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EUROPEAN SOCIAL CHARTER

4th National Report on the implementation of
the European Social Charter

submitted by

**THE GOVERNMENT OF “THE FORMER YUGOSLAV
REPUBLIC OF MACEDONIA”**

- Articles 3, 11, 12, 13 for the period 01/01/2012 - 31/12/2015
- Complementary information on Articles 7§10 and 8§2 (Conclusions 2015)

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REPUBLIC OF MACEDONIA

MINISTRY
OF LABOUR AND SOCIAL POLICY

**FOURTH REPORT
ON THE IMPLEMENTATION OF THE
REVISED EUROPEAN SOCIAL CHARTER**

Submitted by

THE REPUBLIC OF MACEDONIA

(for the Articles 3, 11, 12, 13 and Articles 7 and 8)

Skopje, January 2017

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PREFACE

Republic of Macedonia on 06.01.2016 ratified the Revised European Social Charter.

Pursuant to Article C and Article 21 of Part IV of the Charter, Republic of Macedonia submits its fourth Report on the Implementation of Ratified Provisions of the Revised European Social Charter (1996).

The Report is prepared in accordance with the new reporting system, adopted by the Committee of Ministers of the Council of Europe in force as of October 31st, 2007.

This Report contains relevant information and data on the implementation of the obligations undertaken by the Republic of Macedonia based on the articles of the thematic group "Health, Social Security and Social Protection" such as:

- Article 3 (paragraphs 2 and 4),**
- Article 11 (paragraphs 1-3),**
- Article 12 (paragraphs 1-4),**
- Article 13 (paragraphs 1-4).**

Besides, as annex to this Report we also deliver the required information based on two articles from the group "Children, Families and Migrants" for which the European Committee of Social Rights determined that there is an inconsistency in the legislation and practice of Republic of Macedonia with the standards and requirements of the Charter due to lack of relevant information published in the Committee's Conclusions from 2015 for the following:

- Article 7 (paragraph 10)**
- Article 8 (paragraph 2).**

Reference period of this Report is 01.01.2012-31.12.2015.

Pursuant to Article 23 of Part 4 of the Revised European Social Charter, copies of the prepared Report were delivered to the relevant national organizations of employers and unions, such as:

- Federation of Trade Unions of Macedonia;**
- Confederation of Free Trade Unions of Macedonia;**
- Organization of Employers of Macedonia.**

ARTICLE 3 – The right to safe and healthy working conditions

Article 3§2

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake, in consultation with employers' and workers' organisations, to issue safety and health regulations.

In the part of occupational safety and health, the process of harmonization of the national legislation and transposition of the relevant directives of the European Community in this area is in an advanced phase.

In 2007 was prepared and adopted the **Law on Safety and Health at Work** (published in Official Gazette of Republic of Macedonia No. 92/07) which is completely harmonized with the EU legislation and in which transposition of the Framework Directive 89/391/EEC on introducing measures to enhance the safety and health of the workers at work has been performed.

The law establishes the basic principles and minimum requirements on safety and health of the employees in accordance with the Framework Directive, it prescribes new solutions as obligations of the employer and employees in implementing the safety and health measures at work.

Pursuant to the Law, the employer shall be also obliged to organize and implement the safety and health at work, especially by assessing the risk on any workplace, to remove the identified risks and hazards and to undertake measures to remove the risk of injuries and diseases, information, training, consultations with workers etc.

This law also created legal foundation for adopting National Strategic Document for further development in the field, as well as establishing Council for Safety and Health at Work, as a consultative and expert body of the Government, reviewing and assessing conditions, policies and strategic documents in the area of safety and health at work.

The Law on Safety and Health at Work contains a foundation for adoption of bylaws i.e. rulebooks on more detailed and more precise regulation of certain areas and for further transpositions of specific EU directives in this area.

So far, by the end of 2015, there is a total of **20 specific rulebooks adopted in which transposing of 25 individual EU directives in the OSH area has been performed**, such as: Rulebook on the Use of Work Equipment, Rulebook on Personal Protection Equipment, used by the Employees at Work, Rulebook on Signs for Safety and Health at Work, rulebooks on protection of workers in manual handling of loads, on work on temporary and mobile construction sites, rulebooks on safety and health at work of employees exposed to risk of noise, risk of mechanical vibrations, risk of explosive atmospheres, risks of exposure on chemical substances, exposure to

biological agents, rulebook on minimum requirements for the employees of risks related to asbestos exposure at work, Rulebook on the Minimum Requirements for Safety and health at Work of Employees for Risks Related to Exposure of Cancerous, Mutagenic or Substances Toxic for the Reproduction System etc.

In addition there is a table with adopted legal acts in the area of safety and health at work, in compliance with the EU legislation:

Adopted legal acts in the area of safety and health at work

- in compliance with EU legislation -

(MK)	(EN)	Off. Gazette of RM	EU act
1. Закон за безбедност и здравје при работа	Law on Safety and Health at Work	92/07 (136/11, 23/13, 25/13, 137/13, 164/13)	Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (Framework Directive)

R U L E B O O K S

(MK)	(EN)	Off. Gazette of RM	EU act
1 Правилник за мерки за заштита при работа со екрани	The Rulebook on protective measures for work with display screens	115/05	Council Directive 90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment (5 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
2 Правилник за безбедност и здравје при употреба на опрема за работа	The Rulebook on safety and health in use of work equipment	116/07	Council Directive 89/655/EEC of 30 November 1989 concerning the minimum safety and health requirements for the use of work equipment by workers at work (2 nd individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)

(MK)	(EN)	Off. Gazette of RM	EU act
3 Правилник за личната заштитна опрема која вработените ја употребуваат при работата	The Rulebook on the personal protective equipment used by workers at work	116/07	Council Directive 89/656/EEC of 30 November 1989 on the minimum health and safety requirements for the use by workers of personal protective equipment at the workplace (3 th individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
4 Правилник за знаци за безбедност и здравје при работа	The Rulebook on signs for safety and health at work	127/07	Council Directive 92/58/EEC of 24 June 1992 on the minimum requirements for the provision of safety and/or health signs at work (9 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
5 Правилник за безбедност и здравје при работа при рачно пренесување на товар	The Rulebook on safety and health at work for the manual handling of loads	135/07	Council Directive 90/269/EEC of 29 May 1990 on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (4 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
6 Правилник за безбедност и здравје при работа на вработените изложени на ризик од бучава	The Rulebook on safety and health at work for the workers exposed to the risk arising from noise	21/08	Directive 2003/10/EC of the European Parliament and of the Council of 6 February 2003 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise) (17 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
7 Правилник за безбедност и здравје при работа на вработените изложени на ризик од механички вибрации	The Rulebook on safety and health at work for the workers exposed to the risk arising from mechanical vibrations	26/08	Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks

(MK)	(EN)	Off. Gazette of RM	EU act
			arising from physical agents (vibration) (16 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
8 Правилник за минималните барања за безбедност и здравје при работа на привремени и мобилни градилишта	The Rulebook on minimum requirements for safety and health at work at temporary and mobile construction sites	105/08	Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites (8 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)
9 Правилник за минималните барања за безбедност и здравје на вработените на работниот простор	The Rulebook on minimum requirements for safety and health of workers for the work space	154/08	Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace (1 st individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
10 Правилник за минималните барања за безбедност и здравје на вработените од ризиците поврзани со изложување на азбест при работа	The Rulebook on minimum requirements for safety and health of workers concerning the risks related to exposure to asbestos at work	50/09	Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work (2 nd individual Directive within the meaning of Article 8 of Directive 80/1107/EEC) ; Council Directive 91/382/EEC of 25 June 1991 amending Directive 83/477/EEC ; Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 amending Council Directive 83/477/EEC
11 Правилник за минималните барања за безбедност и здравје на вработените кои се потенцијално изложени на ризик од	The Rulebook on minimum requirements for safety and health of workers potentially exposed at risk from explosive atmospheres	74/09	Directive 1999/92/EC of the European Parliament and of the Council of 16 December 1999 on minimum requirements for improving the safety and health protection of workers

(MK)	(EN)	Off. Gazette of RM	EU act
експлозивни атмосфери			potentially at risk from explosive atmospheres (15 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC
12 Правилник за минималните барања за безбедност и здравје при работа на вработени од ризици поврзани со изложување на хемиски супстанции	The Rulebook on minimum requirements for safety and health at work of workers concerning the risks related to exposure to chemical substances	46/10	Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work (14 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC); Commission Directive 2000/39/EC of 8 June 2000 establishing a first list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC on the protection of the health and safety of workers from the risks related to chemical agents at work; Commission Directive 91/322/EEC of 29 May 1991 on establishing indicative limit values by implementing Council Directive 80/1107/EEC on the protection of workers from the risks related to exposure to chemical, physical and biological agents at work; Commission Directive 2006/15/EC of 7 February 2006 establishing a second list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Directives 91/322/EEC and 2000/39/EC.
13 Правилник за минималните барања за безбедност и здравје при работа на вработени од ризици поврзани со изложување на канцерогени, мутагени или супстанции токсични за репродуктивниот систем	The Rulebook on minimum requirements for safety and health at work of workers concerning the risks related to exposure to carcinogens, mutagens or substances toxic for the reproductive system	110/10	Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work (6 th individual Directive within the meaning of Article 16(1) of Council Directive 89/391/EEC) (codified version)

(MK)	(EN)	Off. Gazette of RM	EU act
14 Правилник за минималните барања за безбедност и здравје при работа на вработени од ризици поврзани со изложеност на биолошки агенси	The Rulebook on minimum requirements for safety and health at work of workers concerning the risks related to exposure to biological agents	170/10	Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work (7 th individual directive within the meaning of Article 16(1) of Directive 89/391/EEC)
15 Правилник за минималните барања за безбедност и здравје при работа на бремени работнички, работнички кои неодамна се породиле или дојат	The Rulebook on minimum requirements for safety and health at work of pregnant workers, workers who have recently given birth or are breastfeeding	119/11	Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (10 th individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
16 Правилник за минималните барања за безбедност и здравје при работа на вработени во индустријата за вадење на минерали со бушење	The Rulebook on minimum requirements for safety and health at work of workers in the mineral-extracting industry through drilling	163/11	Council Directive 92/91/EEC of 3 November 1992 concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling (11 th individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
17 Правилник за минималните барања за безбедност и здравје при работа на вработени во рударство со површинска и подземна експлоатација на минерални суровини	The Rulebook on minimum requirements for safety and health at work of workers in mining with surface and underground mineral exploitation	64/12	Council Directive 92/104/EEC of 3 December 1992 on the minimum requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries (12 th individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
18 Правилник за минималните барања за безбедност и здравје при работа на вработени од ризици поврзани со изложување на физички агенси (вештачко оптичко зрачење)	The Rulebook on minimum requirements for safety and health at work of workers concerning the risks related to exposure to physical agents (artificial optical radiation)	132/12	Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (19 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)

(MK)	(EN)	Off. Gazette of RM	EU act
19 Правилник за минималните барања за безбедност и здравје при работа на вработените на рибарски бродови	The Rulebook on minimum requirements for safety and health at work of workers on board fishing vessels	79/13	Council Directive 93/103/EC of 23 November 1993 concerning the minimum safety and health requirements for work on board fishing vessels (13 th individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)
20 Правилник за минималните барања за безбедност и здравје при работа на вработени од ризици поврзани со изложување на физички агенси (електромагнетни полиња)	The Rulebook on the minimum requirements for safety and health at work of workers concerning the risks related to exposure to physical agents (electromagnetic fields)	40/14	Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (18 th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)

Pursuant to the provisions of the Law on Safety and Health at Work, in 2009 the Government of Republic of Macedonia established the **Council for Safety and Health at Work**, as an expert advisory body, composed of 15 members, representatives of the Government of Republic of Macedonia, employer organisations, trade unions, educational institutions performing educational activity in the field of safety and health at work and labour medicine and representatives of the associations of experts in the safety at work.

In May 2011, the Government of Republic of Macedonia adopted the prepared **Strategy for Safety and Health at Work of Republic of Macedonia (2011-2015)** along with the Action Plan for its implementation. The Strategy enabled the perception of the current state in this area and provided strategic directions for including all actors in achieving modern, effective and efficient safety and health system at work, in Republic of Macedonia, which should contribute to reduction of injuries at work and occupational diseases. These strategic documents are prepared in a transparent and participatory process, in cooperation with all relevant institutions, non-governmental sector and social partners, and, in the process of their preparation, they were considered within the Council for Safety and Health at Work.

In this entire period, intensively were implemented activities to **strengthen the capacities** of the State Labour Inspectorate, such as a number of seminars, trainings, projects, study visits whose goal was to improve the knowledge, skills and performance in the work of the inspectors in the area of safety and health at work, detailed introduction of the inspectors with the new legislation and its implementation in practice, and there were several campaigns and other promotional activities implemented to raise the awareness for the need of improvement of the safety and health at work in Republic of Macedonia.

Pursuant to Article 4 of the Law on Safety and Health at Work (Official Gazette of Republic of Macedonia No. 92/07, 23/13, 25/13, 137/13, 164/13, 158/14, 15/15, 129/15, 192/15 and 30/16), the Government of Republic of Macedonia shall adopt the **Programme for Safety and Health at Work**, based on which, a strategy and action plans for safety and health at work for the period of five years shall be prepared.

The Programme represents a basic document that determines the strategic directions for development of safety and health at work in Republic of Macedonia. This obligation is also contained in the Convention No. 155 of the International Labour Organisation and represents a part of the activities of Republic of Macedonia as a candidate country for membership in EU integration.

The Programme for Safety and Health at Work determines a need, on every five years, **Strategy for Development of Safety and Health at Work** to be adopted with validity until 2020. The Strategy with validity until 2020 is in final phase of preparation and is connected to the protection of life, health and the working ability of the employees and prevention of injuries at work, occupational and other

diseases related to work, with the main goal of preservation and promotion of employees' health as one of the basic human rights and prerequisite for successful work and optimal productivity of legal entities.

The basic postulates of the Law on Safety and Health at Work cover building and maintaining of preventive safety culture and introduction of safety and health at work management systems. National preventative safety and health culture refers to a culture in which the right to a safe and healthy working environment is respected at all levels, where the government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.

The Objective of the Law on Safety and Health at Work is inclusion of all actors in achieving modern, effective and efficient safety and health at work system in Republic of Macedonia which will contribute to reduction of injuries at work and occupational diseases, to positive effect on economy improvement and creation of new job positions.

The Law on Safety and Health at work provides action in the area of occupational safety and health through intersectoral activities, primarily driven by the Ministry of Labour and Social Policy and the Ministry of Health, through social dialogue and partnership development with representatives of the workers, employers and their organizations, as well as the expert and professional community.

Occupational safety and health policy is based on relevant international regulations and documents such as the Conventions of International Labour Organisation (Republic of Macedonia has ratified 74 Conventions of the International Labour Organisation), EU Directives of the European Union and the EU Strategy: Improvement of the work's quality and productivity, the Strategy of the Community for Safety and Health at Work 2007-2012, as well as the World Health Organisation, Global Plan of Action on Workers' Health 2008-2017.

In consultation with the business community and the Federation of Trade Unions of Republic of Macedonia, there were amendments in the Law on Safety and Health at Work performed, (Official gazette of Republic of Macedonia No. 158/14) by which, pursuant to Article 11, each employer must prepare and provide a statement on safety for each job position, stating the manner and measures to be undertaken. After the statement on safety is prepared, the employer shall be obliged to obtain an opinion of the trade union organization president i.e. the trade union representative or employee representative, and then, pursuant to Article 36, the employer shall be obliged to immediately, no later than 48 hours after the event, notify the state administration body competent for the operation of the labour inspection and the trade union organization president in written i.e. the trade union representative or employee representative where there is no trade union, for each case of death, collective accident and injuries at work that cause temporary inability to work of more than three working days as well as for each event that

represents an immediate danger and threatens the safety of the employees at work. Failure to notify the state administration body competent for the operation of the labour inspection and the trade union organization i.e. trade union representative or the employee representative where there is no trade union, pursuant to Article 36 of the Law, the legal entity shall be sanctioned with a fine of EUR 8000 in denar counter value in accordance with the Law on Misdemeanours, while the responsible person shall be sanctioned with 30% of the imposed fine.

Amendments foresee adding a new chapter within the educational programme – IV-a Protection of Students during Practical Work in Mines.

In order to implement the national programme on adoption of the European Union's legislation, a Plan of Action to the Strategy for Safety and Health at Work in Republic of Macedonia (2011-2015) was prepared and in which were included the National Security Council, the Ministry of Labour and Social Policy, the Ministry of Health, the Institute of Occupational Medicine, the Institute of Public Health and the State Labour Inspectorate, while for implementation of the action plan were charged the institutions stated in the activity section of its implementation.

State Labour Inspectorate as most competent for the enforcement of the Law on Safety and Health at Work, participates with professional opinions from inspection point of view on draft laws and draft bylaws, paragraphs and reports for other state institutions and other organisations and has continuous cooperation with the Ministry of Labour and Social Policy, the Employment Service Agency, the Police, Customs Administration, Directorate for Protection and Rescue, Centre for Crisis Management, the Army and the educational and scientific institutions at the Universities in Republic of Macedonia. State Labour Inspectorate also cooperates with employer associations and trade unions as well as with associations for protection at work in Republic of Macedonia.

State Labour Inspectorate, pursuant to the legal frameworks, also cooperates with the State Market Inspectorate, State Technical Inspectorate, State Sanitary and Health Inspectorate with which common activities i.e. coordinated inspection supervisions in the legal entities are performed. These activities are coordinated by the Inspection Council of Republic of Macedonia.

