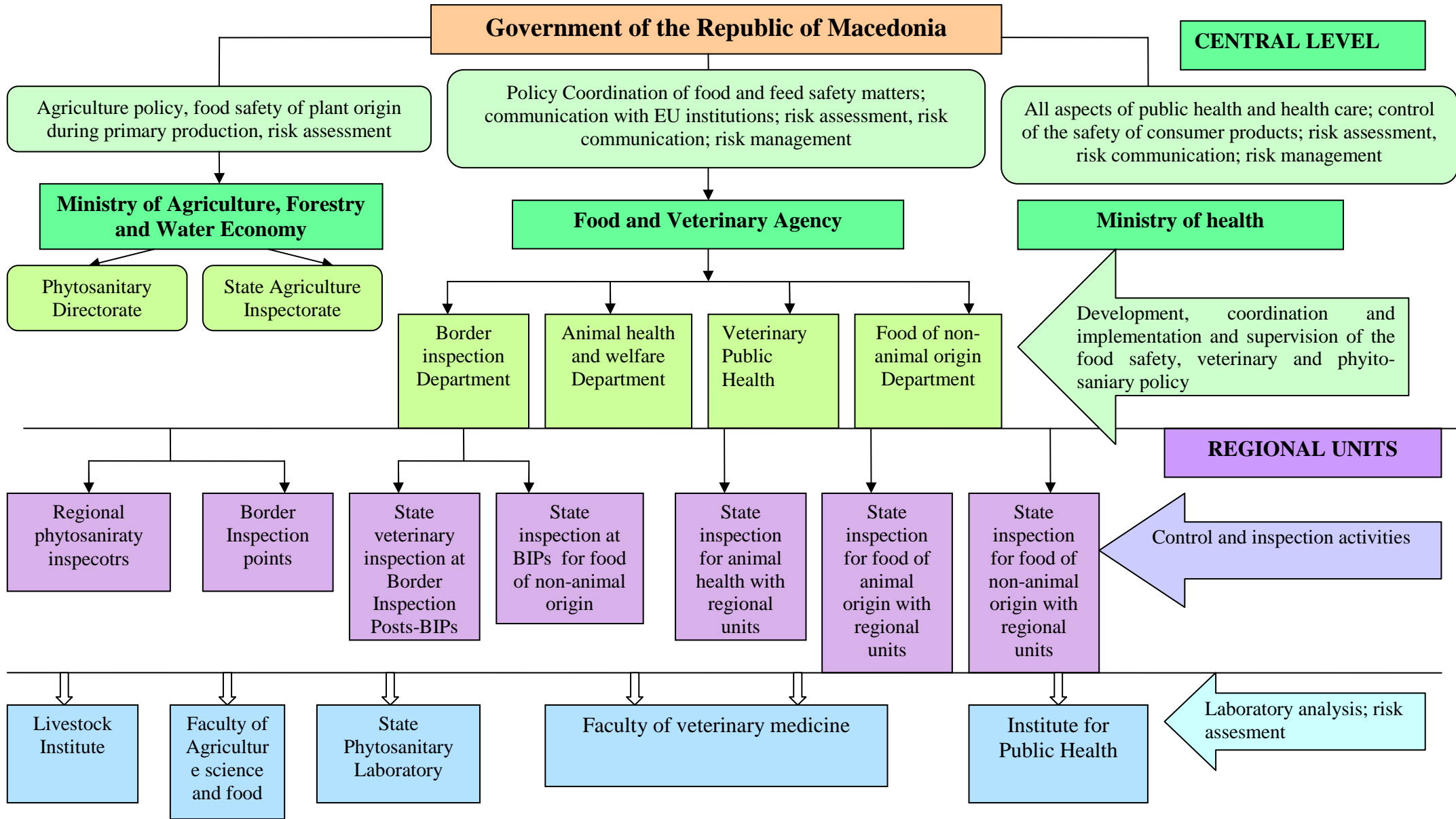
In the direction of approaching the Republic of Macedonia to the European Union and continuing the good cooperation that the RoM has with the EU member states, with which it has signed bilateral Social Insurance Agreements, the Fund has signed an Agreement for using the European Health Insurance Card with some of these countries.

Pursuant to the Health Protection Law ("Official Gazette of the Republic of Macedonia" No. 38/91, 46/93, 55/95, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008 67/2009, 88/10 and 44/11), it is regulated that the foreign nationals are provided with emergency care, while the other health services are provided at the request of the user. In addition, the foreign nationals alone bear the costs for the provided emergency or other health services, unless the law or a certain international agreement provides otherwise. The Health Institution is obliged to enable the foreign national, who received the emergency care, to establish a link with the relevant diplomatic or consular office or the bank in which the foreign national has the financial assets to pay the fee for the given emergency care.

If the health institution does not charge the given emergency medical care, because the foreign national has no funds, in order to receive this payment from the state budget, it is obliged to obtain the following data from the foreign national: identity and citizenship; passport number; where it is issued; place of permanent residence in the foreign country, certificate that the foreign national with a residence has no material assets and application for residence or dwelling place: evidence that the foreign national has no right to use the health care in accordance with the provisions of this Law, according to the international agreements or other basis; to determine the amount of the payment and to take a statement from the foreign national that he/she was given the emergency care that was not paid, for the obligation that the established fee will be personally paid within the given deadline, as well as the way of payment.

For the purpose of compensation for the given emergency care to the foreign national, the medical institution shall submit an application to the Ministry of Foreign Relations within 60 days from the date of providing the services. The Health institution shall attach to the request the expense specification for the provided services in two copies, as well as evidence that an attempt was made to refund the fee, but that the collection could not be executed. After the payment of the fee to the health institution, which provided the emergency care to the foreign national, the Ministry of Foreign Relations shall take measures through the competent diplomatic authority to charge the bill for the service that was provided to the foreign national, in favour of the state budget.