Within such cooperation, the Inspection Council, if necessary organizes activities for joint action and trainings as well as coordinated inspections for more efficient legislation enforcement.

State Labour Inspectorate, pursuant to the Law on Free Access to Public Information, has a legal commitment to provide a free access to the same by which it will entirely comply with the legal regulations arising of the Law on Protection of Personal Data.

Article 3§4

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake, in consultation with employers' and workers' organisations, to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Pursuant to Article 20 of the Law on Safety and Health at Work (Official Gazette of Republic of Macedonia No. 92/07, 23/13, 25/13, 137/13, 164/13, 158/14, 15/15, 129/15, 192/15 and 30/16), primary tasks of authorized health institution in which occupational medicine activity is performed, in accordance with the regulations in the area of health, authorized by the minister competent for the works in the area of health, depending on the type and activity performed by the employer, and the type and level of risk of injuries or health damage at work are:

- conducting preventive health examinations of employees in accordance with special regulations;
- providing medical services for employees with occupational diseases;
- organizing and conducting first aid training of the employees,
- determining and studying the causes of disability and occupational diseases related to the work and injuries at work, proposing appropriate safety measures and treatment measures, participating in conducting appropriate professional rehabilitation and consultation for the selection of more appropriate working tasks;
- providing proposals and measures to the employer on health protection of workers exposed to great danger of injury or health damage;
- keeping records and collection of data on employee health in accordance with the special regulations;
- participating in each risk, safety and health at work and environment assessment; and
- introducing the employees into the risks related to their work, their workplace and their education

Legal operation of employers and health institutions in which the occupational medicine activity is performed is also defined in the "Decree of the Government on Type, Manner, Volume and Pricing of Medical Examinations of Employees" (Official Gazette of Republic of Macedonia No. 60 dated 24.04.2013).

In order the legal framework on the international policy on safety and health at work to be implemented, a global plan of action has been prepared by the World health Organisation regarding the workers' health 2008-2017. Strategic goals of this document, adopted on the 60th Assembly of WHO, WHA60.26, Agenda-12.13, include planning and implementation of political instruments for the health of workers, protection and promotion of the health at work, promotion of quality and availability of occupational medicine services, provision of evidence on action and practice, research and inclusion of workers' health in other policies. The Plan of the World Health Organisation in Republic of Macedonia shall be implemented by mutual inter-sectoral cooperation between the State Labour Inspectorate and the authorised health institutions in the field of occupational medicine.

State Labour Inspectorate in the area of safety and health at work and the State Sanitary and Health Inspectorate conduct coordinated inspection supervisions which also cover referring to medical examination of employees by the employers, with filled referral containing description of job positions and performed risk assessment for the job position and the professional operation of authorised health institutions pursuant to the Government Regulation on the Type, Manner, Volume and Pricing of the Medical Examinations of the Employees (Official Gazette of Republic of Macedonia No. 60 dated 24.04.2013).

State Labour Inspectorate in the area of safety and health at work and the State Sanitary and Health Inspectorate quarterly conduct coordinated inspection supervisions in health institution that perform the occupational medicine activity pursuant to the regulations in the area of health, authorized by the minister competent for the works in the field of health. In the coordinated inspection supervisions conducted by the State Labour Inspectorate in the area of safety and health at work and the State Sanitary and Health Inspectorate in the authorized health institutions it was concluded that there are measures for safety and health at work undertaken in accordance with the Government Regulation on the Type, Manner, Volume and Pricing of the Medical Examinations of the Employees (Official Gazette of Republic of Macedonia No. 60 dated 24.04.2013) and the Law on Safety and Health at Work.

In the first quarter of 2015 there were coordinated inspection supervisions conducted in 36 authorised health institutions. In the joint inspection supervisions teams were established, in cities, in order to conduct joint inspection supervisions in authorized institutions as follows: 2 Bitola, 1 Veles, 1 Kavadarci, 3 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 18 Skopje, 4 Strumica, 1 Tetovo and 2 Shtip.

In the second quarter of 2015, the State Labour Inspectorate and the State Sanitary and Health Inspectorate conducted joint inspection supervisions in 36 authorised health institutions. In the joint inspection supervisions teams were established, in cities, in order to conduct joint inspection supervisions in authorized institutions as follows: 2 Bitola, 1 Veles, 1 Kavadarci, 3 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 19 Skopje, 4 Strumica, 1 Tetovo and 1 Shtip.

In the third quarter of 2015, there were 37 coordinated inspection supervisions conducted by cities, as follows: 2 Bitola, 1 Veles, 1 Kavadarci, 1 Kichevo, 3 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 19 Skopje, 4 Strumica, 1 Tetovo and 1 Shtip.

In the fourth quarter of 2015, there were 38 coordinated inspection supervisions conducted by cities, as follows: 2 Bitola, 1 Veles, 1 Kavadarci, 1 Kichevo, 4 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 19 Skopje, 4 Strumica, 1 Tetovo and 1 Shtip.

In the first quarter of 2016, there were 38 coordinated inspection supervisions conducted by cities, as follows: 2 Bitola, 1 Veles, 1 Kavadarci, 1 Kichevo, 4 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 19 Skopje, 4 Strumica, 1 Tetovo and 1 Shtip.

In the second quarter of 2016, there were 39 coordinated inspection supervisions conducted by cities, as follows: 2 Bitola, 2 Veles, 1 Kavadarci, 1 Kichevo, 4 Kumanovo, 2 Ohrid, 1 Prilep, 1 Resen, 19 Skopje, 4 Strumica, 1 Tetovo and 1 Shtip.

It is planned the coordinated inspection supervisions to continue to be conducted quarterly.

A progress in raising the awareness of employers has been made, who pursuant to Article 22 of the Law on Safety and Health at Work must provide medical examinations for the employees. Thus, the State Labour Inspectorate in the area of safety and health at work in 2014 conducted 16 735 inspection supervisions, where it has been determined that out of the 235 999 covered employees, 212 546 were provided with medical examinations by their employers.

In 2015, the State Labour Inspectorate in the area of safety and health at work conducted 17412 inspection supervisions where it has been determined that out of the 262425 covered employees, 236144 were provided with medical examinations by their employers.

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 cooperation with the public or private organisations, to take appropriate measures designed inter alia to remove as far as possible the causes of ill-health.

As stated in the previous report of Republic of Macedonia from 2012, in relation to this Article, the Constitution of Republic of Macedonia guarantees a universal access to health protection for all citizens of the Republic of Macedonia. Pursuant to the Law on Health Protection, as well as the Law on Health Insurance, the right to health protection shall be equally guaranteed to all citizens of Republic of Macedonia and to the foreigners with legal residence and work in Republic of Macedonia.

The new Law on Health Protection (Official gazette of Republic of Macedonia No. 43/2012, 145/2012, 87/2013, 164/2013, 39/2014, 43/2014, 132/2014, 188/2014, 10/2015, 61/2015, 154/2015, 192/2015, 17/2016 and 37/2016) creates conditions for development of the health protection system throughout the territory and on all levels and conditions for equal distribution and availability of health facilities in geographical areas through a network of health facilities. In this manner the availability of the health institutions for all citizens is improved and a continuous health protection for the needs of the population within the health institution network is established. Law determined the types of health institutions, activities that can be performed by levels of health protection and the conditions to perform the activity. For the benefit of promoting the quality and safety of health services, health institution accreditation system and criteria and indicators to monitor the quality is in process of establishing.

Health institution network, provided and guaranteed by the state, is composed of public and private health institutions meeting certain criteria and conditions determined by law. Health activity performed in the institutions that are part of the network is provided by Republic of Macedonia for the needs of all citizens and is financed by the funds from the mandatory health insurance through the Health Insurance Fund of Macedonia and the state budget, co-payment with personal funds of the insured persons in accordance with the regulations in the area of mandatory health insurance and the medical services, the patients pay with personal funds under the conditions determined by law. Health institution network is determined by the Government of Republic of Macedonia based on precise criteria, organized in three groups: total health needs of the population in certain geographical area; personnel and material resources of the institution that will be part of the network; type, scope and quality of health services to carry out the institutions in the network. Institutions that are part of the network provide health services covered in the health service package pursuant to the health insurance regulations, under the same conditions and at the same price for all insured persons. The network, besides public, also includes private health institutions performing health activity based on awarded licence for performing activity within the network. The law also

stipulates an Emergency Care Network for all levels of health protection, occupational medicine network and public health network.

Pursuant to the Law on Health Care, the health protection is based on the unity of preventive, diagnostic, therapeutic and rehabilitation measures and the principles of accessibility, rationality and continuity, and on the modern and confirmed achievements in the medical and other sciences and on the ethics of health workers. It includes the basics of the health insurance system, the rights and responsibilities of the health service providers, organizational structure and use of health protection resources.

The health care activity is performed in health institutions which, pursuant to the law, can be established as public (established by the Government of Republic of Macedonia) and private (established by domestic and foreign natural and legal entities). All health institutions are established under equal conditions and can without any limitation perform the activity they are established for in all three levels of health protection, if the conditions in connection to premises, equipment and staff, regulated by special bylaw, are provided.

According to the Law, our system contains the following types of health care institutions: 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, besides the Law on Health Care, is also regulated by large number of other laws and bylaws (in the area of contagious disease protection, blood safety, public health, protection of patient rights, organ and tissue transplantation, bio-medically assisted fertilization, mental health, records in health area, medicines etc.).

In the fields of developed Aquis, such as blood safety, tissue and cells, contagious diseases, tobacco control, the provisions are transposed in the national legislation. In other fields, the national legislation follows the European recommendations and policies.

Pursuant to the 2020 Health Strategy, and to the benefit of improvement and promotion of public health, the health policy is directed towards the following priorities: raising the quality of health services at all levels, strengthening primary health care and prevention, and establishing a stable system of financing health care for all citizens based on the principles of reciprocity, equality and solidarity.

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

Given that the health is a factor affecting the population's social position and represents a condition for economic development of the country, the Government accepted the approach "health in all policies" and remains committed to the demands for greater engagement of other departments related to the public health issues in specific area (environment, transport and relations, social affairs,

education, sports and youth etc.) in its preparation of sectoral policies and legislation. There are multi-sectoral committees established and functioning, that are committed to the multidisciplinary issues (domestic violence, child protection, mental health, emergencies etc.) In the legal procedure for adopting a law, the formal opinion of other relevant departments in the cross-sectoral and multidisciplinary issues (environment, social protection, health protection, public health etc.) is mandatory.

Adopted Strategies and Action Plans:

1. 2012-2016 National HIV/AIDS Strategy;
2. 2013-2017 National Tuberculosis Control Strategy;
3. Second Action Plan for Food and Nutrition;
4. 2012-2016 National Antimicrobial Resistance Control Strategy;
5. 2012-2020 Immunization Strategy in Republic of Macedonia with 2012-2015 Action Plan;
6. 2014-2020 National Drugs Strategy of Republic of Macedonia.

Intersectoral documents (EU “Health in all Policies” policy implementation)

1. Decade of Roma; Strategy for Roma in Republic of Macedonia 2014-2020;
2. Second National Strategy of Republic of Macedonia on Improving Road Safety 2015-2020;
3. Domestic Violence Prevention Strategy 2012-2015;
4. Gender Equality Strategy 2013-2020 and National Action Plan for gender Equality 2013-2016.

Pursuant to the Law on Health Care, each year are adopted budget-financed public health programmes:

1. National public health programme which secures the means to implement measures to assess environmental health risks linked to the quality of drinking water, surface water, air quality, chemical contaminants in food, environmental noise, assessment of health and environmental risk from ionizing radiation (external gamma radiation, radiation in air, water, soil, ionizing radiation of foodstuffs), risks arising from the presence of residues of pesticides, heavy metals, prevention measures, health risks related to nutrition, early detection and eradication of contagious diseases, measures for prevention of risk factors for non-communicable diseases, health statistics and education of the population, health and safety at work for the unemployed and farmers.
2. General medical examination programme for elementary, secondary and undergraduate students through which assets for activities of periodical free general medical examinations of elementary, secondary and undergraduate students are provided for early detection of deformities and other diseases;

3. Mandatory population immunization programme through which all children at the age of 0-18 years are provided with the required vaccines pursuant to the immunization calendar;
4. Active mother and child health protection programme containing preventive examinations in pregnant women, home visits mothers and infants and preparation of appropriate educational materials. The programme provides free of charge medical examinations of pregnant women and children;
5. Blood donation organization and promotion programme with measures directed towards providing sufficient quantities of safe blood for the entire population;
6. Population HIV/AIDS protection programme containing activities for early detection and treatment of patients with HIV/AIDS;
7. Programme for research of occurrence, prevalence, prevention and eradication of brucellosis among people with activities for education of the population for prevention measures, and for early testing and detection of persons with brucellosis from risk groups;
8. Preventive measure programme for tuberculosis prevention with activities for early detection of tuberculosis among different groups and education of the population for preventive measures;
9. Programme for early detection of malignant diseases with activities for pilot screening of uterine cancer, breast cancer and colon cancer;
10. "Health for all" programme with activities for preventive medical examinations of all population (checking blood pressure, height, weight, sugar and fat in the blood) and distribution of brochures on healthy living and healthy eating;
11. Programme for health protection of persons with mental illnesses through which funds to treat persons with mental illnesses is provided;
12. Programme for health protection of persons with addictions through which activities for treatment of persons addicted to drugs and alcohol are implemented;
13. Rare diseases treatment programme through which funds for treatment of patients with rare diseases in Republic of Macedonia are provided;
14. Programme for co-payment in using health protection to certain contagious diseases of citizens and health protection of mothers and infants through which persons with certain contagious and other serious diseases, mothers and new-borns are released of fee paying in the use of health services;
15. Programme for complete health insurance and health protection of the citizens of Republic of Macedonia through which funds for health insurance of the uninsured persons in Republic of Macedonia are provided;
16. Program for providing insulin, glucagon, insulin needles, strips measuring sugar and education for treatment and control of diabetes through which funds for treating the people with diabetes are provided;

17. Programme for provision of costs for patients treated with dialysis and activities for patients with haemophilia in Republic of Macedonia through which funds for treatment of patients with the stated diseases are provided;

18. Physician and medical personnel education programme through which funds for education of health workers employed in the public health institution in Republic of Macedonia are provided;

19. Cardiovascular disease prevention programme in Republic of Macedonia through which funds directed towards prevention, early detection of risk factors and reduction of mortality and disability resulting from cardiovascular diseases are provided.

20. Program providing funds for hospital treatment at no charge (co-payment) for pensioners in Republic of Macedonia through which funds for payment of hospital treatment co-payment of pensioners whose pension is lower than the average pension in Republic of Macedonia;

21. Transplantation programme through which are provided funds intended to facilitate the procedure of organ and tissue transplantation, increase of the number of transplanted organs and tissues and creation of a system that will provide quality, monitoring and safety of the procedures.

The budget for implementation of the public health programmes continued increasing in 2015 as well, and it amounts about MKD 4,973,000,000 (EUR 64.5 mil) compared to 2012 when it amounted about MKD 2,635,000,000 (EUR ~42,8 mil).

Investments in Health

In order to improve the quality of the health protection and the conditions for stay in health institutions, the Ministry of Health procures new modern medical equipment on continuous basis. The implementation of the project for upgrading and reconstruction of health institutions is ongoing, and activities for construction of new Clinical Hospital in Shtip and Clinical Centre Skopje have started.

State Sanitary and Health Inspectorate (SSHI) is competent to control the enforcement of the extensive health legislation.

Annual report for supervisions conducted by the State Sanitary and Health Inspectorate for the period 2012-2015								
Facilities subjected to sanitary - hygienic and health supervision	2012		2013		2014		2015	
	Performed controls	Adopted decisions	Performed controls	Adopted decisions	Performed controls	Adopted decisions	Performed controls	Adopted decisions
Educational, social and children facilities	1160	492	1809	932	1676	952	1429	752
State healthcare facilities	2718	578	2202	378	2333	382	2099	302

Private healthcare facilities	1357	234	1430	262	1883	314	2413	302
Catering facilities	129	47	295	98	307	99	342	65
Production and trade of cosmetics, toys, items for general use	304	91	249	94	479	150	491	171
Facilities for provision of hygienic care to the population (beauty shop, barber shop, beauty salons, fitness halls and similar facilities)	331	112	220	41	277	50	239	63
Recreational facilities - swimming pools, surface water	75	27	71	24	79	21	65	28
Other facilities	401	227	942	157	780	135	474	146
Transmission of deceased persons		75		77		75		100
Protection from smoking ¹	2620		2084		3318		4328	
Vaccination control ²	261		144		103		96	
Medical waste management ³	2875		1751		2262		3124	

Source: State Sanitary and Health Inspectorate

Annual report for supervisions conducted by the State Sanitary and Health Inspectorate for the period 2012-2015

Facilities subjected to sanitary and hygienic and health supervision	Total			
	2012	2013	2014	2015
Controls with prepared minutes	6550	7312	7912	7677
Adopted decisions in administrative procedure	1958	2063	2178	1929
Closed facilities	36	33	22	14
Submitted requests for misdemeanour procedure	134	58	80	42
Submitted criminal charge	2	2	2	2

Source: State Sanitary and Health Inspectorate

¹ Data on the adopted decisions related to the stated area – subject of control are incorporated in the total number of adopted decisions.

² Data on the adopted decisions related to the stated area – subject of control are incorporated in the total number of adopted decisions.

³ Data on the adopted decisions related to the stated area – subject of control are incorporated in the total number of adopted decisions.

In Republic of Macedonia, the preventive health protection is organized through the network of the Public Health Institute, 10 public health centres, Occupational Medicine Institute, preventive teams within 34 health Centres, Institute for Health Protection of Mothers and Children and institutes for mental health in Skopje and Bitola. Hospital activity is conducted in 29 university clinics, 1 University Clinic for Maxillofacial Surgery, 3 clinical hospitals, 13 general hospitals, 7 special hospitals, 5 rehabilitation institutes – Centres, 4 institutes. Health protection is also implemented by 12 institutes at the Faculty of Medicine at the Ss. Cyril and Methodius University, the University Dental Centre with 7 clinics, Institute of Transfusion Medicine.

In 2015 in the Republic of Macedonia, in the hospital inpatient activity there is a total of 9084 beds or 4.4 beds per 1000 citizens, 272 or 3.0% of which are in the private hospitals. General hospitals have a total of 4173 beds or 2 beds per 1000 citizens, where 53.9% are internist, while the other belong to the surgical group of beds. 154 beds are distributed to 37 outpatient clinics that function within the hospitals in the country. Of the total number of beds, 2/3 or 6199 are for short-term hospitalization of patients with acute conditions. The others are intended for long-term hospitalization, 1139 of which are intended for patients with mental illnesses, behavioural conditions and disorders.

View of the number of hospital beds

2012	Total beds	Per 1000 inhabitants	%	2013	Total beds	Per 1000 inhabitants	%
Total number of beds	9076	4.4		Total number of beds	9177	4.4	
Number of beds in private hospitals	270		3.0%	Number of beds in private hospitals	268		2.9%
Total number of beds in general hospitals	4177	2.0		Total number of beds in general hospitals	4192	2.0	
Internal medicine group	2252		54.0%	Internal medicine group	2222		53.0%
Surgical group	1925		46.0%	Surgical group	1970		47.0%
Outpatient clinics within hospitals	151			Outpatient clinics within hospitals	201		
Of the total number of beds, 2/3 are for short-term	6203			Of the total number of beds, 2/3 are for short-term	6252		

hospitalization of patients with acute conditions				hospitalization of patients with acute conditions			
The others are intended for long-term hospitalization, of which the following number is intended for patients with mental illnesses.	1161			The others are intended for long-term hospitalization, of which the following number is intended for patients with mental illnesses.	1128		

Source: Public Health Institute of Republic of Macedonia

2014	Total beds	Per 1000 inhabitants	%	2015	Total beds	Per 1000 inhabitants	%
Total number of beds	9088	4.4		Total number of beds	9084	4.4	
Number of beds in private hospitals	287		3.2%	Number of beds in private hospitals	272		3.0%
Total number of beds in general hospitals	4138	2.0		Total number of beds in general hospitals	4173	2.0	
Internal medicine group	2192		53.0%	Internal medicine group	2249		53.9%
Surgical group	1964		47.0%	Surgical group	1924		46.1%
Outpatient clinics within hospitals	141			Outpatient clinics within hospitals	154		
Of the total number of beds, 2/3 are for short-term hospitalization of patients with	6183			Of the total number of beds, 2/3 are for short-term hospitalizati	6199		

acute conditions				on of patients with acute conditions			
The others are intended for long-term hospitalization, of which the following number is intended for patients with mental illnesses.	1162			The others are intended for long-term hospitalization, of which the following number is intended for patients with mental illnesses.	1136		

Source: Public Health Institute of Republic of Macedonia

In the health care system, in addition to the public, also operate about 4000 private health institutions, most of which are general and dental practices, and specialist clinics of all branches of medicine and stomatology, polyclinics for primary and specialist consultative health activity, and there are about 150 biochemical and microbiological laboratories. There is an increasing trend of establishing private health institutions of higher levels.

The medical personnel is professionally trained and follows modern trends in the medicine and other sciences.

Medical human resources in the healthcare service in the RM				
	2012	2013	2014	2015
Number of medical doctors (TOTAL)	5755	5804	6035	5975
Number of medical doctors per 1000 inhabitants	2.79	2.81	2.92	2.89
Number of dentists (TOTAL)	1652	1705	1762	1824
Number of dentists per 1000 inhabitants	0.80	0.83	0.85	0.88
Number of pharmacists (TOTAL)	888	930	1002	1029
Number of pharmacists per 1000 inhabitants	0.43	0.45	0.48	0.50
Number of nurses (TOTAL)	7421	7587	7749	7884
Number of nurses per 1000 inhabitants	3.60	3.67	3.75	3.82
Number of obstetricians (TOTAL)	1188	1141	1119	1052
Number of obstetricians per 1000 inhabitants	0.58	0.55	0.54	0.51

Source: Public Health Institute of the Republic of Macedonia

Life expectancy and principal causes of death				
Indicators	2012-2014		2013- 2015	
	Life expectancy (TOTAL)	75.25		75.41
Life expectancy (MEN)	73.29		73.46	
Life expectancy (WOMEN)	77.25		77.41	
	2012	2013	2014	2015
Mortality rate of infants / 1000 live births	7.8	8.5	9.9	
Perinatal mortality rate / 1000 born	12.8	14.4	12.7	

Source: Public Health Institute of the Republic of Macedonia

Major chronic diseases in the country and at the same time leading causes of death in the Republic of Macedonia remain the diseases of the circulatory system with 57.2% and malignant neoplasms with 18.9% of the total number of deceased persons.

Hospital morbidity in the Republic of Macedonia according to groups of diseases for the period 2012-2014				
Diseases	Morbidity per 100,000 inhabitants			
	2012	2013	2014	RANKING
REPUBLIC OF MACEDONIA	976.9	930.6	953.7	
Neoplasms (C00-D48)	179.0	177.0	180.4	II
Endocrine, nutritional and metabolic diseases (E00-E90)	41.4	40.6	40.0	IV
Circulatory system diseases (I00-I99)	578.6	537.9	545.1	I
Respiratory system diseases (J00-J99)	38.6	32.2	34.7	V
Digestive system diseases (K00-K93)	18.9	18.5	19.1	
Genitourinary system diseases (N00-N99)	14.9	13.6	13.1	
Certain conditions occurring in the perinatal period (P00-P99)	8.5	8.4	8.3	
Symptoms, signs and findings not classified elsewhere (R00-R99)	52.4	58.8	70.5	III
Injuries and poisonings (S00-T98)	28.3	26.7	23.8	VI
Other	16.3	16.9	18.7	

SOURCE: State Statistical Office

PROCESSING: Public Health Institute of the Republic of Macedonia

Undertaken Measures

Within the preventive activities of the primary care physicians there are preventive objectives and activities introduced with the aim of diabetes (Diabetes mellitus) detection, kidney (nephrological) disorders and cardiovascular diseases in the population at 14-65 years of age.

Apart from the preventive programs of the Ministry of Health, financed by the Budget of Republic of Macedonia stated in the previous 2012 Report, in the course of 2013 the following programmes were introduced:

- Cardiovascular Disease Programme;
- Health Worker Education Programme; and
- Programme for Provision of Funds for Hospital Treatments for Pensioners without co-payment in the Republic of Macedonia.

During 2014, a Programme for Transplantation has been introduced.

Following the completion of the activities determined in the Second Action Plan for Food and Nutrition of the Republic of Macedonia, valid from 2009 until 2014, a process of adoption of the Third Action Plan for the period 2016-2025 has been initiated. This action plan, as the previous one, aims to highlight the main challenges of public health in the field of nutrition, food safety and safe food supply, facing the non-communicable diseases related to the nutrition, especially the obesity, deficiency of micro-nutrients and diseases related to food, in the context of the timeframe in which it will be present. Activities from the action plan referring to a nutritional status assessment among preschool and school children due to early detection of risk factors for cardiovascular diseases related to the nutrition habits of the children are implemented through the National Public Health Programme.

The Public Health Institute of the Republic of Macedonia (PHIRM) as public health institution implementing the policies of nutrition and public health, tends to achieve the following goals, promoted in the draft-Third Action Plan for Food and Nutrition in the Republic of Macedonia, such as:

- Creating environments with healthy food and beverage;
- Promotion of benefits from healthy nutrition in the course of life, especially for the most vulnerable groups;
- Strengthening of the health system in order to promote healthy nutrition;
- Support to research, monitoring and evaluation in the field of nutrition; and
- Strengthening the management, inter-sectoral network and networks for access to the health in all policies.

Mortality of Infants and Mothers

The mortality rates among infants and young children are constantly reducing, while the structure of deceased infants according to the cause of death is characterized by a model that can be noticed in the developed countries from the European region. Both in Republic of Macedonia and OECD countries, congenital malformations and perinatal causes are the leading causes of death among infants.

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Basic Indicators on health of mothers and children in the Republic of Macedonia					
Indicator	2012	2013	2014	2015	<i>Difference 2014/2015</i>
Number of live births	23568	23138	23767	23075	↓
Maternal mortality (per 100.000 live births)	4.2	4.3	12.7	-	↓
Perinatal mortality (per 1000 births)	12.8	14.3	12.7	12.8	→
Infant mortality (per 1000 live births)	9.7	10.2	9.9	8.6	↓
Mortality of children under the age of 5 (per 1000 live births)	11.0	11.3	10.7	9.7	↓
% of live births with bodyweight under 2500 grams	7.2	7.4	7.2	7.6	↑

Source: Information on the health of mother and children in Republic of Macedonia in 2014, Institute for Health Protection of Mothers and Children, Skopje

In Republic of Macedonia, the infant mortality rate has a declining tendency, and in 2015 it amounts 8.6 per 1000 live births. In the reporting period (2012-2015), again, most often causes of infant mortality (0-12 months) were the perinatal causes and congenital anomalies. In prenatal causes the premature birth dominates.

INFANT MORTALITY RATE IN REPUBLIC OF MACEDONIA PER REGIONS FOR THE PERIOD 2012-2015

Regions	2012	2013	2014	2015
Republic of Macedonia	9.8	10.2	9.9	8.6
Pelagonia	9.7	12	8.3	10.4
Vardar	6.9	16.8	6.9	8
Skopje	11.6	10.4	8.7	8.3

¹ Organisation for economic cooperation and development (OECD)(2007), Review of Health 2007: OECD Indicators

North-eastern	5.3	11	9.5	9.6
Southwestern	8.2	9.4	8.9	7.4
East	9.1	8.4	11.8	7.5
South-eastern	11	5.7	12.2	9.4
Polog	10.2	9	13.7	8.5

Source: Institute for Health Protection of Mothers and Children, Skopje

In 2015 the highest infant mortality rate, per regions, has the Pelagonia Region (10,4‰) and lowest the Southwestern Region (7.4‰).

INFANT MORTALITY RATE ACCORDING TO EDUCATION OF MOTHER IN REPUBLIC OF MACEDONIA IN THE PERIOD 2012-2015

Education of the mother	2012	2013	2014	2015
Without education and uncompleted primary education	15.9	16.4	12.4	10.4
Primary education	11.1	13.7	8.7	8.5
Secondary education	9	7.4	9.3	8.3
Higher education	4.7	5.9	6.6	5.1

Source: Institute for Health Protection of Mothers and Children, Skopje

In 2015, the highest mortality rate was noticed among mothers with incomplete or primary education completed only (over 12,4‰,) while among the mothers with higher education that rate amounts 6,6‰.

INFANT MORTALITY RATE ACCORDING TO THE MOTHER'S ETHNICITY

Mother's ethnicity	2012	2013	2014	2015
Macedonian	8.2	8.4	10.7	7.7
Albanian	10.8	11.9	8.6	10.3
Roma	11.6	17.4	14.2	11.8
Turkish	16.5	8.1	7	4.5
Other	10.1	9	6.6	10.0

Source: Institute for Health Protection of Mothers and Children, Skopje

In connection to the ethnicity, the highest infant mortality is among mothers of Roma nationality (11,8‰), among Macedonians it amounts 7,7‰, among Albanians it is 10,3‰, among Turkish it amounts 4,5‰, and other 10,0‰.

Main characteristics of the infant mortality are the existing disparities about the region of living, age and the education level of the mother, as well as the ethnicity of the mother.

Health of Pregnant Women and Children

Guiding documents that regulate this area are the Law on Health Care and the Strategy for Safe Motherhood, which is implemented through activities determined in the Programme for Active Health Protection of Mothers and Children directed

towards reduction of the mortality and morbidity among pregnant women and infants.

Preventive activities and health services about promoting the health of children at the age of 0-6 years, directed towards monitoring the growth and development and protection from contagious diseases, are constantly implemented through the operation of the prevention teams and providing support to the families with young children in order to promote the health through the home visits service and realization of the prevention aims/activities at selected primary care physician in order to monitor the proper growth and development through: preventive examinations for children up to 30 days old, detecting anaemia at children up to 12 months old, obesity, asthma and flat foot in children up to 6 years of age.

The health protection and treatment of sick children is conducted through:

- the work of the primary care physicians;
- the activities from the annual programme for general medical examinations by which preventive general medical examinations of infants are conducted annually by the prevention teams such as: 3 examinations per infant in 3, 6 and 9 month of his/her life, as well as preventive general medical examinations in children at age 2 and 4;
- the visits by the Nursing (Patronage) Service. Nursing visits are performed at infants – in the infancy period, at the age of 4, 7 and 12 months, as well as additional 2 nursing visits of families at high social and health risk and families in Roma communities, then nursing to women who have recently given birth visits and new-borns (2 nursing visits for each), while among women who gave birth at home and women who have recently given birth belonging to the families from the socially vulnerable groups of families and Roma families there were more home visits conducted, as foreseen by the preventive programme of the Ministry of Health;
- The programme for active health protection of mothers and children provides funds for performing early detection of diseases among new-borns, infants and young children, such as: thyroid screening in all new-borns in the Republic of Macedonia, detection of metabolic diseases such as selective screening by indication in children who are outpatient and inpatient treated in the Clinic for Children's Diseases, screening for early detection of visual impairment in infants under health risk and neonatal screening for hearing loss in new-borns;
- Implementation of prenatal screening for cardiovascular system malformations, in accordance with the Guidelines on the Manner of Performing Health Activity which refers to the early detection of congenital heart diseases in new-born;
- performance of screening for haematological conditions, screening for haemoglobinopathies, screening for foetal abnormalities, screening for Down syndrome screening for infections and screening for clinical conditions, pursuant to the Guidelines on Performing Health Activities Relating to Antenatal Examinations in pregnancy in certain gestational periods;

- The programme for compulsory immunization of the Republic of Macedonia's population contributes to maintain high coverage with regular immunization.

Health protection of mothers and children is implemented through the selected primary care physicians, preventive health teams, nursing service and hospital departments. Health services levels are in accordance with the needs of the population and the scope of preventive health care as defined by the Program for Health Care of Mothers and Children.

In this reporting period the preventive health services to promote the health of mothers and children by the public health sector have been continuously provided. The number of provided services is given in the table below.

CONDUCTED HEALTH SERVICES IN THE PROTECTION OF THE MOTHER AND CHILD HEALTH IN THE REPUBLIC OF MACEDONIA IN THE PERIOD 2012-2015

Type of health services in the protection of mothers and children	2012	2013	2014	2015
Number of councils on family planning	5858	4610	10112	7084
Number of ordained contraceptives	3912	4348	3446	3461
Number of antenatal examinations	107419	9983	112259	119703
Rate of antenatal examinations in the first trimester	40%	36%	32%	29%
Number of home visits to pregnant women	20892	18291	17020	17334
Rate of women who delivered with professional assistance	99.7	99.8	99.8	99.9
Number of nursing visits to mothers, who have recently given birth	58325	54664	51340	49257
Rate of nursing visits to mothers, who have recently given birth	89%	92%	83%	83%
Number of nursing visits to infants	116334	107035	98214	94261
Rate of nursing visits to new-borns	84	89	88	83
Number of examinations for monitoring the growth and development of children 0-6 years of age	77147	61617	60065	66616
Number of examinations of sick children	1129022	1168494	1114374	1143374
Number of hospitalized children in paediatric departments	27447	26666	29718	22188

Source: Information on health protection of mothers and children in the Republic of Macedonia, Institute for Health Protection of Mothers and Children, Health Centre Skopje (September 2016)

In 2016, Strategic Operating Procedures (SOP) were drafted, and also trainings for breastfeeding and complementary feeding in times of crises for medical and non-medical personnel, engaged in migrant transit centres were conducted, in cooperation with UNICEF.

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 P.00 - P.99), as a group of causes related to pregnancy, childbirth and puerperium.

Policy for fight against infant and maternal mortality

The measuring of the rate of the maternal mortality is a complex process, and this indicator in the Republic of Macedonia has an oscillatory flow.

Rate of maternal mortality				
Maternal mortality (per 100.000 live birth)	2012	2013	2014	2015
	4.2	4.4	12.7	no registered death

Source: Information on the health of mothers and children in the Republic of Macedonia
Institute of Health Protection of Mothers and Children, Skopje

The deliveries with professional help are maintained at a high level. Giving birth in a health institution is an adopted standard in the health care and in 2014 the percentage was 99.8%.

In order to improve the maternal health, in 2012, the following measures were undertaken:

- A maternal health card was made, that each registered pregnant woman receives it for providing continued health protection during pregnancy, nursing and child protection after birth. The maternal health card is a health profile of every pair of mother-child in which are noted all health conditions and interventions performed in order to improve the health.
- Activities to strengthen the capacity of health workers in providing better services (this workshops covered 150 doctors and nurses who provide preventive health care for infants and toddlers as well as 150 visiting nurses) were conducted.
- 5 regional workshops for the parents in the Roma communities to strengthen the parental skills in stimulating healthy growth and development in young children were conducted. This measure includes 230 parents of preschool children
- Guidelines for the work of the public-health nursing for health education of the families with preschool children were prepared. Promotional activities to raise awareness for the importance of immunizations in children (Week of immunization) by distributing health educational materials to parents and

organization of promotional events in the municipalities and in the city of Skopje were conducted.