ANNEX I - Schematic overview of food safety control system of the Republic of Macedonia



ANNEX II: Legislation of the Republic of Macedonia on food and feed safety and veterinary policy (legislation in force)

No	TITLE OF NATIONAL IMPLEMENTING LEGISLATION	TITLE IN CHAPTER 12 AND/OR	TITLE /AREA OF CHAPTER 12	EU LEGAL ACT TRANSPOSED INTO NATIONAL LEGISLATION (/CELEX No/)	LAW providing legal basis for adoption of the national legal act	PUBLICATION	COMMENTS/ REMARKS
1	Multi annual Programme on control and eradication of tuberculosis in cattle	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	31964L0432, 31997L0012 and 32002D0677	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 22/07	
2	Multi annual Programme on control and eradication of brucellosis in cattle	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	31964L0432, 31997L0012, and 32002D0677	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of the Republic of Macedonia" 22/07	
3	Multi annual Programme on control and eradication of brucellosis in sheep and goats	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	31964L0432	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 59/08	
4	Multi annual Programme on control and eradication of transmissible bovine spongiform encephalopathies (TSE)	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	32001R0999	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 22/07	

5	Rulebook on control and eradication of Avian influenza	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	32005L0094	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 82/2007
6	Rulebook on control and eradication of Blue tongue disease	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	32000L0075	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 104/07
7	Rulebook on control and eradication of foot-and-mouth disease	<u>Veterinary policy</u>	<u>Control measures for animal diseases</u>	32003L0085	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 20/09
8	Book of rules laying down methods and procedures for transit and import, carrying out inspection and checks of consignments on domestic pet birds not intended for placing on the market or transfer to other persons, accompanied by owner or responsible person and model of veterinary health certificate and passport	<u>Veterinary policy</u>	Non-commercial movement of pet animals/pet birds	32007D0025	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 102/08
9	Rulebook amending the Book of Rules on the method and the procedures for import and transit as well as the method and the procedures for carrying out inspection on pets from the bird species which are not intended for trade or for transfer on other persons and are accompanied by the owner or the responsible person as	<u>Veterinary policy</u>	Non-commercial movement of pet animals	32003R0998	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of Republic of Macedonia" 10/2009

	well as the format and the content of the veterinary health certificate or any other document accompanying them						
10	Rulebook on control and eradication of Foot and Mouth Disease (FMD)	<u>Veterinary policy</u>	Control measures for animal diseases	32003L0085	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 20/09	
11	Book of rules on methods of inspection and checks to consignments of animal origin at Veterinary Border Inspection posts introduced as personal luggage of passengers intended for personal or non-commercial use	<u>Veterinary policy</u>	Control systems for import	32004R0745, 32004R0136 and 31997L0078	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 94/09	
12	Decision on the rates for fees or charges applicable to border veterinary controls, for all activities and official controls on products of animal origin, food and products for feeding animals which are placed on the market in Republic of Macedonia as well as for identification and registration of animals and holdings and issuing certificates for the health condition of the animals	<u>Veterinary policy</u>	Veterinary expenditures	31990D0424 and partially from 32004R0882	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 109/2009	
13	Rulebook amending Rulebook on methods of inspection and checks to consignments of animal origin at Veterinary Border Inspection posts introduced as personal luggage of passengers intended for personal or non-commercial use	<u>Veterinary policy</u>	Control systems for import	32009R2006	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 139/09	

14	Rulebook on the facilities, equipment and personnel necessary for veterinary inspection at border inspection posts	<u>Veterinary policy</u>	Control systems for import	31991L0496, 31997D0152, 31997D0394, 32004R0853, 31993D0352 and 32001D0812	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 40/2010	
15	Book of Rules on the method and procedure for import and transit, the format and the content of the veterinary-health certificate or other documents accompanying the consignment with live animals, aquaculture and products of animal origin, as well as the method and procedure of performing control and check during import and transit of consignment with live animals, aquaculture and products of animal origin	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	31990L0426, 31990L0539, 31989L0556, 31990L0429, 31992L0065, 31992L0118, 31991L0496, 31979D0542, 31993D0195, 31993D0196, 31993D0197, 31994D0360, 31994D0467, 31996D0333, 31997R0338, 31997D0794, 31997L0078, 31999D0120, 2000D0208, 32000D0572, 32001D0556, 32001R0999, 32002D0025, 32003R0998, 32003D0812, 32003D0779, 32003D0881, 32004D0136, 32004R0282,	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 53/2010	

				32004D0211, 32004D0292, 32004L0068, 32004D0438, 32005R0001, 32005D0064, 32006R0318, 32006D0766, 32007D0240, 32007D0777, 32008D0156, 32008D0592, 32008R0798, 32008R1251, 32008D0907 and 32009R0119 [2]			
16	Decision on approval of border inspection posts responsible for veterinary checks in the Republic of Macedonia	<u>Veterinary policy</u>	Control systems for import	32001D0812 and 32009D0821	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 59/2010	
17	Rulebook on quarantine conditions concerning certain animal species and various categories therein	<u>Veterinary policy</u>	Control systems for imports	31992L0065, 32006L0088, 31979D0542 and 32007R0318	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 88/2010	
18	Rulebook amending Rulebook on the method and procedure for import and transit, the format and the content of the veterinary-health certificate or other documents accompanying the consignment with live animals, aquaculture and	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32010D0266, 32010D0333, 32010R0332, 32010R0346, 32010R0215, 32004R0282, 32004R0136,	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011 and 136/2011)	"Official Journal of RM" 86/2010	

products of animal origin, as well as the method and procedure of performing control and check during import and transit of consignment with live animals, aquaculture and products of animal origin

32000D0025,
31997D0794,
32005R0001,
31997R0338,
31991L0496,
31997L0078,
32004D292,
32001R0999,
32007D240,
31994D0360,
32007R0318,
32004L0068,
32010R0206,
32004D0211,
31992D0260,
31993D0195,
31993D0196,
31993D0197,
31990L0426,
31992L0065,
32009R0119,
32007D0777,
32000D0572,
32008D0592,
32004D0438,
32006D0766,
32008R1251,
31996D0333,
31999D0120,
32003D779,
31992L0118,
32003D0812,
32008R0798,
31990L0539 and
32008D0698