In order to improve the maternal health, the following measures were adopted in 2013:

- An Action plan to improve maternal health and to reduce perinatal and infant mortality was prepared (2013-2014);
- Trainings of multidisciplinary teams were conducted for reorientation of strategies, programs and activities towards reducing the health inequalities and a revision was conducted to the Program for active health care of mothers and children in cooperation with the Office of the World Health Organization;
- It was performed an assessment to the system of family planning and the needs of the health workers for trainings on family planning in 2013, in cooperation with the United Nations Population Fund.

In order to improve the maternal health, the following measures were undertaken in 2014:

- Curricula and training module for the training of health workers in primary health care (family doctors and visiting nurses) for counselling on family planning were prepared;
- Two day trainings for all medical specialists in family medicine in the Republic of Macedonia were conducted;
- Trainings for revision of the maternal morbidity and mortality (near-miss cases review) in cooperation with the United Nations Population Fund were conducted;
- Trainings for preparing clinical guidelines on multidisciplinary teams (gynaecologists, neonatologists, paediatricians, public health specialists) were conducted, in cooperation with the United Nations Population Fund and the East European Institute on Reproductive Health of Romania;
- A Working group for the preparation of clinical guidelines was formed;
- A Clinical guideline for management of postpartum haemorrhage was prepared, and the same has been adopted by the Professional Association of Gynaecologists;
- The Centre for Perinatal Statistics within the Clinic of Gynaecology and Obstetrics was reactivated, which collects, processes and analyses the data for perinatal care (quality of services, and indicators of perinatal health of primary, secondary and tertiary health protection) and which is then used to create recommendations for improvement of the services;
- Preparations were initiated for expert revision of the perinatal and neonatal mortality in order to improve the existing clinical practice at the level of antenatal, intrapartum and postpartum care, to improve infrastructural and organizational factors and to identify social factors by the mother (instruments and methodology were also prepared);
- An assessment was conducted for all the maternity hospitals in the country in order to assess the availability, utilization and quality of the emergency obstetric/neonatal care.

In order to improve the maternal health, the following measures were undertaken in 2015:

- Based on the recommendations of the assessment, an Action plan for improving the emergent obstetric care was prepared based on the indicators of the United Nations;
- Trainings were realized for the gynaecologists from the maternity hospitals for the methodology of conducting expert revision of the maternal morbidity and mortality (near miss cases) in order to provide systematic improvement of the quality of health care during pregnancy, childbirth and postnatal period;
- A module on health of adolescents was introduced, also including Sexual reproductive health in the curriculum for family medicine in order to provide education and sensibilization of the health workers in primary health care for sexual and reproductive health of adolescents and young people, especially in working with vulnerable and marginalized groups, with particular attention to the components of confidentiality and privacy;
- The system for monitoring the rate of perinatal mortality on national and local level was strengthened (Centre for Perinatal Statistics);
- The system for care and nursing of new-borns at risk was strengthened (an equipment was procured for the maternity and neonatal wards in the hospitals, and trainings for intensive neonatal care were conducted);
- A system for early detection of cervical cancer was established by organized screening and actively calling women to perform gynaecological examination by taking a Pap smear;
- A screening program for early detection of breast cancer was established.

Furthermore, through the Annual participation program in the use of health care for certain diseases of the citizens and health care of mothers and infants, each woman has the right of free delivery, including an operational one, and furthermore, the participation on health screening in pregnancy for all previously payable examinations is now abolished (microbiological and biochemical analyses) in order to reduce financial barriers.

Within the Program for education of health worker, an education for health workers in public health institutions is provided (including gynaecologists) for the application of new methods of diagnosis and treatment in order to provide better quality of the health care services, while the gynaecologists provide free examinations during pregnancy.

Management of waiting lists in health care

Regarding the specific question by the European Committee of Social Rights, in relation to the average waiting time for specialist and hospital treatment¹, we inform you that according to the Law on Health Care, the sequence of use of specialist and advisory and inpatient health services, as well as the order of performing surgery in the network of secondary and tertiary level of health care, and the waiting time for their use, the waiting is conducted by:

- providing health service depending on the health condition of the patient and the assessment of the further course of the treatment that the chosen doctor explained in the referral, i.e. the assessment of the specialist doctor of the relevant branch of specialty from the health institution in which the health service was performed, and in accordance with the priorities based on evidence-based medicine;
- the type of health service;
- the time of registering the patient for the use of health service; and
- available capacity in terms of space, equipment and staff for providing the health service.

The sequence of use of the services within the type and scope of health services stipulated in the contract of the health institution with the Fund, the health institution administers within the integrated health information system, like an electronic list of scheduled examinations and interventions for the use of health services in accordance with the Regulations on content of the data kept in electronic list of scheduled examinations and interventions for the use of health services and the manner of its performance (Official Gazette no. 87/12 and 46/99). For the development and improvement of integrated health information system, a Department for electronic health as a body within the Ministry of Health was established. According to the data from the last 6 months, the general average waiting time from the moment of appointment to the realization of the specialized examination is 7 days.

The waiting time for individual specialties is given bellow:

Waiting time for individual specialties according to the data from the last 6 months of 2016

Specialty/examination	Waiting time/days
Emergency Care	0
Emergency medicine	0
Anaesthesiology with reanimation and intensive treatments	0

¹ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 4.

Paediatrician	0,5
Pathological anatomy	1
Medical biochemistry	1
Infectology	1
Rectoscopy	1
Qualified psychologist	1
Radiotherapy	1
General surgery	2
Pneumophysiologist	2
RTG (X-ray)	2
Anaesthesiology with intensive treatment	2
Cardiac surgery	2
Uroflow	3
Paediatrics	3
Paediatric surgery	3
Prosthodontics	3
Trauma	3
Spirometry	3
Digestive surgery	3
Mammography	3
Neurologist	3
Dermatovenereology	3
Otorhinolaryngology	3
Obstetrics and Gynaecology	4
Orthodontics	4
Oral surgery	5
Sports medicine	5
Maxillofacial surgery	5
Haematology	5
Neuropsychological testing	6
Plastic and Reconstructive Surgery	6
Neurosurgery	6
Vascular surgery	6
Neuropsychiatry	6
Neurophysiological devices	7
Psychiatry	7
Dermatological devices	7
Committee examination	7
Medical genetics	7
Neurology	8
Qualified psychologist	8
Immunology	8
Internal medicine	8

Doppler	8
Occupational medicine	8
Nephrology	8
Gastroenterohepatology	9
Qualified defectologist - somatopedist	9
Radiotherapy and Oncology	9
Urology	10
Qualified defectologist	9
Transfusion medicine	10
EEG (Electroencephalography)	10
Pulmonology and Respiratory Allergy	10
Physical medicine and rehabilitation	11
Ophthalmology	11
Ophthalmic devices	11
Ultrasound diagnostics	11
Gastroscopy	12
Defectological Sciences	11
Radiology	12
Orthopaedics	13
Medical psychology	13
Endoscopic interventions	13
Diabetes	13
Sperm tests	14
Cardiac stress test (CST)	16
Chest surgery	16
Cardiology	16
Endocrinology	17
Echocardiography	17
Helicobacter	18
Qualified speech therapist	18
Defectologist-speech therapist	19
Rheumatology	19
Pacemaker	20
Colonoscopy	20
Nuclear medicine	20
Pulmonology devices	20
Qualified defectologist-speech therapist	23
Intravenous urography	26
Holter	26
Densitometry	31
EMG (Electromyography)	64

Source: Ministry of Health, Department for Electronic Health

Patients' rights in case of injury caused by the health care system

Regarding the specific question by the Committee for Social Rights on the undertaken measures to strengthening the rights of the patients², especially with regard to filing complaints and obtaining compensation for the damage caused by the system of health protection, we inform as follows:

1. In order to provide better insight and information for the citizens and patients about their rights to health care and the ways of protecting those rights, which will facilitate their implementation, as well as to establish a stronger protection of patients against violation of their rights and to create an environment for the active participation of the patient in deciding about his life and health, the Law on the Protection of Patients' Rights was adopted (Official Gazette no. 82/2008 and 12/2009). The Law more precisely regulates the protection of patients' rights in the use of health care, the rights and responsibilities of the patients, the duties of the health institutions and health workers and associates, municipalities and the Health Insurance Fund in protecting the patients' rights, the procedure for protection of patients' rights as well as control over the Law.

The law contains special chapter on protection of patients' rights which stipulates the right of the patient to an oral complaint, personally, by the parent or by his legal representative, to the director of the health institution, whose right has been violated (Article 46). Namely, according to Article 47 and Article 48, the patients have the right to a written complain to the director of the health institution within eight days from the day of the violation of the right or from the realization that the right has been violated, and the director is obliged to investigate the allegations in the complaint and to inform the patient or his legal representative within 15 days from the date of the reception of the submission.

Apart from this, the Article 49 regulates the right to a written complaint to the director of the health institution, the patient has the right personally, through his parent or through his legal representative to submit complaints to the Ministry of Health, the competent authorities and other institutions.

At the same time, for everything related to the care, treatment and rehabilitation in the health facility, the patient has the right to file petitions and other submissions to the Ministry of Health, the authorities and other institutions. The Ministry of Health is obliged to inform the patient about his petition within 30 days.

And in regard to the realization and protection of the rights to health insurance, the Law refers to the regulations in the field of health insurance, under which the insured persons are entitled to appeal in accordance with the Law on

² European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 4.

Administrative Procedure. Health Insurance Fund of Macedonia is obliged to ensure the realization of patients' rights related to health insurance rights in accordance with the regulations in the field of health insurance and to provide professional assistance in the realization and the protection of the health insurance. To exercise these rights, offices were established in the regional units of the Fund for professional assistance to insured patients in the exercise and protection of the rights to health insurance, and the State Sanitary and Health Inspectorate acts upon the complaints of the parties in relation to the exercise of rights to health insurance in accordance with the Law on Health Insurance.

In the Law on Protection of Patients' Rights, the possibility of judicial protection of patients' rights is stipulated, for the violation of patients' right in a way and by the procedure determined by law (Article 53).

2. In accordance with the Law on Health Protection (*Official Gazette no. 43/2012, 145/2012, 87/2013, 164/2013, 39/2014, 43/2014, 132/2014, 188/2014, 10/2015, 61/2015, 154/2015, 192/2015, 17/2016 and 37/2016*), every citizen has the right to exercise the health care by respecting the highest possible standard of the human rights and values, i.e. has the right to physical and psychological integrity and security of his personality, as well as the respect of his moral, cultural, religious and philosophical convictions.

Article 152 of the Law stipulates that the health worker is ethically, professionally and materially responsible, and that the health institution assures the responsibility of health workers for the damage that could be caused in the performance of health services.

Article 193-a of the Law on Health Protection regulates the procedure in the case of responsibility of the health workers and health associates for non-application and non-compliance with the principles and rules of conduct. This Article regulates the right of the patient or family members of the patient to be able to file a complaint in writing or verbally on the record to the director, i.e. the directors of public health institution, by which they express their discontent with the non-application and non-compliance by the health workers and health associates of the principles and rules of conduct laid down by the Minister of Health with the rulebook on hospital culture accordingly. The director, i.e. the directors of public health institution are obliged to respond to the complainant on the merits of the complaint within 15 days of the receipt of the complaint. If in dealing with the complaint, it is determined that the right of the complainant was violated or damage has been done to him, the director, i.e. the directors of the public health institution shall take the necessary measures in accordance with the Law, to eliminate the violation of law, i.e. the damage, and the head of the internal organizational unit in the medical institution

where the health worker is assigned, i.e. the health associate against whom the complaint was filed, shall submit a request for initiation of disciplinary proceedings against that health worker, i.e. health associate against whom the complaint was filed, and disciplinary procedure shall be initiated for the disciplinary offense within three days after it is established that the right of the complainant was violated or damage has been caused to him and it shall inform the complainant on the same.

If it is determined that right was violated, or that damage has been done, a decision is made to impose a disciplinary measure for the disciplinary offense within 15 days of the implementation of the disciplinary procedure.

The Law also stipulates that the complainant has the right to submit a complaint to the Ministry of Health if he did not receive a notification for the establishing of a commission for conducting disciplinary proceedings for disciplinary offense i.e. that did not get a decision to impose a disciplinary measure for the disciplinary offense within the respective deadlines determined by law.

According to Article 39-a, paragraph 15 of the Law on Health Care, if properly scheduled appointment for medical examination of the patient cannot be realized for any reason related to the health institution, and the patient was not notified by phone or by SMS at least three hours before the appointment, the health institution in the network of secondary and tertiary level of the health care in which the appointment was scheduled, reimburses the travel expenses that the patient had due to failing to realize the appointment in the amount of the price for the ticket in the bus, within one day after the request for reimbursement of expenses.

3. The right to appeal is regulated by the Law on Mental Health, by which people with mental illness have the right to an oral complaint, personally or through their legal representative, to the director of the health institution if their right is violated (Article 26). Besides this right, people with mental illness have the right, personally or through their legal representative and in writing to submit a complaint to the director of the health institution, within eight days of the right violation or from the knowledge of the right violation (Article 27, paragraph 1). The obligation of the director of the health institution is to investigate the allegations in the complaint and to report his findings to the mentally ill person or his legal representative within 15 days from the date of reception of the complaint (paragraph 2).

Furthermore, the Law also regulates the right of persons with mental illness, regarding the care, treatment and rehabilitation in the health institution, personally or through their legal representative, to file complaints and other submissions to the Ministry of Health, the competent authorities and other institutions through the health institution (Article 28, paragraph 1). Responsibility of the Ministry of Health is to investigate the allegations in the complaint and to

notify the mentally ill person or his legal representative within 30 days (paragraph 2). And this Law stipulates the right to judicial protection for the conducted violation of rights of the mentally ill persons in the manner and procedure determined by law (Article 29).

4. The patients can exercise their right to appeal and in accordance with the Law on Handling Complaints and Suggestions (Official Gazette no. 82/2008, 13/13, 193/15, 156/15) according to which: "If, when acting on the complaint, i.e. the proposal, it is determined that by an act, action or measure the rights of the complainant were violated or harmed, i.e. the public interest determined by law was violated, the authority dealing with the complaint or the suggestion will notify the competent authority and shall demand taking necessary measures in accordance with the law to eliminate the violation of the right, i.e. the damages. In case when it is not acted upon the implication of paragraph 1 of this Article, the authority handling the complaint or the suggestion, shall notify the authority which supervises their work to take appropriate measures in accordance with the law (Article 15). The Law stipulates that for the offenses determined by the law, a competent court handles the criminal procedure and imposes a sanction (Article 22).

5. The Law on obligatory relations does not directly regulate the issue of damage compensation caused in treating or service received by the health system, but it contains provisions that regulate the issue of damage compensation, which also applies to damages caused in these cases. Article 9 stipulates that everyone is obliged to refrain from action that may cause harm to someone else, and also that if one shall wrongly cause damage to another, it is obliged to compensate it (Article 141, paragraph 1). In addition, the Law defines the damage as reduction of one's property (regular damage) and preventing its increase (lost benefits), as well as violation of personal rights (non-material damage) (Article 142). In terms of this Law, the personal rights are the rights to life, physical and mental health, honour, prestige, reputation, worthiness, name, privacy of personal and family life, freedom, intellectual works, and other personal rights (Article 9-a, paragraph 2).

Regarding the request by the Committee to be informed about the public spending on the programs for public health shown as a percentage of gross domestic income³, we inform you that according to the received data from the State Statistical Office for 2013, the costs of health care per capita amounted to MKD 13,388, wherein the cost of health care as a share of GDP were about 5.5%, and that share was not significantly changed in recent years.

³ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 5.

The budget for the annual public health programs which arise from the Law on Health Care are given as absolute numbers and are part of the Budget of the Ministry of Health.

Capacity of institutions for the rehabilitation of drug addicts

Regarding the general issue by the Committee on Social Rights, which is addressed to all the countries, and refers to the availability of facilities for the rehabilitation of drug addicts, and the range of facilities and treatments⁴, we inform you that:

The treatment for the drug addicts is available throughout the country, with over 12 centres for prevention and treatment of drug abuse and other psychoactive substances, and the Clinic for Toxicology and Emergency Medicine (which offers treatment only with buprenorphine). The treatment is available for all arrested and detained persons. The funds for the procurement of methadone and buprenorphine as well as the treatment for over 30 to 90 days at a daily hospital/hospital and the treatment of court cases addicts are provided through the Program for Health Protection for people with addiction in the country. The programme provides funds to treat around 1400 people addicted to opiates with methadone and around 200 people addicted to opiates with buprenorphine.

Appendix:

Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances:

1. National Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the Psychiatric Hospital, Skopje;
2. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the City General Hospital, Skopje;
3. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the Correctional Institution Idrizovo, Skopje;
4. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the Clinical Hospital Bitola;
5. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the Clinical Hospital Tetovo;
6. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Ohrid;
7. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Kumanovo;
8. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Veles;

⁴ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 5.

9. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Kavadarci;
10. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Shtip;
11. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Strumica;
12. Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Gevgelija;

Institutions for rehabilitation/resocialization/reintegration

1. Public institution, Inter-municipal centre for social work – Day - centre for drug users and members of their families - Ohrid;
2. Therapeutic community Pokrov (program for rehabilitation, resocialization and reintegration of persons addicted to drugs, psychotropic substances and behavioural dependency) NGO – Izbor Strumica (the Municipality of Strumica covers the expenses for three people who are social cases in Strumica for the treatment during the whole year). The therapeutic community cooperates with the Centre for Prevention and Treatment of Abuse and Addiction to Drugs and Other Psychoactive Substances at the General Hospital Strumica, where the patients during detoxification are treated with methadone, and a physician from the centre is leading the detoxification.
3. Day-centre for resocialization and rehabilitation of drug users and their families, NGO – HOPS, financially supported by the City of Skopje.