19	Rulebook on compulsory notifiable diseases in animals	<u>Veterinary policy</u>	Control measures for animal diseases	31982L0894, 32001L0089 and 32006L0088	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 110/2010	
20	Rulebook amending Rulebook on the method and procedure for import and transit, the format and the content of the veterinary-health certificate or other documents accompanying the consignment with live animals, aquaculture and products of animal origin, as well as the method and procedure of performing control and check during import and transit of consignment with live animals, aquaculture and products of animal origin	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32010R0605, 32010R0810, 32010R0925, 32010D0333, 32010D0463 and 32010D0266	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 144/2010	
21	Rulebook on measures of control and eradication of transmissible spongiform encephalopathies - TSE	<u>Veterinary policy</u>	Controls measures of animal health	32001R0999 (including its amendments)	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 57/2011	
22	Rulebook on measures on control and eradication of African horse sickness in the territory of Republic of Macedonia	<u>Veterinary policy</u>	Controls measures of animal health	31992L0035	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 95/2011	
23	Rulebook on measures for control and eradication of New castle disease	<u>Veterinary policy</u>	Controls measures of animal health	31992L0066 (including its amendments)	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 98/2011	

24	Rulebook on measures for control and eradication of diseases in aquatic animals and fishes	<u>Veterinary policy</u>	Controls measures of animal health	32006L0088 and 32008L0053	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 110/2011
25	Rulebook on measures for control and eradication of swine vesicular disease	<u>Veterinary policy</u>	Controls measures of animal health	31992L0119, including its amendments (32002L0060, 32003R0806, 32006D0911, 32006L0104, 32007L0010 and 32008L0073)and 32009D0470	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 154/2011
26	Rulebook on measures for control and eradication of classical swine fever	<u>Veterinary policy</u>	Controls measures of animal health	32001L0089; 32006D091; 32006L0104; 32007D0729; and 32008L0073	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 59/2012
27	Rulebook on measures for control and eradication of african horse sickness	<u>Veterinary policy</u>	Controls measures of animal health	32002L0060, 32006D0911, 32006L0104, 32007D0729 and 32008L0073	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 91/2012
28	Rulebook on veterinary-health requirements for placing in the market of semen, ova and embryos, record-keeping method, requirements for personal, facilities, equipment and instruments, method and requirements for approval of embryo-transfer teams and official controls for semen, ova and embryos	<u>Veterinary policy</u>	intra-Community trade in live animals, semen, ova and embryos	1.) 31988L0407 including its amendments (31990L0120, 31990L0425, 31993L0060, 32003L0043, 32003R0806, 32004D0101, 32006D0016, 32008D0120 and	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 3/2012

32008L0073); 2.)
31989L0556
including its
amendments
(31990L0425,
32003R0806,
32006D0060,
32008L0073); 3.)
31990L0429
including its
amendments
(31999D0608,
32000D0039,
32003R0806,
32008L0073); 4.)
31992L0065
including its
amendments
(31995D0176,
32001D0298,
32002R1282,
32003R0998,
32003R1398,
32004L0068,
32007D0265,
32008L0073,
32010D0270,
32010D0684,
32010R0176); 5.)
31990L0429
including its
amendments
(31999D0608,
32000D0039,
32003R0806,
32008L0073)

29	Rulebook amending Rulebook concerning requirements of import and transit from third countries of live animals, aquatic animals and products of animal origin and models of veterinary health certificates and procedure of veterinary checks and inspection during import and transit	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32011R0144 and 32011D0131	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 66/2011	
30	Rulebook amending Rulebook concerning requirements of import and transit from third countries of live animals, aquatic animals and products of animal origin and models of veterinary health certificates and procedure of veterinary checks and inspection during import and transit	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32011D0267, 32011R0342 and 32011R0427	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 72/2011	
31	Rulebook amending Rulebook concerning requirements of import and transit from third countries of live animals, aquatic animals and products of animal origin and models of veterinary health certificates and procedure of veterinary checks and inspection during import and transit	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32011R0536	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 95/2011	
32	Rulebook amending Rulebook concerning requirements of import and transit from third countries of live animals, aquatic animals and products of animal origin and models of veterinary health certificates and procedure of veterinary checks and inspection during import and transit	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32011D0512, 32011R0801 and 32011R0914	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 168/2011	

33	Rulebook amending Rulebook concerning requirements of import and transit from third countries of live animals, aquatic animals and products of animal origin and models of veterinary health certificates and procedure of veterinary checks and inspection during import and transit	<u>Veterinary policy</u>	Import requirements for live animals and products of animal origin	32011D0686,32011R1112,32012R0028,32012R0066,32007D0275 and 32012R0110	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 33/2012	
34	List of animals, products and animal by products subject to veterinary checks at border inspection post	<u>Veterinary policy</u>	Control systems for import	32007D0275	Veterinary Health Law ("Official Journal of RM" 113/2007, 24/2011, 136/2011 and 123/2012)	"Official Journal of RM" 101/2012	
35	Rulebook on welfare of animals kept in farmed conditions	<u>Veterinary policy</u>	Animal welfare and protection	31999L0074, 32008L0120, 31998L0058 and 32008L0119	Animal Welfare Law ("Official Journal of RM" 113/2007 and 136/2011)	"Official Journal of RM" 140/09	
36	Rulebook on welfare of animals for scientific and experimental purposes	<u>Veterinary policy</u>	Animal welfare and protection	31989L0609	Animal Welfare Law ("Official Journal of RM" 113/2007 and 136/2011)	"Official Journal of RM" 110/10	
37	Rulebook on animal welfare and protection during transport	<u>Veterinary policy</u>	Animal welfare and protection	32005R0001	Animal Welfare Law ("Official Journal of RM" 113/2007 and 136/2011)	"Official Journal of RM" 3/2012	
38	Rulebook on the protection of animals at the time of killing	<u>Veterinary policy</u>	Animal welfare and protection	32009R1099	Animal Welfare Law ("Official Journal of RM" 113/2007 and 136/2011)	"Official Journal of RM" 163/2010	

39	Rulebook on identification and registration of bovine animals	<u>Veterinary policy</u>	Identification and registration of animals	31992L0102 and 32004R0021	Law on identification and registration of animals (“Official Journal of RM” 69/2004 and 81/07)	“Official Journal of RM” 47/05	
40	Rulebook amending Rulebook on identification and registration of bovine animals	<u>Veterinary policy</u>	Identification and registration of animals	32004R0021, 32004R0991 and 32006R0968	Law on identification and registration of animals (“Official Journal of RM” 69/2004 and 81/07)	“Official Journal of RM” 57/07	
41	Rulebook on identification and registration of ovine and caprine animals	<u>Veterinary policy</u>	Identification and registration of animals	32004R0021, 32006R1505 and 32006D0968	Law on identification and registration of animals (“Official Journal of RM” 69/2004 and 81/07)	“Official Journal of RM” 58/08	
42	Rulebook on identification and registration of swine animals	<u>Veterinary policy</u>	Identification and registration of animals	2000D0678, 32008L0071 and 31964L0432	Law on identification and registration of animals (“Official Journal of RM” 69/2004 and 81/07)	“Official Journal of RM” 84/2010	
43	Rulebook on specific requirements for facilities, premises, equipment and staff as regards wholesale of veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 113/2010	
44	Rulebook on principles and guidelines for good manufacturing practice for veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 118/2010	

45	List on authorised pharmacological substances for use in veterinary medicine and List of pharmacological substances and prohibited pharmacological substances for use in animals intended for food production	<u>Pharmaceuticals</u>	Veterinary medicinal products	32009R0470 and 32010R0037	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 140/2012	
46	Rulebook on requirements meeting veterinary pharmacies and method for their operation	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 133/2010	
47	Rulebook concerning transfer of marketing authorization of veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	31993R2309	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 90/2011	
48	Rulebook concerning general and specific requirements for placing in the market of veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 101/2011	
49	Rulebook concerning the outer packaging and immediate packaging and insert packaging of veterinary medicinal product	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 129/2011	
50	Rulebook on veterinary medicinal products provisionally placed on the market and their use and control of their marketing and use	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082 and 32006R1950	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 59/2012	

51	Rulebook on distribution of veterinary medicinal products in certain categories and their prescription and issuance	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082, 32004L0028, 32009L0009, 32009L0053, 32009R0596 and 32006L0130	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 70/2012	
52	Rulebook on information containing in report for evaluation of veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 104/2012	
53	Rulebook on pharmacovigilance of veterinary medicinal products	<u>Pharmaceuticals</u>	Veterinary medicinal products	32001L0082	Law on veterinary medicinal products (“Official Journal of RM” 42/2010 and 136/2011)	“Official Journal of RM” 112/2012	
54	Rulebook on specific requirements for food of animal origin	<u>Placing on the market of food, feed and animal by products</u>	Specific rules for animal products	32004R0853	Veterinary Public Health Law (“Official Journal of RM” 114/07)	“Official Journal of RM” 115/08	Veterinary Public Health Law (“Official Journal of RM” 114/07) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Veterinary Public Health Law (“Official Journal of RM” 114/07) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with

						relevant EU acquis.	
55	Rulebook on specific rules on official controls for Trichinella in meat	<u>Placing on the market of food, feed and animal by products</u>	Controls rules for animal products	32005R2075; 32006R1665; 32007R1245 and 32011R1109	Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012)	“Official Journal of RM” 127/2012	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.

56	Rulebook on implementation of HACCP principles for food bussines operators	<u>Placing on the market of food, feed and animal by products</u>	Hygiene rules	Pursuant to 32004R0852	Veterinary Public Health Law (“Official Journal of RM” 114/07)	“Official Journal of RM” 113/08	Veterinary Public Health Law (“Official Journal of RM” 114/07) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Veterinary Public Health Law (“Official Journal of RM” 114/07) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
57	Rulebook on official controls on products of animal origin intended for human consumption	<u>Placing on the market of food, feed and animal by products</u>	Controls rules for animal products	32004R0854	Veterinary Public Health Law (“Official Journal of RM” 114/07)	“Official Journal of RM” 95/09	Veterinary Public Health Law (“Official Journal of RM” 114/07) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Veterinary Public Health Law (“Official Journal of RM” 114/07) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow

						the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
58	Rulebook on general food safety requirements	<u>Placing on the market of food, feed and animal by products</u>	Hygiene rules	32004R0852, 31990L0642 and 31986L0366	Law on food safety and food contact materials ("Official Journal of RM" 54/02 and 84/07)	"Official Journal of RM" 118/05 Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is repealed by Food Safety Law ("Official Journal of RM" 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.

59	Rulebook on specific requirements for food labelling	<u>Food safety rules</u>	Food labelling	32000L0013; 31994L0054; 31989L0396; 31987L0250; 31990L0496 and 32003L0120	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 110/2005	<p>Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.</p>
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60	Rulebook on specific requirements for quick frozen food	<u>Food safety rules</u>	Quick frozen food	31989L0108; 31992L0001 and 31992L0002	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 32/06	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
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61	Rulebook on potable water safety	<u>Water quality</u> [7]	Drinking water	31998L0083	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 46/08	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
62	Rulebook on determining the erucic acid content in oils and fats intended to be used as such for human consumption and foodstuffs containing added oils or fats	<u>Food safety rules</u>	foodstuffs	31976L0621 and 31980L0891	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 46/08	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM”

							54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of national legislation with relevant EU acquis.
63	Rulebook on specific requirements for GMO food	<u>Food safety rules</u>	GMO food	32003R1829, 32003R1830, 30221L0018, 32004L0065 and 31990L0219	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 78/08	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the sedcondary legislation adopted accodring to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of

							national legislation with relevant EU acquis.
64	Rulebook on microbiological criteria of food	<u>Placing in the market of food, feed and animal by products</u>	Hygiene rules	32005R2073 and 32007R1441	Law on food safety and food contact materials ("Official Journal of RM" 54/02 and 84/07)	"Official Journal of RM" 78/08	Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is repealed by Food Safety Law ("Official Journal of RM" 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.

65	Rulebook on food contact materials	<u>Food safety rules</u>	Food contact materials	32004R1935, 32009R0450, 32005R1895, 31984I0500, 31993L0010, 31993L0011, 32002I0072, 31978L0142, 32004I0014, 31982L0711, 31985L0572, 32007L0042, 31980L0776 and 31981L0432	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 93/10	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
66	Rulebook on specific requirements for safety of alcoholic beverages	<u>Food safety rules</u>	Flavorings	32008R0110	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 82/10	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM”

						54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of national legislation with relevant EU acquis.	
67	Rulebook on ionising radiation in food	<u>Food safety rules</u>	Ionising radiation	31999L0002 and 31999L0003	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 119/07	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the sedcondary legislation adopted accodring to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of

							national legislation with relevant EU acquis.
68	Rulebook on fruit juices and certain similar products intended for human consumption	<u>Food safety rules</u>	marketing, labelling, human nutrition, fruit juice, food additives, consumer information and product designation	32001L0112	Law on food safety and food contact materials ("Official Journal of RM" 54/02 and 84/07)	"Official Journal of RM" 32/2006	Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is repealed by Food Safety Law ("Official Journal of RM" 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... ("Official Journal of RM" 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.