Medical treatment of transgender people

Regarding the issue of the Committee on whether the legal recognition of transgender persons requires (in law or practice) they undergo sterilization or any other invasive medical treatment, which may impair their health or physical integrity⁵, we inform you that in the Macedonian legislation there are no provisions requiring any medical treatment for transgender people.

In Macedonia there are no medical interventions for sex change.

⁵ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 5

Article 11§2

With a view to ensuring the effective exercise of the right to protection of health, the Contracting 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 raising awareness

In the Republic of Macedonia, in the period from 2012 to 2015, for the purposes of educating the population for health promotion and disease prevention, each year around 25,000 lectures on vaccinations, proper nutrition, hygiene maintenance, prevention of addiction illnesses – alcohol addition, drug addiction, smoking, preventing cardiovascular diseases, malignant neoplasms, diabetes, osteoporosis, Chronic Obstructive Lung Disease (COLD) and other chronic non-contagious diseases were organized. Namely, in 2012 around 20,507 lectures were held, in 2013 around 18,075, in 2014-27,348, and in 2015–24,771. Also, on average around 2000 workshops are organized yearly, on family planning, maintaining a hygiene-dietetic regime, i.e. the primary sanitary minimum, early cancer detection and other contents regarding health promotion and disease prevention, as well as 5,000 courses on average regarding first aid, taking care of proper nutrition and proper growth and development of children, etc.

As was mentioned in the 2012 Report for the Republic of Macedonia, in the health sector there is continued organizing of promotional actions and campaigns for denoting adequate days, weeks, months relevant in the world, in Europe and in the country, such as: The European Week of Fighting Cervical Cancer, World Day Against Cancer, World Diabetes Day, etc.

Also, in order to maintain continuity in medical education, as well as to provide continuity in the process of health education for the population regarding a healthy lifestyle, prevention of chronic non-contagious diseases and control and prevention of contagious diseases, there is continued organization of forums, workshops, conferences and other professional gatherings intended for healthcare professionals and the general population.

In order to have a more efficient health education in the course of 2012 – 2015, a large number of articles have been published in professional and scientific magazines and daily newspapers and numerous health promotional materials – posters, brochures, instructions, etc. published in Macedonian and in Albanian language. The Government sector works with the NGOs in organizing and implementing numerous forums and conferences with presentations and other kinds of activities dedicated to the Roma population, the health of children and mothers, sexual and reproductive health, road safety, etc.

In the course of the reporting period, several campaigns were implemented:

- campaign for promoting rational use of antibiotics in 2013, 2014 and 2015;
- campaign SAVE A LIFE, clean your hands, for raising awareness about hand hygiene as a simple and effective solution for reducing the spread of infections and multi-resistant bacteria and protection of patients from intra-hospital infections in 2014 and 2015;
- campaign 'Choose a primary gynaecological care provider and preserve your sexual and reproductive health!', aimed at promoting sexual and reproductive health of women in 2014;
- campaign for raising awareness about prevention of malignant neoplasms (screening for uterine cancer, screening for colon cancer, prostate cancer, in 2013 and 2014);
- Campaign 'This is hepatitis. Learn about it! Face it!' for the aim of raising awareness of diseases caused by the hepatitis virus in 2013.

Counselling and testing services

As was mentioned in the previous report, counselling and testing services are provided for the population through activities of public health programmes, which according to the Law on Health Protection are adopted each year and are funded by the Budget of the Republic of Macedonia.

Within the programme '*Health for All*', which is implemented in cities and towns throughout the country, as well as in rural environments, each year provides free of charge preventive check-ups for the population, which entail checking blood pressure, the level of sugar and fats in the blood and providing free advice on health, diet and healthy lifestyles.

The goal is to better educate the population about the need for timely preventive check-ups for controlling one's own health, thus enabling early detection of a disease or prevention of health disorders. This activity allows all citizens to have a free of charge preventive examination, which does not depend on their health insurance status. With this programme, each year there are around 9,000 free check-ups organized, except in 2015, when 6,143 check-ups were performed, and the highest number of performed check-ups was in 2014 (9,991).

The programme for free health examinations and general medical examinations for 1st grade pupils (aged 6-7), 3rd grade pupils (aged 8-9), 5th grade pupils (aged 10-11), 8th grade pupils (aged 12-13), 1st grade of secondary school (aged 14-15), and 4th grade of secondary school (aged 17-18), as well as students in their first year of university studies continues.

The general medical examination entails:

1. A general doctor's examination:

In terms of the implementation of a general doctor's examination, we report that there are no changes.

2. Laboratory examination:

In terms of implementing a laboratory examination, there are also no changes.

3. Dental examination:

Also, in terms of the dental examination, there are no changes.

As was reported in the previous report in 2012, the Health Insurance Fund, pursuant to the Agreements they make with primary care physicians, and in the interest of early detection of chronic non-contagious diseases such as: prevention of anaemia, assessment of the state of nourishment (obesity), prevention and control of asthma, of cardiovascular diseases, prevention of breast cancer, cervical cancer and prostate cancer, despite the treatment services, also pays for services for preventive measures and activities and counselling of the patients.

Also, free services – tests are provided through the Programme for early detection of malignant diseases, such as breast cancer and uterine cancer.

Through the Programme for HIV/AIDS funded by the Global Fund as well as through the Annual Programme for HIV/AIDS funded by the Budget of the Republic of Macedonia, free of charge services are provided in the counselling centre for HIV/AIDS at the University Clinic for Infectious Diseases and Febrile Conditions, free antiretroviral therapies, as well as free testing and counselling for HIV/AIDS in the Institute for Public Health for all interested persons.

With the Programme for preventive measures to prevent tuberculosis, funded by the Budget of RM, funds are provided for implementing activities for active identification of cases with tuberculosis with selective radiography, funds for providing medications as well as funds for health education of the population.

DEVELOPMENT OF A SENSE OF PERSONAL RESPONSIBILITY

Promoting physical activity and prevention of obesity

As was listed in the previous report from 2012, the Law on Public Health serves as a guiding document in terms of the public health protection related to food and nutrition.

The second Action Plan for food and nutrition (2009 – 2014) from the Public Health Institute of the Republic of Macedonia, allows annual implementation of activities with monitoring of the state of the nutritional status for some population groups of interest to public health, by detecting health risks, through determining malnourishment and overweight states or obesity with pre-school children, school children – first grade, school children – fifth grade.

During 2012, the realization of the programme for monitoring residues from pesticides in herbal products began, and it continued in 2013 in cooperation with the Food and Veterinary Agency.

The Public Health Institute and the Public Health Centres are involved in monitoring the health condition of the employees that come in contact with food and in the education of persons handling food, in regards to the general rules for food hygiene and protection of the environment. For this purpose, the Institute created a Handbook for Food Hygiene and Protection of the Environment. During 2012, trainings were organized for implementing and maintaining the HACCP system, intended for food handlers who work in production of mineral water, non-alcoholic beverages, meat and meat products.

In 2013, anthropometric measurements of the nutrition status of children who are going in first grade in primary schools in RM were conducted. The activity had the goal of obtaining internationally comparable data, through which the Republic of Macedonia will be represented in the Initiative for monitoring obesity of children in the European region in the World Health Organization, and in which implementation participates since 2010.

In cooperation with inspection services of the Food and Veterinary Agency, in the Public Health Institute continuously is monitored the safety of food additives and of food for special nutritive use present in the market in the Republic of Macedonia.

Since 2014, in the assessment of the nutrition status for some population groups that are of interest for public health, are elderly persons staying in retirement homes included. The Public Health Institute has prepared a Nutrition Guide for the population of the Republic of Macedonia. In October 2014, the Government of the Republic of Macedonia started a campaign directed for the general population for raising the awareness for the population about health benefits from adequate nutrition and practicing physical activity titled 'Health is a Choice'.

In 2015, has been conducted the first National Study for population nutrition in the Republic of Macedonia, as well as the assessment of the capacity of the healthcare system in the Republic of Macedonia for dealing with non-contagious diseases, with a special emphasis on the risks related to nutrition, as dominant risks that might be affected through changes in the lifestyle.

Sexual and reproductive health

The health legislation in this field is well developed. The Law on Termination of Pregnancy provides legal grounds for protection of women's rights during the termination of pregnancy and quality standards in the respective area. Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia No. 87/2013, 164/2013, 131/2014 and 149/2015).

The activities set forth in the Strategy for Sexual and Reproductive Health are implemented through the National Programme for Public Health in the Republic of Macedonia.

In 2012, a study was conducted in order to research the satisfaction of young people from the obtained services in the 19 Counselling Centres on Sexual and Reproductive Health that function under the Public Health Centres, and the results have shown that 85% of the respondents said that they are satisfied with the work and services of the counselling centres.

The segment for protection of sexual and reproductive health is comprised in the HIV/AIDS programme realized with a grant from a Global Fund where comprehensive activities are organized each year, related to health education and enlightenment, especially for young population, as well as healthcare professionals.

Also, through the National Programme for Public Health, within the activities of Counselling Centres for Sexual and Reproductive health of the 10 Public Health Centres, in the period 2012 – 2015, a total of 3091 persons received education and counselling on topics for family planning, birth control, protection against Sexually transmitted infections.

Table: Report on the activity of Counselling Centres for Sexual and Reproductive Health:

DESCRIPTION OF ACTIVITIES	2012	2013	2014	2015	total
Number of young people who received counselling	1050	1153	1387	741	4331
Number of condoms that were handed out	6415	8845	6488	1262	23010
Number of lubricants that were handed out	358	2866	449	/	3673
Divided oral contraception	305	/	/	/	305
Promotional material	740	/	/	714	1454
Lectures	85	/	/	63	148

Source: Public Health Institute

Since 2010, there has been continuous implementation of the annual programme for early detection of malignant diseases - which marked the commencement of activities for implementing a pilot screening for uterine and breast cancer. As part of the programme, a free Pap smear is provided for women in their reproductive age and in the period from 2012 to 2015, on average 30,000 women were given tests per year, and with 2.6% of women annually were detected with cell abnormalities. As a result of the undertaken screening measures, the mortality rate of women from cervical cancer is not increasing and on average it is around 4 women who die out of 100,000 women. Within the programme, a breast cancer screening was commenced. In a period of one year, 9,300 mammography examinations for women aged 50 – 69 are performed, after which around 1,780 persons were sent for additional testing. In accordance with the Programme for early detection of the colon (colorectal carcinoma) since 2012 to 2015, including 2015, a total of 21 258 persons aged 50-74

were given free examinations, and 7,977 of them tested positive for occult stool blood, and a positive finding was confirmed with 198 persons and they were referred for further diagnostic and therapeutic procedures.

Through the annual programme for immunization of the population of the Republic of Macedonia, continuous vaccinations are organized with the HPV vaccine and the scope of this vaccine moves from 51.8 % in 2012, 40.1 % in 2013 to 53.7% in 2014.

The strategy for safe motherhood is implemented through activities established in the Programme for active healthcare of mothers and children focused on reducing the mortality rate and morbidity rate with pregnant women and new-borns, through which since 2015 free folic acid and iodine are provided for every pregnant woman in the Republic of Macedonia.

In 2014, an Action Plan for Sexual and Reproductive Health during humanitarian crisis with a standard operative procedure for coordination and management was prepared, which is an integral part of the National Response Plan of the healthcare system during extraordinary / crisis situations in the Republic of Macedonia and two workshops were also held for the minimal initial package of services.

In 2015, a National Centre for Reproductive Health was established, and a database of the state of reproductive health of pregnant women and new-borns in the Republic of Macedonia was created.

Regional workshops were organized for nurses who make home visits for family planning, as well as healthcare professionals from preventive teams and birth centres. The family medicine centre, along with the NGO sector and international organizations, implemented a workshop for selected doctors in primary health protection. During 2015, 10 workshops were implemented that included around 200 specialists in family medicine for acquiring knowledge and competencies in order for them to become effectively involved in caring for sexual and reproductive health of their patients.

Health and the environment

In 2013, a Committee for the environment and health was established, as an inter-departmental body led by the President of the Government of the Republic of Macedonia. When proposed by the Committee, the Government of the Republic of Macedonia adopted comprehensive draft measures for reducing the risk factors for chronic and malignant diseases. The measures entail enhanced monitoring of present harmful agents in the soil, air and water, enhanced monitoring of industrial pollutants, removing illegal landfills, enhanced monitoring of the import, sale and use of pesticides and artificial fertilizers, educating farmers, enhanced control of the food safety from the aspect of presence of aflatoxins, heavy metals, pesticides, dioxin, etc. in the food, educational campaigns for the population for prevention of malignant diseases, etc.

Through the National Programme on Public Health there is continuous provision of assets for implementing measures for assessing the health-ecological risk linked to the quality of drinking water, surface water, air quality, chemical contaminants in

the food, noise in the environment, assessment of the health-ecological risk of ionizing radiation (external gamma radiation, air radiation, water, soil, ionizing food radiation), risks from presence of pesticide residue, heavy metals. Within the National Programme for Public Health, for the purpose of assessment of the health - environmental risk of the hygienic quality of the air in the Public Health Centres through stationary and mobile monitoring system of the Ministry of Environment and Physical Planning and the Public Health Institute, there is monitoring of the total aerial sediment in 81 places, presence of Pb, Cd, Zn, Ni and Fe in the aerial sediment in Veles, Pb, Cd and Zn, in the aerial sediment in Kumanovo; in Skopje and Veles there is monitoring of suspended particles (smoke) and SO₂ – sulphur dioxide and in Skopje there is also monitoring of the presence of CO. 2 mobile devices were also procured for monitoring aerial pollution through detecting the presence of pm 10 and pm 2.5 particles and detecting the chemical substances present in the air.

In 2014, the implementation of the programme for testing for presence of radon started, directed to identifying the concentrations of radon in schools, kindergartens and in already constructed buildings and construction materials.

An asbestos profile of the Republic of Macedonia was created, with data on the presence of asbestos in construction and other materials and prevention measures were proposed, and also, the first study on human bio-monitoring in the Republic of Macedonia was concluded.

At the final stage is the preparation of the The Strategic Frame and the Action Plan for health and the environment.

Regarding the impact of climate changes on the health, in accordance with the Strategy for adaptation of the healthcare sector of climate changes an action plan was adopted for prevention of the consequences from heat waves on the population's health. A Manual was issued for the connection of climate changes and infective diseases and a seminar was held with epidemiologists and infection specialists for the application of the manual. A report was published on the impact from climate changes of the pollen microflora and the frequency of respiratory allergy diseases with the adult population in the field of Skopje. In the interest of raising awareness and the knowledge of managers in the healthcare sector in the Republic of Macedonia, as well as for healthcare professionals about the meaning of energy efficiency in healthcare facilities and the option for using renewable energy sources, a Manual was created with recommendations for energy efficiency and renewable energy sources in the health sector. A special website was created, dedicated to the effect of climate changes on people's health (www.toplotnibranovi.mk). A report was prepared on the vulnerability on the health from climate changes.

In 2014, an Action Plan for the reduction of the consequences from cold weather was prepared, which foresees measures and activities for protection of population health from the harmful effects of cold weather and extremely low temperatures. An early alert system was established for cold waves whose goal is to timely announce cold waves, and informative brochures were also created and printed for the protection from cold waves, intended for the general population, managers of healthcare and social facilities, primary care physicians and staff.

In accordance with the action plans, in 2014 a report was prepared about 'Prevention, early warning and handling UV radiation in the Republic of Macedonia, with a special emphasis on employee health', and a research activity was conducted and published about the 'Effects from heat waves on the health of employees in the Republic of Macedonia'. Over 25 thousand flyers were distributed for prevention against the harmful effects and for the consequences from cold weather as well as prevention against the harmful effects and consequences from hot weather and heat waves on the health of the population. Regarding the state of readiness of the healthcare sector to respond in crisis situations, a revision was performed to the existing hospital plans, and new plans have also been created with a chapter on how to act in cases of very high / very low outside temperatures, by enabling cold / hot zones in hospital rooms and cold / hot water. The plans have been updated with the protocols for hot and cold waves, in accordance with the Action Plans for heat waves and cold waves. This improves the microclimate conditions in the hospitals, clinical hospitals and clinic and it had a positive impact on improving hospital stay of hospitalized patients.

In 2015, an evaluation on the implementation of the Strategy for adapting the healthcare sector to climate changes in the Republic of Macedonia (2011 - 2015) was performed, and the Action Plan for protection of the health of the population from heat waves, an Android application was created for heat waves and for cold waves as well.

School programmes

The health promotion in the Republic of Macedonia is extremely important and significant and there are several key areas of functioning: schools, colleges, municipalities, etc.

With the education on health prevention starts as early as in schools, where there is promotion of health educational contents about the pupils' health, in order to enable them to gain better control over their health in the sense of preserving it and promoting it, and not only preventing a disease from occurring. Macedonia is a member of the network 'Healthy schools in Europe', which has the goal of supporting organizations and professionals in future development and promotion of healthy schools in each country in which they act.

At universities more and more attention is paid to introducing subjects and topics that refer to promotion of health of the population. Thus, at the Faculty of Medicine in Skopje, a curriculum was created in 2014 that introduced the subject 'Health Promotion' for general medicine students, and lectures on that subject, which began in 2014 / 2015. Also, at the University of Shtip, Faculty of Medical Sciences, the subject 'Promotion of Health and Health Education' is taught. Topics from the field of health are represented in many other topics that are taught at the Faculties for psychology, pedagogy, social affairs and social policy, etc.