69	Rulebook relating to cocoa and chocolate products intended for human	<u>Food safety rules</u>	marketing, labelling, human nutrition, fruit juice, food additives, consumer information and product designation	32000L0036	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 32/2006	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
70	Rulebook relating to certain sugars intended for human consumption	<u>Food safety rules</u>	marketing, labelling, human nutrition, fruit juice, food additives, consumer information and product designation	32001L0111	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 32/2006	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM”

						54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of national legislation with relevant EU acquis.	
71	Rulebook relating to coffee extracts and chicory extracts	<u>Food safety rules</u>	marketing, labelling, human nutrition, fruit juice, food additives, consumer information and product designation	31999L0004	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 3/2007	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed byFood Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the sedcondary legislation adopted accodring to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of

						national legislation with relevant EU acquis.	
72	relating to fruit jams, jellies and marmalades and sweetened chestnut purée intended for human consumption	<u>Food safety rules</u>	marketing, labelling, human nutrition, fruit juice, food additives, consumer information and product designation	32001L0113	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 3/2007	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.

73	Rulebook on sampling methods and methods of analysis for the official control of food	<u>Food safety rules</u>	official controls	31992L0001; 31992L0002; 31998L0053; 32002R0178; 32002L0026; 32004L0043 and 32004R0882	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 78/2008	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is amended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regularly the national legislation for complete alignment of national legislation with relevant EU acquis.
74	Rulebook amending Rulebook on extraction solvents used in the production of foodstuffs and food ingredients	<u>Food safety rules</u>	extraction solvents	32009L0032 and 32010L0059	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 147/10	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM”157/2010, 53/2011 and 1/2012). Accordingly, the secondary legislation adopted according to Law on food safety and food contact materials..... (“Official Journal of RM”

						54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of national legislation with relevant EU acquis.	
75	Rulebook amending Rulebook on vitamin and minerals and their forms that can be added to foods, including food supplements	<u>Food safety rules</u>	food supplements	32006R1925 and 32009R1170	Law on food safety and food contact materials (“Official Journal of RM” 54/02 and 84/07)	“Official Journal of RM” 152/2010	Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is repealed by Food Safety Law (“Official Journal of RM” 157/2010, 53/2011 and 1/2012). Accordingly, the sedcondary legislation adopted accodring to Law on food safety and food contact materials..... (“Official Journal of RM” 54/2002 and 84/2007) is subject to revision due to legal basis and eventually additional transposition/alignment with EU acquis, if this is ammended. Food and Veterinary Agency follow the amendments of relevant EU acquis, review and update regullary the national legislation for complete alignment of

							national legislation with relevant EU acquis.
76	Book of Rules on the specific requirements concerning the establishments, technical equipment, method and conditions for carrying out specific task which must be met by the oleo-chemical establishments and the establishments for production of biogas and compost	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 21/09	
77	Book of Rules on the technical requirements and the method for carrying out the tasks	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 21/09	
78	Book of Rules on the method of collection, transport and identifying of specific categories of by-products of animal origin	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 21/09	
79	Rulebook on requirements for import of animal by products in the territory of Republic of Macedonia	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 28/09 and 76/11	
80	Rulebook on specific requirements concerning processing plants for category 3 material and requirements for process animal proteins and other products may be used as feed material	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32005R0079	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 152/09	
81	Rulebook on method of keeping-records for legal and natural entities delivering, transporting and receiving animal by products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 152/09	

82	Rulebook on method of animal by products disposal	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 157/09	
83	Rulebook on specific requirements regarding establishments, technical equipments, and procedure and requirements for the establishments treating the animal by products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32005R0079	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 73/2010	
84	Book of rules on requirements for establishments producing pet food and technical plants for animal by products and technical requirements and processing methods for placing in the market and import of pet food and technical products from animal from products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 110/2010	
85	Book of rules on derogations regarding use of animal by products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 113/2010	
86	Book of rules on technical conditions for treatment and disposal of specific risk material (SRM)	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32001R0999	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 113/2010	
87	Book of rules on derogations regarding disposal of animal by products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 163/2010	
88	Book of rules on restrictions for use of animal by products in animal nutrition	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32002R1774	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 121/10	

89	List of categorized animal by products	<u>Placing on the market of food, feed and animal by products</u>	Animal by products	32009R1069	Law on animal by products ("Official Journal of RM" 113/07)	"Official Journal of RM" 42/12	
90	Rulebook on specific requirements for processed cereal-based foods and baby foods for infants and young children	<u>Food safety rules</u>	Food for particular nutritional uses	32006L0125	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 21/2011	
91	Rulebook on specific requirements for infant formulae and follow-on formulae	<u>Food safety rules</u>	Food for particular nutritional uses	32006L0141 and 32008R1243	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 21/2011	
92	Rulebook on labelling and declaration of meat and meat products from bovine, caprine and ovine and porcine animals	<u>Placing in the market of food and feed</u>	Labelling and declaration of meat and meat products	32000R1760 and 32000R1825	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 52/2011	
93	Rulebook concerning official controls and monitoring procedures as regard zoonoses and zoonotic agents including list of zoonoses and zoonotic agents subject to regular monitoring	<u>Placing in the market of food and feed</u>	Food-borne diseases /zoonoses	32003L0099	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 80/2011	
94	Rulebook concerning official controls and monitoring procedures as regard residues and undesirable substances	<u>Placing in the market of food and feed</u>	Residues	31996L0023, 31996L0022, 31998D0179 and 31997D0747	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 80/2011	
95	Rulebook on health and hygiene requirements and method and procedure of official controls of milk and dairy products	<u>Placing in the market of food and feed</u>	Specific control rules for food of animal origin	32004R0853	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 26/2012	