The municipalities throughout the country are also important areas to act when it comes to health promotion. They are a model for acting of all citizens as individuals. Each city/town and municipality takes care of the health of the people through building parks, green areas, bicycle trails, playgrounds, renovating already existing

facilities among which are schools, having educational workshops in order to stimulate the people to think in the direction that the city where they live depends on them, lectures on climate changes and how people can protect themselves against them, organizing actions for cleaning up school yards, parks, direct surroundings, recycling waste, supporting the campaign intended for people's health, for e.g. a campaign for fighting breast cancer, financing different projects that focus on promotion and prevention, such as the SOS line for drugs, organizing sports matches that are free of charge and many other activities.

Article 11§3

With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures aimed among other things, to prevent, as much as possible, epidemics, endemics and other diseases, as well as accidents.

DECREASE OF THE RISKS IN THE ENVIRONMENT

Water

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

The fulfilment of the program tasks is performed through:

- performing sanitary-hygienic inspections of the water supply facilities, the protective zones of the water intakes over springs and their surroundings;
- taking drinking water samples for laboratory analysis and evaluation of the drinking water safety,
- monitoring, implementing and proposing safety measures for supplying the population with safe drinking water.

Statistical review of the activities of the Public Health Centres in relation to the health correctness of the drinking water is given in the following tables:

Performed inspections and taken samples of the drinking water in the suburbs in the Republic of Macedonia for the period 2012-2015.

The entire activity of the Public health care offices in terms of health correctness of the drinking water in 2012

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
				Physic-chemical analyses			Bacteriological analyses		
	Population	Inspections	Samples	Total	Invalid		Total	Invalid	
					number	%		number	%
City water supply	1 289 199	126	7486	7454	326	4.37	7470	123	1.65

Villages connected to town water supply (number of villages: 222)	191 442	151	1481	1467	142	9.68	1480	127	8.58
Villages with their own water supply (number of villages: 905)	518 967	763	4632	4607	1203	26.11	4631	1096	23.67
Villages - other type of facilities (number of villages: 350)	56 270	188	986	976	176	18.03	978	389	39.77
Weekend settlements, hotel-restaurant and tourist facilities from their own spring (number of facilities: 88)	/	46	230	230	32	13.91	230	28	12.17
Work organizations that are significant consumers of water from their own spring (number of facilities: 129)	/	72	1027	1017	98	9.64	1019	160	15.7
Water with special characteristics (number of facilities: 30)	/	28	222	111	30	27.03	222	37	16.67
Other facilities (roadside, monumental in hill-mountainous or recreational areas and similar) number of facilities: 150	/	126	424	423	44	10.4	424	99	23.35
TOTAL:	2 055 878	1 500	16 470	16285	2 051	12.6	16 454	2 059	12.51%

The entire activity of the Public health care offices in terms of health correctness of the drinking water in 2013

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:			
				Physic-chemical analyses		Bacteriological analyses	
	Population	Inspe	Samples	Total	Invalid	Total	Invalid

		ctions			num ber	%		num ber	%
Town water supply	1 290 000	136	7364	7364	407	5.53	7362	220	2.99
Villages connected To town water supply (number of villages: 222)	197 593	126	1501	1501	196	13.06	1501	281	18.72
Villages with their own water supply (number of villages: 905)	450 886	835	5159	5159	1416	26.96	5069	1266	24.97
Villages - other type of facilities (number of villages: 350)	120 460	245	1615	1552	321	20.68	1615	669	41.42
Weekend settlements, hotel-restaurant and tourist facilities from their own spring (number of facilities: 88)	/	56	292	292	46	15.75	292	41	14.04
Work organizations that are significant consumers of water from their own spring (number of facilities: 129)	/	113	948	940	73	7.76	948	146	15.4
Water with special characteristics (number of facilities: 30)	/	33	199	199	45	23.61	199	23	11.56
Other facilities (roadside, monumental in hill-mountainous or recreational areas and similar) number of facilities: 150	/	132	494	493	89	18.05	494	153	30.97
TOTAL:	2 058 939	1 676	17 572	17500	2 593	14.81%	17 480	2799	16.01%

The entire activity of the Public health care offices in terms of health correctness of the drinking water in 2014

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
	Population	Inspections	Samples	Physic-chemical analyses			Bacteriological analyses		
				Total	Invalid		Total	Invalid	
					number	%		number	%
Town water supply	1 301 646	125	6913	6867	198	2.9	6912	178	2.6
Villages connected To town water supply (number of villages: 222)	213 422	141	1926	1907	326	17.1	1926	182	9.4
Villages with their own water supply (number of villages: 905)	468 471	660	5034	5026	1057	21.03	5034	1249	24.81
Villages - other type of facilities (number of villages: 350)	79 703	218	1546	1545	251	16.25	1479	553	37.39
Weekend settlements, hotel-restaurant and tourist facilities from their own spring (number of facilities: 88)	/	28	266	262	64	24.4	266	35	13.2
Work organizations that are significant consumers of water from their own spring (number of facilities: 129)	/	60	1133	1098	117	10.7	1096	167	15.2
Water with special characteristics (number of facilities: 30)	/	26	156	133	39	29.3	151	21	13.9

Other facilities (roadside, monumental in hill-mountainous or recreational areas and similar) number of facilities: 150	/	170	1082	1061	230	21.7	1082	460	42.5
TOTAL:	2 063 242	1 428	18 056	17899	2 282	12.75%	17 946	2 845	15.85%

The entire activity of the Public health care offices in terms of health correctness of the drinking water in 2015

Water supply facilities	Facilities and localities			Number of performed laboratory analyses per sample:					
	Populati on	Inspec tions	Samples	Physic-chemical analyses			Bacteriological analyses		
				Total	Invalid		Total	Invalid	
					num ber	%		num ber	%
Town water supply	1 310 405	117	7024	6930	200	2.9	7024	155	2.2
Villages connected To town water supply (number of villages: 222)	236 248	143	1713	1709	299	17.5	1713	92	5.4
Villages with their own water supply (number of villages: 905)	455 235	700	4703	4665	1124	24.09	4700	1630	34.68
Villages – other type of facilities (number of villages: 350)	74 428	161	1280	1271	259	20.38	1280	564	44.06
Weekend settlements, hotel-restaurant and tourist facilities from their own spring (number of facilities: 88)	/	19	246	240	21	8.8	246	41	16.7

Work organizations that are significant consumers of water from their own spring (number of facilities: 129)	/	64	1126	1010	101	10.0	1126	158	14.0
Water with special characteristics (number of facilities: 30)	/	52	231	189	46	24.3	231	38	16.5
Other facilities (roadside, monumental in hill-mountainous or recreational areas and similar) number of facilities: 150	/	157	764	758	144	19.0	764	316	41.4
TOTAL:	2 076 316	1 413	17 087	16772	2 194	13.08%	17 943	2 994	16.69%

Air

As was noted in the previous Report from 2012, based on the Law on Health Protection (Official Gazette of the Republic of Macedonia No. 38/91, 46/93, 10/04, 84/05, 111/05, 65/06, 5/07, 77/08 and 67/09) and the Law on Ambient Air Quality (Official Gazette of the Republic of Macedonia No. 67/04), the public health institutions, that is the Public Health Centres are obliged to organize and perform monitoring of the air quality in the populated areas.

Regarding the measures for avoiding, preventing or decreasing the harmful effects from the pollution of the ambient air on the human health, as well as on the environment as whole, which are defined with the given law, there have been no changes in this context since the last report.

Based on Article 27, paragraph 2, 3 and 4 from the Law on Ambient Air Quality (Official Gazette of the Republic of Macedonia No. 67/2004, 92/2007), besides the given bylaws in the previous Report, a Decree on amending the Decree on limiting values for levels and types of polluting substances in the ambient air and alarming thresholds, deadlines for reaching the limiting values, tolerance margins for the limiting value, target values and long-term goals (Official Gazette of the Republic of Macedonia No. 4/2013) has been adopted.

In 2013, has been published the publication “Health effects from the coarse particles – political implications for the countries from Southern Europe, Caucasus and Central Asia”.

Within the National Programme on Public Health, due to evaluation of the health-ecological risk of the hygienic air quality in the Public Health Centres through stationary and mobile monitoring system of the Ministry of Environment and Spatial Planning and the Public Health Institute, the total aero-sediment is monitored at 81 measuring spots, in Veles they monitor the presence of Pb, Cd, Zn, Ni and Fe in aero-sediment, in Kumanovo the presence of Pb, Cd and Zn in aero-sediment; in Skopje and Veles floating particles (smoke) and SO₂-sulphur dioxide is monitored, and the presence of CO is also monitored in Skopje.

In 2014, an asbestos profile of the Republic of Macedonia is prepared with data regarding the asbestos presence in the construction and other materials and prevention measures have been proposed. During 2014, the Public Health Institute has implemented the first study on human biomonitoring in the Republic of Macedonia.

Noise

During the period of 2012-2015, according to the program tasks for public health, the level of noise has been monitored in the towns Bitola, Kichevo and Kumanovo by the regional Public Health Centres, in the periods defined with the Law on Environmental Noise Protection (Official Gazette of the Republic of Macedonia No. 79/07).

In accordance with the obtained results from the measurements, in those cases with registered increased level of noise, recommendations are given for overcoming the determined deficiencies in order to prevent the risk of occurring negative health effects due to exposure to increased noise level.

Protection from radioactivity in the environment

The Public Health Institute, in accordance with the Law on protection against ionizing radiation and the radiation safety, is the authorized institution for monitoring the level of the radioactive contamination of the environment in the Republic of Macedonia, from all the threats with radioactive materials. The Institute continuously implements the national monitoring, since 1967. In accordance with the Law on protection against ionizing radiation and radiation safety (Official Gazette of the Republic of Macedonia No. 154/10) from 2010, the Rulebook on maximal allowed amounts of radionuclides in food, water, air, land, products and raw materials from animal and vegetal origin and items for general usage (Official Gazette of the Republic of Macedonia No. 163/09), the Rulebook on maximal limits of radionuclides in construction materials (Official Gazette of the Republic of Macedonia No. 98/10), the Rulebook on water safety (Official Gazette of the Republic of Macedonia No. 46/08), as well as the EURATOM directives and the National Annual Programme for Public Health, in the Public Health Institute, systematic monitoring of the contamination with radioactive materials of certain measuring spots and products is performed.

Starting from 12 December 2013, Macedonia through the measuring stations of the Public Health Institute represents an integral part of the European network EURDEP for continued monitoring of the radiation dosage in the environment. EURDEP network presents an European platform for collecting and data exchange from the stations for continuous monitoring, presenting the data in real-time and presents significant part of the system for early prevention of radiation accidents of the European Union and the United Nations – International Atomic Energy Agency.

The values of the measured dosages of ionizing radiation in real-time in the environment in the Republic of Macedonia and in the other states in Europe, can be monitored on the map of EURDEP at the following link <http://eurdepweb.jrc.ec.europa.eu/EurdepMap/Default.aspx>

In accordance with the Public Health Programme of the Republic of Macedonia for 2014 (Official Gazette of the Republic of Macedonia No. 15/2014), have been initiated activities related to the program task – Monitoring the radon concentrations in the Republic of Macedonia. The radioactive gas radon is present everywhere in the nature and, besides the smoking, has been classified as the biggest risk factor for lung cancer in many countries. One of the Programme goals is determining the risks of radon exposure in the schools, in relation to the pupils and the employed staff.

In order to realize this programme goal, the Public Health Institute performs installation of passive detectors during the winter and summer period in the schools, in the ground and/or underground premises where classes are held. The Public Health Institute of the Republic of Macedonia has prepared a questionnaire with additional data for each facility where a detector has been installed, as well as year of construction, type of construction, etc. These data are registered in the radon data base within the Public Health Institute of the Republic of Macedonia.

The Public Health Institute prepared Instructions for detectors installation, which was provided to each appointed school representative during the meetings organized by the Institute.

In 2014, in cooperation with the Market Inspection of the Republic of Macedonia, a total of 37 samples of construction materials have been analysed in relation to contents of radioactive elements. Within the project cooperation with the International Atomic Energy Agency from Vienna, as well as the directions of the multi-sectorial group for radon monitoring in the Republic of Macedonia, the Public Health Institute of the Republic of Macedonia organized National Workshop for prevention and remediation of radon from the facilities for living, dwelling and working, which took place on 17-18 February 2016 within the premises of the Public Health Institute of the Republic of Macedonia. The goal of this workshop was exchange of knowledge and experience for preventing accumulation of high concentrations of radon during construction, as well as measures and construction works for remediation of radio from the already built facilities for living or working.

Starting from 2000, within the Public Health Institute, continuously function dosimetric teams as follows:

- providing 24-hour service, control and detection of trucks and wagons with old waste metal from import at the border crossings and the terminals determined by the Customs Administration of the Republic of Macedonia;
- maintain link between the mobile dosimetric teams with the Directorate for radiation safety, the Customs Administration and the Border police through their 24-hour availability, in accordance with the National Strategy and the Integrated Border Management Programme in the Republic of Macedonia.

The climate changes and the health in the Republic of Macedonia

The Law on Health Protection and the Law on Public Health provide legal basis for the health sector to respond to the climate changes, and the National Public Health Programme provides activities and indicators for monitoring the activities related to this domain.

A system for environment protection for response to the climate changes has been set. Inter-sectorial working group has been formed for monitoring the situation with the quality of the ambient air and defining adequate recommendations and measures that need to be undertaken for improving the air quality. Inter-ministerial commission for climate changes and health has been formed. Also, a Commission has been established for operational implementation of the activities from the Action Plan for health protection of the population against heat waves and the Action Plan for health protection of the population against harmful effects from the cold waves and cold weather. Numerous activities have been implemented, as follows:

- in 2012 a Report for health vulnerability against climate changes has been prepared;
- organized by the National Office of the International Labour Organization, the State Labour Inspectorate and the Public Health Institute, organized a workshop for training on implementing of the methodology for risk estimation during occupational exposure to increased temperature outside by promoting two heat indexes and criteria for their application;
- in December 2012, an Action Plan for preventing harmful impact and consequences from the cold weather and the cold waves on the population' health in the Republic of Macedonia has been adopted
- organized workshop with representatives from relevant ministries and members of the Commission for climates changes in order to improve the cooperation and implementing the activities from the Climate Changes Strategy;
- prepared evaluation for the effectiveness of the realized activities from the Strategy and the Action Plan for heat waves with proposed conclusions;
- prepared and distributed 10 000 brochures to the population, employees and health workers for prevention against harmful effects of the cold waves, and the

website www.toplotni.branovi.mk is continuously updated with data on the conditions and with recommendations;

- in 2013, during the preparation of the III National Report on climate changes, a separate section has been prepared in relation to the vulnerability and the adaptation of the health sector towards the climate changes in the South-eastern region of the country and 10 000 brochures have been printed out for prevention against heat waves distributed to the population and 10 000 brochures for the harmful effects of the cold waves;
- in 2014 training has been implemented for the health professionals in relation to detecting the health risks to the children from the environment pollution;
- organized workshops and prepared several Draft Action Plans of the local communities for managing the health-ecological risks;
- in 2015 was implemented evaluation of the effectiveness from the implementation of the Climate Changes Strategy and the Action Plan for heat waves prevention;
- prepared methodology and implemented pilot study on the effects of the sun UV radiation on the health of selected group of workers in the Republic of Macedonia (farmers and construction workers);
- in cooperation with the health centres and the Red Cross, the Ministry of Health every year in the period of July-August organizes points for free preventive examinations and advices for prevention against the heat weather;
- preventive examinations are conducted at the points in 33 towns, where blood pressure was measured and advices for prevention against the heat weather were given, along with recommendations about healthy lifestyle;
- printed and distributed 30 000 flyers for prevention against heat weather to the population, the workers and the employers.

CONTROL AND SAFETY OF FOOD IN THE REPUBLIC OF MACEDONIA

The analysis of the health safety of the food products during 2012 shows the highest percentage of defective products from import in relation to quality (3%), contrary to the food products from trade and domestic production (2%). The microbiological incorrectness is higher with the analysed products from domestic production (1.7%) in comparison with the microbiological incorrectness with the analysed samples from import whose percentage is significantly lower (0.3%). The presence of additives was reason for incorrectness with 1.8% of the products from domestic production. All 3581 tested samples of food products for presence of pesticide residues corresponded to the legal regulations on food safety. With the analysed samples for mycotoxins no concentration is detected above the maximally allowed concentration, expect one sample from import. The analyses for heavy metals showed that 2% of the samples from domestic production and trade contain residues of heavy metals above the maximally allowed concentrations, while with the food products from import, the percentage is lower of 1.1%.

(Table No.1)

Laboratory tested food samples in 2012					
Type of analysis	Total	Import		Trade and domestic production	
		Total	Invalid	Total	Invalid
Quality	8630	5451	171 3%	3077	63 2%
Additives	1673	984	8 0.8%	689	13 1.8%
Pesticides	3581	3242	0	339	0
Heavy metals	5333	4549	52 1.1%	784	16 2%
Mycotoxins	2766	2600	1	166	0
Microbiological correctness	12289	5290	16 0.3%	6999	119 1.7%
Antibiotics	9	9	0	0	0
Radionuclides	1441	791	0	650	1

Source: Annual Report on the realization of the National Public Health Programme
Public Health Institute of the Republic of Macedonia

Table No.2

Laboratory tested food samples in 2013					
Type of analysis	Total	Import		Trade and domestic production	
		Total	Invalid	Total	Invalid
Quality	9948	5970	236 3.95%	3978	82 2.06%
Additives	1371	573	3 0.52%	798	12 1.5%
Pesticides	3555	3123	0	432	0
Heavy metals	6365	5353	28 0.52%	1012	9 0.89%
Mycotoxins	2934	2564	0	370	0
Microbiological correctness	14112	5892	54 0.916%	8220	292 3.55%
Radionuclides	1191	883	0	308	0

Source: Annual Report on the realization of the National Public Health Programme
Public Health Institute of the Republic of Macedonia

The analysis of the health safety of the food products shows the highest percentage of defective products from import in relation to quality (3.95%), contrary to the food products from trade and domestic production (2%). The microbiological incorrectness is higher with the analysed products from domestic production (3.55%)

in comparison with the microbiological incorrectness with the analysed samples from import whose percentage is significantly lower (0.92%).