96	Rulebook on official controls of salmonella spp.	<u>Placing in the market of food and feed</u>	Food-borne diseases /zoonoses	32003R2160	Food Safety Law ("Official Journal of RM" 157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 97/2011
97	Rulebook concerning sampling method and procedure for detection of pesticide residues in food in the framework of official control	<u>Food safety rules</u>	Pesticide residues	32002L0063	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 133/2011
98	Rulebook on specific food safety requirements for food intended for specific nutritional use	<u>Food safety rules</u>	Food for particular nutritional use	32009L0039 and 32009R0953	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM"158/2011
99	Rulebook on specific requirements of foods intended for use in energy-restricted diets for weight reduction	<u>Food safety rules</u>	Food for particular nutritional use	31996L0008	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 156/2011
100	Rulebook on specific requirements on dietary foods for special medical purposes	<u>Food safety rules</u>	Food for particular nutritional use	31999L0021	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 157/2011
101	Rulebook on food supplements	<u>Food safety rules</u>	Authorized food additives and purity criteria	32002L0046	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM"12/2012
102	Rulebook on general hygiene requirements for primary production and associated operations and general food hygiene requirements	<u>Placing in the market of food and feed</u>	Hygiene rules	32004R0852	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM"12/2012

103	Rulebook on novel food	<u>Food safety rules</u>	Novel food	31997R0258	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM"29/2012	
104	Rulebook on food additives permitted for use in foods	<u>Food safety rules</u>	Authorized food additives and purity criteria	32008R1332, 32008R1333 includign its amendments /32011R1129, 32011R1130 and 32011R1131/ and 32008R1334	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM"31/2012	
105	Rulebook on the composition and labelling of foodstuffs suitable for people intolerant to gluten	<u>Food safety rules</u>	Food for particular nutritional use	32009R0041	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 62/2012	
106	Rulebook amending Rulebook on specific requirements on dietary foods for special medical purposes	<u>Food safety rules</u>	Food for particular nutritional use	31999L0021	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 70/2012	
107	Rulebook on specific requirments for mineral water	<u>Food safety rules</u>	mineral water	32009L0054; 32003L0040 and 32010R0115	Food Safety Law ("Official Journal of RM"157/2010, 53/2011 and 1/2012)	"Official Journal of RM" 127/2012	
108	Rulebook on specific requirements of categories and functional groups of feed additives	<u>Specific rules for feed</u>	Feed additives	32003R1831	Feed Safety Law ("Official Journal of RM"145/2010 and 53/2011 and 1/2012)	"Official Journal of RM"168/2011	
109	Rulebook on specific requirements for feed business operators and good hygiene practices for animal nutrition	<u>Animal nutrition</u>	Feed hygiene	32005R0183	Feed Safety Law ("Official Journal of RM"145/2010 and 53/2011 and 1/2012)	"Official Journal of RM"5/2012	
110	Rulebook on requirements of placing in the market of medicated feed and prescription issuance	<u>Specific rules for feed</u>	Medicated feed	31990L0167	Feed Safety Law ("Official Journal of RM"145/2010 and 53/2011 and 1/2012)	"Official Journal of RM"7/2012	

National monitoring plan for residue control of certain substances, veterinarian medicines and contaminants in alive animals and in animal sourced food

According to the Food Safety Law, in the period January – March 2011, the National monitoring plan for residue control of certain substances, veterinarian medicines and contaminants in alive animals and in animal sourced food in the Republic of Macedonia for 2011 has been prepared. According to the Plan, it has been foreseen to collect 1229 samples of alive animals and raw materials of animal source. In the period of April 2011 till February 2012 the aforementioned legislation were completely harmonized with the Council Directive 96/23/EC, as well as the Decision 97/747/EC.

Central institution for preparation and implementation of the National monitoring programme for residue control of veterinarian-medical products and contaminants in alive animals and animal sourced products, is the Food and Veterinary Agency of the Republic of Macedonia. There are 56 official veterinarians engaged in the implementation of the plan in 25 area units divided in 6 regions. In the same time, the Institute for food of the Faculty for veterinarian medicine in Skopje, as assigned referent laboratory, is included in the implementation of the Plan. The National referent laboratory is included in the PT scheme, organised by the Referent Laboratory of the Community and other PT providers (FAPAS).

The process of planning is conducted according to the Council Directive 96/23/EC, Decision 97/747/EC, Decision 98/179/EC, Decision 2002/657/EC and DG SANCO Recommendations (No HJ/dht D (2006) 651610 from 25.10.2006 and No JMc E/dht D (2008) 650563 from 16.04.2008), No IEB/dht D (2009) 651216 from 21.12.2009, No Ares (2010) 360365 from 23.06.2010 and final report of FVO Mission in the Republic of Macedonia (12-18 October 2010) (ref. numb. DG (SANCC)/2010-8765 - MR). In the period from April 2011 till February 2012, an evaluation was made of the implementation of the Plan. The evaluation showed that there is no presence of residues from illegal substances, veterinary – medicine products and contaminants, with an exception of 10 isolated cases, which were treated accordingly and measures were taken for elimination of the risks. In view of the realisation of the Plan for 2011, the official veterinarians submitted to the Faculty for veterinarian medicine 1178 out of 1229 planned samples adequate for laboratory examination, or expressed in percents – 95,8%. The results from the examined samples showed that there were positive findings of:

- Lead in 6 samples from wild animals;
- Cadmium in 1 sample from lam;
- Arsenic in 1 samples of fish;
- Sulfoxazole in 1 sample of cow milk.

In regards with the positive findings, 24 samples were additionaly taken as intensified monitoring of the areas where the positive findings were registered.

National Plan for categorisation and promotion of the objects – operators of animal source food

In the Republic of Macedonia, till 01.01.2008 there were 276 objects approved - operators of animal source food

Section	Type of object	Objects approved before 01.01.2008	Objects that should be reconstructed	Objects that should be reconstructed – categorization Condition May 2012					Total of categorized objects	Objects approved according to the Veterinary Health Law and Law on food safety				Total of approved objects in RM
				BI	BII	BIII	BIV	A		Permanently approved	Localised activity	Temporal approval	Total	
0	Objects with general activity	66	45	12	16	15	1	1	45	28	/	8	36	81
I	Meat from domestic ungulates	26	14	1	5	4	0	4	14	2	1	/	3	17
II	Meat from poultry and rabbits	2	1	0	1	0	0	/	1	1	/	/	1	2
V	Minced meat, meat byproducts	/	1	/	/	/	1	/	1	1	1	2	4	5
VI	Meat products	53	26	5	9	9	2	1	26	5	5	5	15	41
VIII	Fish and fish products	2	1	/	1	/	/	/	1	/	/	/	/	1
IX	Fresh milk and diary	92	45	8	12	16	8	1	45	18	7	8	33	78
X	Eggs and egg products	4	2	1	/	/	/	1	2	6	/	5	11	13
XI	Frog legs and snails	2	1	/	/	/	/	1	/	/	/	/	/	1
	Object not under Reg.2004/853	23								/	/	/	/	/
	Honey	5	2	1	/	1	/	/	2	/	/	1	1	3
	Total:									61	14	29	104	242

Source: Food and Veterinary Agency

To this date, total of 276 objects approved - operators of animal source food started a programme for promotion of the work; 123 of them were denied work permissions (permissions given according to the national legislation before 01.01.2008) because their activity previously stopped, because according to the previous legislation their activity was not a subject to approval, or because of an activity ban by the Food and Veterinary Agency, that is noncompliance with certain criteria for food safety. Total of 12 objects - operators of animal source food finished the process of promotion and they are reapproved for activity according to the Veterinary Health Law and the Food Safety Law.

Bellow, tables are given for the starting and finishing positions after the reconstruction of objects and operators of animal source food in the Republic of Macedonia, also the positions in 2012.

Results of the official controls in objects for food production and food trading				
Activity type	Objects for food production	Catering objects	Objects for food trade	Water supply objects
Official controls performed	1410	2888	2490	172
Inspections performed	1823	3734	3258	3258
Educations conducted	181	423	398	2
Decisions issued for irregularity removal	463	856	626	552
Decisions issued for ban of activity/working	41	22	19	497
Settlements offered	11	11	12	/
Requests submitted for starting a misdemeanour procedures	6	8	10	/
Criminal charges	1	0	3	/

Employed persons banned from the posts because of non-conducted medical checkups	50	942	504	25
Employed persons banned from the posts because of being bacilli carriers	270	/	202	7
Persons sent for training of food hygiene	163	327	176	/
Disposed unsafe food	38905 kg	116 kg	212.239 kg	
Registered objects and food operators	497	1112	1513	7

Source: Food and Veterinary Agency

Results from the official controls of the veterinarian inspection in the area of veterinary public health (animal source food)

During performing the official controls of objects, food operators, 5191 reports were made. On a basis of previously issued reports, there were 846 decisions issued and in 830 cases the decisions were respected. There were 16 cases of fines, 14 of them were processed with settlement and 2 of them were resolved with action of Demeanors Commission. There was one case of mandatory fine and one case of criminal charge for consumers scam.

Total of official controls of animal source food			Total of collected samples of animal source food				Total amount of confiscated unsafe food from animal source			
Domestic trade	Controls of imported animal source food	Controls of exported animal source food	Microbiological analysis	Chemical analysis	Analysis for antibiotics presence in food	Analysis for hormone presence in food	Analysis for pesticide presence in food	Analysis for toxic matters in food	Unhygienic food (contaminated, microbiologically defective, undeclared etc.)	Quality failure (expired, irregularly declared etc.)
11123	6946	1883	298	153	108	90	105	135	55735	21659
Total samples: 19952			Total samples: 889				Total samples: 77394			

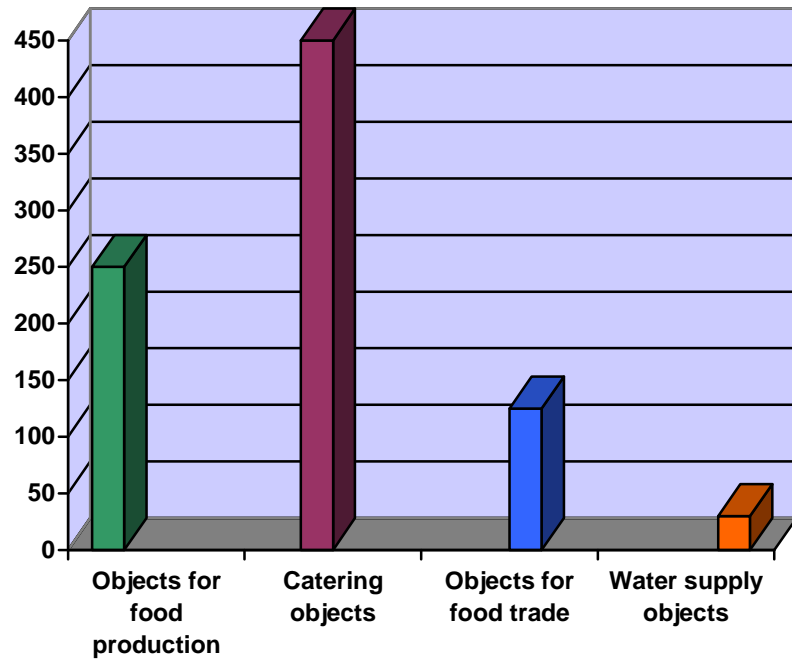
Source: Food and Veterinary Agency

Results from the official controls of non-animal source food

Within the Food and Veterinary Agency and the Department for non-animal source food, the Unit for state inspection on non-animal source food is competent to reduce the risks of unsafe food in the Republic of Macedonia. The Unit is planning, organising and executing official controls of the objects and operators with non-animal source food and products and materials that are in contact with the food. The food inspectors are conducting official controls according to the Food Safety Law, the plan and the programme of the Unit for 2011. Primary aim of the Unit for state inspection on non-animal source food is to protect the consumers from unsafe food, through raising the productivity level, the trading and distribution of food in regards to safe food.