The presence of additives was reason for incorrectness with 1.5% of the products from domestic production. All 3555 tested samples of food products for presence of pesticide residues corresponded to the legal regulations on food safety. With the analysed samples for mycotoxins, no concentrations have been detected above the maximally allowed concentrations. The analyses for heavy metals showed that 0.89% of the samples from domestic production and trade contain residues of heavy metals above the maximally allowed concentrations, while with the food products from import, the percentage is lower of 0.52 %.

Table No.3

Laboratory tested food samples in 2014						
Type of analysis	Total	Invalid	Import		Trade and domestic production	
			Total	Invalid	Total	Invalid
Quality	10553	130 1.23%	6165	59 0.96%	4388	71 1.62%
Additives	1288	11 0.85%	495	3 0.61%	793	8 1%
Pesticides	4237	0	3705	0	532	0
Heavy metals	6802	12 0.18%	5942	11 0.18%	860	1 0.12%
Mycotoxins	4080	15 0.37%	3629	9 0.25%	451	6 1.33%
Microbiological correctness	30942	544 1.76%	6700	62 0.92%	24242	482 1.99%
Radionuclides	463	0	163	0	300	0

Source: Annual Report on the realization of the National Public Health Programme
Public Health Institute of the Republic of Macedonia

The analysis of the health safety of the food products shows the highest percentage of defective products from trade and domestic production in relation to quality (1.62%), contrary to the food products from import (0.96%). The microbiological incorrectness is higher with the analysed products from domestic production (1.99%) in comparison with the microbiological incorrectness with the analysed samples from import whose percentage is significantly lower (0.92%). The presence of additives was reason for incorrectness with 1% of the products from domestic production. All 4237 tested samples of food products for presence of pesticide residues corresponded to the legal regulations on food safety. With the analysed samples for mycotoxins, values above the allowed ones have been determined within 15 products or 0.37%, and the percentage is significantly higher with the products from domestic production and trade (1.3%). The analyses for heavy metals

showed that 0.18% of the samples from import contain residues of heavy metals above the maximally allowed concentrations, while with the products from domestic production the percentage is lower (0.12%).

Table No.4

Laboratory tested food samples in 2015						
Type of analysis	Total	Invalid	Import		Trade and domestic production	
			Total	Invalid	Total	Invalid
Quality	10551	94 0.9%	6139	62 1%	4412	32 0.7%
Additives	1030	16 1.5%	333	2 0.6%	697	14 2%
Pesticides	5254	0	4823	0	431	0
Heavy metals	6688	13 0.19%	5828	3 0.05%	860	10 1.16%
Mycotoxins	4835	13 0.26%	4437	5 0.1%	398	8 2%
Microbiological correctness	22918	347 1.5%	7007	40 0.57%	15911	307 1.9%
Radionuclides	458	0	11	0	447	0

Source: Annual Report on the realization of the National Public Health Programme
Public Health Institute of the Republic of Macedonia

The analysis of the health safety of the food products shows the highest percentage of defective products from trade and domestic production in relation to additives and microbiological safety (1.5%). The additive incorrectness is higher with the analysed products from domestic production (2%) in comparison with the incorrectness with the analysed samples from import, whose percentage is significantly lower (0.6%).

The microbiological incorrectness is higher with the analysed products from domestic production (1.9%) in comparison with the microbiological incorrectness with the analysed samples from import, whose percentage is (0.57%).

In relation to the quality of the products, total of 94 (0.9%) samples have been faulty, where 1% from import, while 0.7% from domestic production. All 5254 tested samples of food products for presence of pesticide residues corresponded to the legal regulations on food safety. With the analysed samples for mycotoxins, values above the allowed have been detected with 13 products or 0.26%. The analyses for heavy metals showed that 1.16% of the samples from domestic production contain

residues of heavy metals above the maximally allowed concentrations, while with the products from import the percentage is lower (0.05%).

Estimation of the risk from alimentary entry of chemical contaminants pesticides and mycotoxins

For estimation of the chemical contamination, during 2015, have been performed laboratory testing and contamination estimation of the food products for pesticides and mycotoxins.

Pesticides residues in different food products

The following table shows parameters for pesticides and type of samples that were tested. As can be seen, the number of tested pesticides is increasing, and new type of pesticides is entered by the Public Health Institute. In all tested samples no pesticides residues are registered above the maximally allowed values, the laboratory findings are below the detection threshold or below the maximally allowed concentrations.

Distribution of samples for analysis of pesticide residues in 2015				
Public health institution	Tested parameters	Fruit and their products	Vegetables and their products	Cereals, flour and their products
Public Health Institute of the Republic of Macedonia	Malation, Parathion, Parathion- methyl, Phorate, Pirimifos-methyl, Fenitrothion Chlorpyrifos-methyl, Phosalone, buprofezin, diazinon. Dimethoate, ethion, methidation, pendimeyhalin, permethrin, phosmet, thiamethoxam	30	30	40
Public Health Centre - Veles	Atrazine, cypermethrine, Parathion, chlorpyriphose diazinone	10	20	10
Public Health Centre - Bitola	Diazinon, fenithrotion, malathion, parathion, pirimifos methyl, atrazine, dimethoete	10	20	10
Public Health Centre - Kumanovo	Lindan, total DDT	12	20	10

Source: Public Health Institute of the Republic of Macedonia

Mycotoxins analysis

Distribution of samples for mycotoxins analysis in 2015					
I quarter of 2015	Public Health Centre - Skopje	Public Health Centre - Kumanovo	Public Health Centre - Bitola	Public Health Centre - Veles	Public Health Institute
Cereals, flour and their products	10	10	5	7	20
Peanuts and similar products	10	10	5	3	20
Dry fruit	10	10	5	5	20
Coffee, cacao, tea, spices	10	10	5	5	20
Milk	10				
Total	50	40	40	40	80

Source: Public Health Institute of the Republic of Macedonia

Within the Public Health Institute, total aflatoxins above the maximally allowed concentrations in two samples of peanuts have been detected, while the Public Health Centre – Bitola has detected samples with residues above the maximally allowed concentrations with corn for popcorn, wheat, roasted chickpea and rye flour. The experts from the Public Health Institute and the Public Health Centre – Bitola have informed the food operators and the Food and Veterinary Agency regarding the positive findings.

The Public Health Centre – Skopje performed testing of 10 milk samples for aflatoxin M1 and in all 10 samples are determined contents of aflatoxins M1 below the limit value of 50µg/l. The Public Health Centre - Skopje and the Public Health Centre - Bitola performed testing for presence of ochratoxin in coffee and no residues above the maximally allowed concentrations have been detected.

All data from the testing for pesticides and mycotoxins are collected in single database within the Public Health Institute, which further shall be used for estimation of daily entry of aflatoxins.

Monitoring of the safety of food, intended for certain population groups in order to prevent diseases related to unsafe food

In accordance with the programme tasks, the public health Centres are obliged to monitor the safety of food that is served in the kindergartens and the schools, pupils and students dormitories, hospitals by performing sanitary-hygienic investigations, taking food samples and smears from the working surfaces and other items that come in contact with the food. The purpose of the task is early detection of present microbiological hazards and risk prevention that origin from unsafe food in the kindergartens, schools, pupils and students dormitories and hospitals where children, pupils, students and chronically ill persons stay and are being fed.

In 2012, a total of 135 sanitary-hygienic investigations have been performed, where 553 samples and 769 smears have been taken for microbiological analysis. All taken samples for microbiological analysis were health safe, except 9 food samples in Tetovo that were microbiologically contaminated. With the smears, as more sensitive method for detecting microbiological contamination, 57 smears have been detected that do not satisfy the hygienic standards, from which 15% in Tetovo, 13% in Ohrid, 9% in Veles, 4% in Kochani and Skopje.

Table No. 1: Monitoring of food safety in educational institutions, schools and kindergartens

Public Health Centre	Number of investigations	Number of tested meals	Number/% of microbiologically contaminated	Number of smears	Number/% of smears that do not satisfy the hygienic standards
Skopje	10	40	0	50	2 /4%
Bitola	14	100	0	16	0
Kumanovo	20	80	0	100	0
Prilep	20	34	0	52	0
Veles	22	80	0	110	10 /9%
Ohrid	11	43	0	160	21 /13%
Tetovo	10	80	9 /11%	84	13 /15%
Kochani	12	48	-	92	4 /4%
Strumica	16	48	0	105	7 /0.7%
TOTAL	135	553	9	769	57 /7%

Source: Public Health Institute of the Republic of Macedonia

Table No.2: Monitoring food safety in health institutions

	Number of investigations	Number of tested meals	Number/% of microbiologically contaminated	Number of smears	Number/% of smears that do not satisfy the hygienic standards
Skopje	6	24	1	60	12 /20%
Bitola	8	112	0	50	0
Kumanovo	4	32	0	40	0
Prilep	4	8	0	20	1
Veles	12	48	1	125	16 /13%
Ohrid	6	24	0	83	5 /6%
Tetovo	2	8	1	20	1
Strumica	2	3	0	15	0
TOTAL	44	259	3	413	25 /6%

Source: Public Health Institute of the Republic of Macedonia

In the kitchens within the hospitals in which food is prepared and served, a total of 44 sanitary-hygienic investigations are conducted, where 259 food samples were taken for testing, as well as 413 smears. From the analysed meals, 3 samples have been healthy unsafe, per one in Tetovo, Veles and Skopje. The smears showed microbiological contamination of 20% in Skopje, 13% in Veles and 6% in Ohrid. In these towns there is significant deviation from the hygienic norms, which needs improved supervision by the responsible persons, with improved measures for disinfection of the premises, the equipment and the utensils. Those are measures that have been undertaken and that prevented epidemics occurrence of diseases caused by microbiologically contaminated food.

Most common isolated microorganisms in the smears are Staphylococcus aureus, Pseudomonas, Enetrobacteriaceae, microorganisms that refer to insufficient maintenance of personal and general hygiene.

In 2013, a total of 152 sanitary-hygienic investigations have been performed, where 752 samples and 870 smears have been taken for microbiological analysis. With the smears, as more sensitive method for detecting microbiological contamination, 57 smears have been detected that do not satisfy the hygienic standards, from which 15% in Tetovo, 13% in Ohrid, 9% in Veles, 4% in Kochani and Skopje.

Table No. 3: Monitoring food safety in educational institutions, schools and kindergartens

Public Health Centre	Number of investigations	Number of tested meals	Number/% of microbiologically contaminated	Number of smears	Number/% of smears that do not satisfy the hygienic standards
Skopje	10	40	0	50	2 /4%
Bitola	14	100	0	16	0
Kumanovo	20	80	0	100	0
Prilep	20	34	0	52	0
Veles	22	80	0	110	10 /9%
Ohrid	11	43	0	160	21 /13%
Tetovo	10	80	9 /11%	84	13 /15%
Kochani	12	48	0	92	4 /4%
Strumica	16	48	0	105	7 / 0.7%
Total	135	553	9	769	57/7%

Source: Public Health Institute of the Republic of Macedonia

Table No.6p.4: Monitoring food safety in health institutions

	Number of investigations	Number of tested meals	Number/% of microbiologically contaminated	Number of smears	Number/% of smears that do not satisfy the hygienic standards
Skopje	6	24	1	60	12 /20%
Bitola	8	112	0	50	0

Kumanovo	4	32	0	40	0
Prilep	4	8	0	20	1
Veles	12	48	1	125	16/13%
Ohrid	6	24	0	83	5 / 6%
Tetovo	2	8	1	20	1
Strumica	2	3	0	15	0
TOTAL	44	259	3	413	25 / 6%

Source: Public Health Institute of the Republic of Macedonia

In the kitchens within the hospitals in which food is prepared and served, total of 56 sanitary-hygienic investigations are conducted, where 224 food samples were taken for testing, as well as 520 smears. From the analysed meals, 3 samples have been healthy unsafe, per one in Tetovo, Veles and Skopje. The smears showed microbiological contamination of 20% in Skopje, 13% in Veles and 6% in Ohrid. In these towns there is significant deviation from the hygienic norms, which needs improved supervision by the responsible persons, with improved measures for disinfection of the premises, the equipment and the utensils. Those are measures that have been undertaken and that prevented epidemics occurrence of diseases caused by microbiologically contaminated food.

Most common isolated microorganisms in the smears are *Staphylococcus aureus*, *Pseudomonas*, *Enterobacteriaceae*, microorganisms that refer to insufficient maintenance of personal and general hygiene.

In 2014, a total of 188 sanitary-hygienic investigations have been performed in the educational institutions, schools and kindergartens, where 804 food samples and 1073 smears have been taken for microbiological analysis. 32 (3.9%) meals have been microbiologically contaminated, from which 18 samples contaminated with *E. coli*, 6 with *Staphylococcus aureus*, 6 with *Enterobacteriaceae* and per one with mould and aerobic mesophilic bacteria. With the smears, as more sensitive method for detecting microbiological contamination, 70 smears have been detected that do not satisfy the hygienic standards, from which 32 in Shtip, 12 in Veles, 8 in Ohrid, 6 in Kochani, 5 in Tetovo, 5 in Bitola, 1 in Strumica and 1 in Skopje. With the smears, increased number of aerobic mesophilic bacteria and *Enterobacteriaceae* has been detected.

These controls detected persons that are germ-carriers, which have been sent to early examinations, and measures have been undertaken for improving the procedures for cleaning and disinfection of the working surfaces.

In the kitchens within the hospitals in which food is prepared and served, total of 58 sanitary-hygienic investigations are conducted, where 245 food samples were taken for testing, as well as 551 smears. The smears showed microbiological contamination in 71 or 12.9% of the taken smears, with highest percentage in Shtip, Veles, Kochani and Skopje.

In the smears with positive findings, they have isolated enterobacteria and aerobic mesophilic bacteris in 55 smears, as well as *Staphylococcus aureus* in 5 smears, coliform bacteria in 9 smears, and in 2 smears *Klebsiella* spp. The situation with maintaining hygiene was most alarming in the Clinical Hospital in Shtip, where there are no elementary conditions for maintaining hygiene and protection against

external contamination, rodents and similar. The Public Health Centre – Shtip has performed few investigations and control smears in order to improve the situation; however that exceeds the authorizations and the limitations of the Public Health Centre.

In the kitchens within the rest homes in which food is prepared and served, total of 8 sanitary-hygienic investigations are conducted, where 26 food samples were taken for testing, as well as 40 smears. Only 1 microbiologically contaminated meal has been detected in Skopje. While all other taken smears fulfil the hygienic standards.

In 2015, a total of 177 sanitary-hygienic investigations have been performed in the educational institutions, schools and kindergartens, where 710 food samples and 961 smears have been taken for microbiological analysis. All taken samples for microbiological analysis were health safe, except 26 (3.6%) food samples that were microbiologically contaminated. In 8 samples are detected Enterobacteriaceae, 8 samples are with findings of increased number of aerobic mesophilic bacteria, 4 samples with findings of Staphylococcus aureus, 2 samples with findings of Escherichia coli, 2 samples with findings of yeasts and 2 samples with findings of mould.

With the smears, as more sensitive method for detecting microbiological contamination, 67 smears have been detected that do not satisfy the hygienic standards, from which 34 in Shtip, where the smears show findings of Enterococcus and Staphylococcus aureus. These controls detected persons that are germ-carriers, which have been sent to early examinations and measures have been undertaken for improving the procedures for cleaning and disinfection of the working surfaces.

Table No.5:

Monitoring of food safety in educational institutions, schools and kindergartens for 2015					
	Number of investigations	Number of tested meals	Number/% of microbiologically contaminated	Number of smears	Number/% of smears that do not satisfy the hygienic standards
Skopje	30	120	2/1.6%	150	1/0.6%
Bitola	12	55	0/0	63	0/0
Kumanovo	20	80	0	100	0
Prilep	17	32	0	42	0
Veles	22	88	1/1.1%	110	7/6.4%
Shtip	22	100	18/18%	157	34/21.6%
Ohrid	10	40	0	100	9/9%
Tetovo	20	102	5/4.9%	105	16/15.2%
Kochani	12	45	0	74	0
Strumica	12	48	0/0	60	0/0
TOTAL	177	710	26/3.6%	961	67/6.9%

Source: Public Health Institute of the Republic of Macedonia

In the kitchens within the hospitals in which food is prepared and served, a total of 60 sanitary-hygienic investigations are conducted, where 223 food samples were taken for testing, as well as 540 smears. The smears showed microbiological contamination in 13 or 2.4% of the taken smears, with highest percentage in Ohrid, Tetovo, Bitola and Veles.

In the smears with positive findings, aerobic mesophilic bacteria are isolated in 7 smears, enterobacteria in 5 smears, as well as Enterococcus in 3 smears. This refers to contamination by the persons working with food. Recommendations for improved disinfection and cleaning have been given.

In the kitchens within the rest homes in which food is prepared and served, a total of 11 sanitary-hygienic investigations are conducted, where 32 food samples were taken for testing, as well as 50 smears. Only 1 microbiologically contaminated smear has been found in Skopje, where finding of Enterococcus has been determined. While all other taken smears fulfil the hygienic standards.