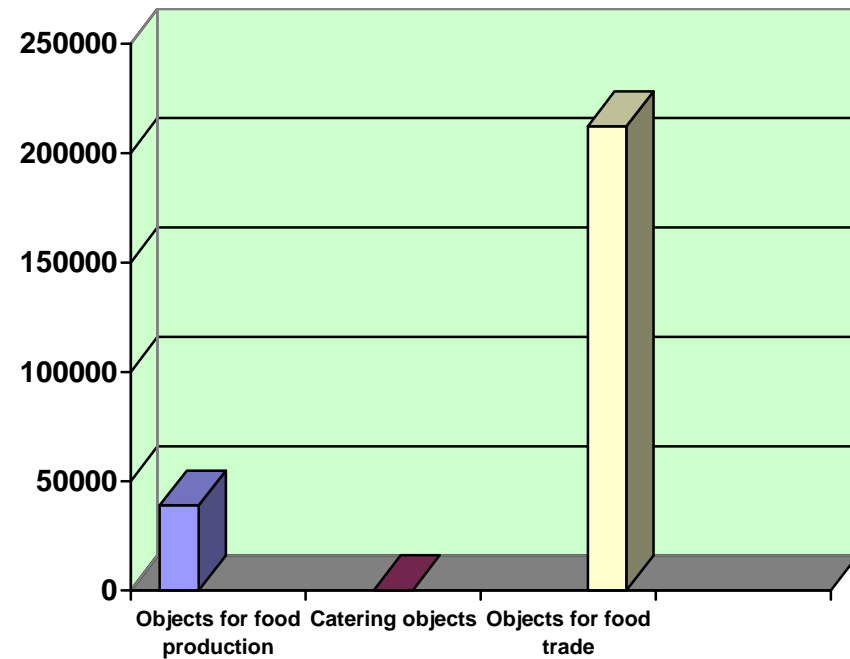
In the Unit for state inspection on non-animal source food, the working activities are being coordinated by a Head of Unit, and the official controls are being made by 42 food inspectors deployed in the area units through the whole territory of the Republic of Macedonia. 16 food inspectors are working on 10 cross borders. The food inspectors continuously are conducting official controls over objects and operators of non-animal source food through the whole territory of the Republic of Macedonia, according to yearly, monthly, weekly and daily plans and programmes. Also, with the official controls on the cross borders, the food import and import of materials in contact with the food are being controlled completely. Besides these activities, registrations of objects and operators of non-animal source food were being made and acting towards complaints and demands of the costumers.

Laboratory tested samples



Source: Food and Veterinary Agency

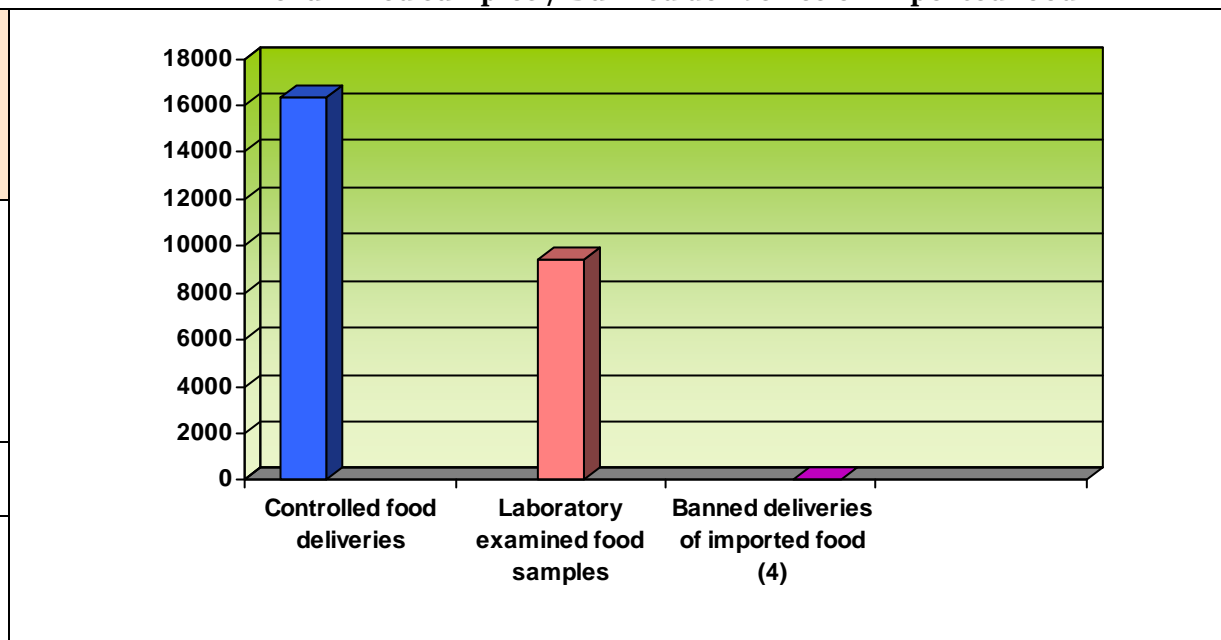
Disposed unsafe food (in kilograms)



Source: Food and Veterinary Agency

Comparison of controlled deliveries of imported food / Laboratory examined samples / Banned deliveries of imported food

Inspections of imported food of non-animal source			
Type of controlled delivery	Number of deliveries	Amount	Number of laboratory examined imported samples
Food	11717	55300	9457
Materials with food contact	28813	485255	11717



Source: Food and Veterinary Agency

Results from the risk communication and RASFF

With an aim to undertake measures for transparent informing of the consumers and the inspectors in case of identified risk, the Unit for communication and RASFF, according to its yearly working plan and programme for 2011, has realised great number of activities.

The notifications from the RASFF Portal are being followed on a daily basis and after their processing they are being forwarded, according to the procedures. In 2011, the 52 weeks were translated and processed and together with needed information were forwarded to the state food inspectors / official veterinaries.

In the Unit, through the RASFF Window application of the European Union, the notifications for unsafe food placed on the market in the Republic of Macedonia, or imported from the state are being daily monitored. Beginning from 04.02.2004, the Republic of Macedonia received total of 57 notifications. During 2011, through the RASFF system, total of 3 notifications were received:

1. Alert notification No. RASFF 2011.0510 for unsafe product – pork made in Belgium, with a finding of residues of veterinarian and medicine medications – finding of sulfadiazine over medicly allowed amount;
2. Information with notification No. RASFF 2011.1621 for unsafe product – organic chamomile tea, with a finding of organophosphoric pesticide, clomazone detected, made in the Republic of Macedonia and exported in Denmark;
3. Alert notification No. RASFF 2011.1792 for unsafe materials in contact with food – melamine spoons for soup and sauce, with a finding of formaldehyde and level of total migration too high, made in Hong Cong.

After the official controls being made, the unsafe products were destroyed – 1002,5 kilograms of chamomile organic tea, as well as 634,95 kilograms of unsafe pork. After the procedure in relation to the received notification, an answer was sent to the RASFF system, as well as the Delegation of the EU in the Republic of Macedonia, containing the measures undertaken.