Last year, significant number of sanitary-hygienic investigations and microbiological analyses has been conducted, more than the foreseen dynamics within the work plan. In cases where deviations have been determined in relation to maintaining hygiene and food safety, recommendations and re-examinations of the procurement procedures, as well as the procedures for cleaning and disinfection. Control smears have been taken until the laboratory confirmation for improved situation.

MEASURES FOR FIGHT AGAINST SMOKING, ALCOHOLISM AND DRUG ADDICTION

The Law on Protection against Smoking stipulates a prohibition of smoking in public places and a prohibition of selling cigarettes to minors. It also regulates advertising and sponsoring. The Law on Tobacco sets forth quality standards, the levels of tar and nicotine, health warnings and graphic warnings. The legislation is in accordance with the EU measures in the respective field.

In accordance with the Law on Protection against Smoking, the State Sanitary and Health Inspectorate is performing continuous supervision in public and private health facilities, social facilities (retirement homes, facilities for new-borns and small children, homes for children without parents, etc.), facilities where education and care are implemented (kindergartens) and facilities and transport means in international traffic. In 2012, there have been 2,620 regular supervisions performed in public and private healthcare facilities and 400 extracurricular supervisions, and only one case of violation of the law was recorded. The State Market Inspectorate performs supervision of compliance with the prohibition for smoking in catering facilities (restaurants, cafes, etc.). In 2012, 4,744 inspection supervisions were performed, and 110 requests were filed for a violation procedure due to violation of the prohibition and 56 catering facilities were closed for business.

The Public Health Institute, within the implementation of the Programme 'Health for All', aside from preventive health examinations, hands out promotional material with information on the harmful consequences from smoking.

As part of denoting the Day Against Smoking (May 31st), and the Day of the Heart (September 28th), the Public Health Institute implemented activities related to prevention of smoking, by publishing articles and information on the website of the Public Health Institute and participation in media events, and a brochure was also created for stopping smoking.

In 2013, the Law on Protection against Smoking has been amended. The amendments provide a wider scope of the inspection services, which will be able to penalize for smoking in places where it is forbidden to smoke. In accordance with the new amendments, inspectional supervision may also be performed by the Public Revenue Office – PRO (Tax Authority) and the Ministry of Interior – MoI. In performing regular supervisions from their field of operations, they may also perform supervision over the implementation of the provisions from this law in all facilities and premises. In 2013, the State Sanitary Health Inspectorate performed around 2,000 regular supervisions in public and private health institutions, in which cases it was concluded that there is compliance with the law.

In 2014, within 10 Public Health Centres (PHC), started the work of the Counselling Centres for stopping smoking. In these centres, educational lectures are provided, which are focused on presenting the harmful effects from smoking on smokers' health and the harmful effects of tobacco smoke on the environment. The lectures also discuss the different options for stopping smoking, pointing out some substitutes for nicotine (medications, chewing gum, stickers for quitting), as well as pointing out the symptoms from abstinence crisis. From September to December 2014, the Counselling Centres provided counselling for 93 persons in total, for all 10 Public Health Centres. 63 of these persons came in for group counselling, while 46 persons attended individual counselling (some of them after group counselling, and the rest only came in for individual counselling).

The State Sanitary and Health Inspectorate performed 3,300 inspection controls in 2014 in public and in private health facilities, social facilities, facilities that provide education and care and means of transport in international traffic, and no violations of the law were observed.

In the Counselling Centres for stopping smoking, the number of people that got counselling in the first half of 2015 is 153. The Occupational Medicine Institute as part of the activities for implementing informative campaigns for smoke-free work environments, and through preventive examinations of the staff, performed their regular health-promotion activities, intended to encourage the working population to stop smoking. The State Sanitary and Health Inspectorate made 4,328 controls in 2015, while the State Market Inspectorate performed controls in 3,700 facilities in the first three quarters of 2015, and 59 entities were penalized for violating the law.

Trends of consuming tobacco, alcohol and drugs

Regarding the question asked by the Social Rights Committee about the trends for consuming tobacco, alcohol and drugs⁶ we inform that: According to the Study results about behaviour of children of school age to health, conducted in 2014 / 2015 in the Republic of Macedonia, with a sample of 4,218 pupils aged 11, 13 and 15, there is a visible trend of decline of everyday smoking, i.e. tobacco use with pupils aged 15, and also a trend of decline of the prevalence of weekly use of alcohol with these children. In the case of using marijuana with 15 year old children, at least once in their life to date, there are no improvements.

The following tables show the trend in the period 2002 - 2014

Prevalence of everyday smoking with 15 year old children				
Gender / cycles	2002	2006	2010	2014
Boys – consumption of marijuana (MK)	11	10	9	8
Girls – consumption of marijuana (MK)	9	9	7	6
Boys - average health behaviour of school age children (NBSC)	18	14	14	8
Girls - average health behaviour of school age children (HBSC)	17	14	12	7

Source: Public Health Institute of RM

Prevalence of weekly consumption of alcohol of children aged 15				
Gender / cycles	2002	2006	2010	2014
Boys – consumption of marijuana (MK)	26	28	23	18
Girls – consumption of marijuana (MK)	11	15	12	9
Boys - average health behaviour of school age children	34	31	25	16
Girls - average health behaviour of school age children (HBSC)	24	21	17	9

Source: Public Health Institute of RM

⁶ European Social Rights Committee, Conclusions XX-2 (2013), (“Republic of Macedonia”, Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 9.

Prevalence of marijuana at least once in the life of children aged 15				
Gender / cycles	2002	2006	2010	2014
Boys – consumption of marijuana (MK)	3,8	4	4	4
Girls – consumption of marijuana (MK)	2,5	3	2	3
Boys - average health behaviour of school age children	25,8	21	20	17
Girls - average health behaviour of school age children (HBSC)	18,9	16	15	13

Source: Public Health Institute of RM

Trends of alcohol abuse

In accordance with the data from the Annual Statistical Report of the Republic of Macedonia, the annual monetary expenses (expressed in MKD) for alcoholic beverages are the following:

YEAR	2012	2013	2014	2015
Average per household	3508	3088	3088	3635
Average per household member	942	832	836	986

Source: Annual Statistical Report of RM

Annual spent quantities of alcoholic beverages (expressed in liters) are provided in the following table:

YEAR	Average per household				Average per household member			
	2012	2013	2014	2015	2012	2013	2014	2015
Wine	5.4	5.2	6.6	6.4	1.4	1.4	1.8	1.7
Beer	40.0	36.2	36.3	37.4	10.7	9.8	9.8	10.2
Spirits	2.9	1.9	2.2	2.7	0.8	0.5	0.6	0.7

Source: Annual Statistical Report of RM

At the same time, there is an incline trend of the indexes of prices of alcoholic beverages, which are 91.9 in 2012, 96.5 in 2013, 100 in 2014 and 101.1 in 2015.

During the last several years, there is an increase in the number of persons who died from reasons linked to alcohol psychosis and cirrhosis is seen.

Persons who died of diseases related to alcohol abuse in the Republic of Macedonia		
	2012	2013
Alcohol psychosis F10	8	12
Alcohol cirrhosis K70	25	30

Source: Annual Statistical Report of RM

The reason for mortality as a consequence of alcohol use is most common with age groups aged between 45 and 54, while with young people, especially boys aged 15 to 24, which are victims of unintentional injuries, as most common drunkenness and loss of control of the behaviour.

Protection against abuse of narcotic drugs

The Law on Drugs regulates this area, along with the legislation from the field of justice and customs, wherein the health sector determines the rules for legal use of drugs and treatment of addictions. In 2014, a National Strategy on drugs 2014 – 2020, was adopted, which deals with issues of coordination and organization of various sectors that are involved in this area and it establishes measures and activities for reducing the consumption and demand of drugs. The National Strategy for drugs of the Republic of Macedonia 2014 – 2020 and the Action Plans foresee activities for dealing with new challenges that are identified in the recent period, including:

- the need for improving quality, diversification (in terms of sensitivity of cultural differences, gender, age, ethnicity) and availability of centres for substitution therapy for maintenance with methadone;
- the need for reorganization, decentralization and increase of the availability from tertiary to a primary level, of the treatment of drug addiction with a product from the group of psychotropic substances – Buprenorphine;
- the need for mandatory application of psychiatric treatment in the centres for treating drug addiction and specialized clinics that provide treatment for drug addiction, and not only pharmacological treatment (issuing a substitution therapy);
- the need for integrated approach to health care with treatment of psychiatric comorbidity;
- the need for conducting research and analysis of the reasons behind the increase of the number of death cases as a result of methadone overdose;
- continued high prevalence of mortality rates related to drugs;
- the need to implement an analysis for the high incidence of death cases from traffic accidents and potential use of psychoactive substances as a high risk;
- a growth trend for using more psychoactive substances at the same time, including medicine that contain psychoactive substances;
- prevention of diversion of chemicals that might be abused as precursors for illegal drug production;
- appearance of a trend of new psychoactive substances.

There is continuous functioning of the State Inter-departmental Commission against Drugs, within the Department for controlled substances in the Ministry of Health is the Monitoring Centre for Drugs and Drug Addictions, a reference point for collaboration with the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA).

The treatment of persons addicted to drugs is available within the national network of public health services, which makes the public sector the leading actor in the medically assisted treatment of drug related diseases, which was recently joined by several other

private psychiatric practices. Treatment for drug users is available in the whole country. At the moment there are 12 centres for treatment of addiction diseases that are functioning, and the funds for providing substance therapy (methadone and buprenorphine) for around 1400 persons each year is provided through the Annual Programme for Treatment of Addiction Diseases. The treatment system includes daily in-patient treatment, in-patient treatment, detoxification and substance treatment. Most drug users that are treated are receiving daily in-patient treatment, where they get a substitution treatment, psycho-social interventions, individual or group counselling and social psychotherapy. Inpatient treatment for drugs is consisted of pharmacologically assisted psychosocial interventions, in the sense of treatment of withdrawal symptoms.

In cooperation with the NGO sector, local self-government and the government sector (health, social protection) there are several functioning facilities for rehabilitation, re-entry in society and re-integration for addicted persons: Daily Centre for drug users and their family members - (Inter-municipal Centre for Social Works - Ohrid), Therapy community - Pokrov - Strumica, which is a cooperation between local government, the NGO sector and the Centre for prevention and treatment within the general hospital in Strumica, the Daily Centre for re-socialization and rehabilitation of drug users and their families, of the NGO - Hops, funded by the City of Skopje, etc.

Activities for education of different groups, students and the general population are continuously organized as part of the preventive public health activities of the Public Health Institute and the Public Health Centres, as well as through the activities of the NGO sector involved in the HIV/AIDS Programme funded by the Global Fund (GF).

EPIDEMIOLOGICAL MONITORING

The Law on Protection of the Population against Communicable Diseases and the Law on Public Health provide a legal basis for the system for epidemiological supervision and monitoring, as well as for the implementation of the International Health Rulebook.

There is continuous implementation of the planned activities for prevention and control of communicable diseases and immunization, foreseen in the public health programmes (Public Health Programme, Programme for researching the phenomenon, spreading, prevention and suppression of brucellosis with people from the Republic of Macedonia, Programme for protection of the population from HIV/AIDS, Programme for mandatory immunization of the population in the Republic of Macedonia). A solid network is established and functioning of health facilities for monitoring, supervision, control, early detection, prevention of the spread of communicable diseases as well as adequate diagnostics, which together allows for timely treatment of persons that are infected by communicable diseases. The coordination in the area is established through an expert Committee for Communicable Diseases, which is in close cooperation with the Commission for Prevention of Intra-hospital infections, the Commission for Prevention of Influenza as well as the Committee for Immunization. The cooperation with the Ministry of Health with the relevant institutions (Public Health Institute of the Republic of

Macedonia, Food and Veterinary Agency and the State Sanitary and Health Inspectorate) happens on a daily basis.

The State Sanitary and Health Inspectorate implements a supervision in terms of implementation of immunization, reporting and recording communicable diseases, intra-hospital infections and control of passengers in international traffic at border crossings for persons that are going and coming back from massive gatherings (HAJJ).

In 2012, the Commission for Communicable Diseases, under the Ministry of Health, enacted a National Plan for Prevention against Vector Transmitted Diseases, with a special emphasis on mosquitoes and ticks. In 2012, in cooperation with the Food and Veterinary Agency, a study was made for the presence of West Nile with domesticated animals and local action plans were adopted for prevention against West Nile. Following the recommendations of the Commission for Communicable Diseases, municipalities are subjected to pest control treatments. Also, a Protocol was adopted for treating patients with West Nile fever and education of healthcare workers.

In the context of the appearance of the new corona virus – MERS CoV, in 2013 an information brochure was created, the case definition was revised, and brochures were distributed to primary care physicians, as well as to passengers going on a pilgrimage.

Also, in 2013, an Action Plan was prepared for harmonizing and implementing the International Health Rulebook, while in 2014 protocols were created for acting in case of radiological risks, in case of chemical risks and protocol for entry points. A simulation drill was conducted, in case of importation of Ebola in RM via air, at the entry point in Skopje – the Airport.

In 2013, a Strategy was adopted for fighting tuberculosis for the period 2013 – 2017, as part of the activities funded by the Global Fund, new molecular tests were introduced for diagnosing tuberculosis and testing for sensitivity to drugs, the National Reference Laboratory and the Department for treating patients with multi-resistant tuberculosis were completely reconstructed, with special conditions for infection control.

Since 2015, the Public Health Institute enters the data for monitoring influenza in the country (laboratory and epidemiological) in the TESSY system of the European Centre for Disease Control (ECDC) and starting from the season 2014/2015, a sentinel monitoring of influenza has been introduced. Since October 2015, with the start of the new flu season 2015/2016, the number of ILI/ARI sentinel positions increased to 15, as compared to 6 in 2014, in order to achieve higher system coverage. At the same time, the activities for improving the functioning of the SARI system for supervision of influenza continue, i.e. the monitoring of severe, serious cases of acute respiratory infection.

There are ongoing activities for updating the Programme for elimination of small pox, rubella and prevention of congenital rubella infection in the Republic of Macedonia 2010 – 2015, pursuant to the new goals set for the entire European community, for the period up to 2020.

IMMUNIZATION

Mandatory immunization is implemented in the Republic of Macedonia in accordance with the laws and by-laws in this area, i.e. in accordance with the Law on Protection of the Population From Communicable Diseases (Official Gazette of the Republic of Macedonia, No. 66/04, 139/08, 99/09 and 149/14) and the Rulebook for Immunoprophylaxis, Chemoprophylaxis, persons who are subjected to these measures, the method of implementation and record keeping and document storage (Official Gazette of the Republic of Macedonia No. 177/15). Each year, the Ministry of health of the Republic of Macedonia, enacts an annual Programme for Mandatory Immunization of the Population of Macedonia, at the proposal of the Public Health Institute, and based on these regulations.

The activities foreseen with the Programme are implemented by preventive teams of the Health Homes in the Republic of Macedonia, the University Clinic for Infectious Diseases and Febrile Conditions and the University Clinic for Children's Diseases, Infectious Units of General and Clinical Hospitals and other healthcare facilities in the Republic of Macedonia that are authorized for vaccinations against certain communicable diseases.

Aside from performing vaccination after clinical and epidemiological indications, the Public Health Centres and their branch units, along with the Public Health Institute of the Republic of Macedonia and the State Sanitary and Health Inspectorate are also in charge of implementing supervision and control of the activities foreseen in the Programme.

The immunization in the Republic of Macedonia is mandatory and free of charge for all children aged 0 - 18. Mandatory vaccinations are also implemented for persons exposed to communicable diseases - after epidemiological indications, as well as active immunization after epidemiological and clinical indications, also for travellers in international traffic.

Mandatory vaccination is provided against tuberculosis, type B hepatitis, type B haemophilus influenza, polio, diphtheria, tetanus, pertussis (whooping cough), smallpox, rubella, measles and diseases caused by Human Papilloma Viruses (HPV).

In accordance with the Strategy for Immunization, polyvalent vaccines were introduced in the Immunization Calendar. A vaccine was provided against Streptococcus pneumonia, for children with clinical indications and following a recommendation from a paediatrician.

The data about the scope of individual vaccines during routine vaccination of children that are subject to mandatory immunization in the Republic of Macedonia in 2012 – 2015, which are prepared and are handled by the Public Health Institute of the Republic of Macedonia are of the type of aggregate data for the number of vaccinated persons, the type of vaccine / re-vaccine, the health region and overall for Macedonia.

The following table provides an overview of the number of vaccinated persons and the scope with primary vaccination against certain diseases (hepatitis B, haemophilus influenza - type B, diphtheria, tetanus, pertussis, polio, smallpox, rubella, communicable measles and HPV infections) at the level of the entire country, for the period from 2012 to 2015.

Scope of mandatory vaccination in the Republic of Macedonia from 2012 to 2015

Vaccine	Hepatitis B		HIB		Di Te Per		OPV		MRP		HPV	
	No. of vaccinated persons	%	No. of vaccinated persons	%	No. of vaccinated persons	%	No. of vaccinated persons	%	No. of vaccinated persons	%	No. of vaccinated persons	%
2012	21700	98.1	21210	94.7	21286	94.7	21880	96.9	24949	96.1	5259	51.8
2013	21741	96.5	21711	97.1	23010	98.2	22884	97.9	21747	96.1	4202	40.1
2014	22030	96.6	20925	93.6	21737	95.4	21873	95.9	20452	93.3	5619	53.7
2015	20245	91.8	18239	88.6	19682	91.3	19929	92.1	19140	88.8	3677	42.2

Source: Public Health Institute of the Republic of Macedonia

PROTECTION FROM ACCIDENTS AND INJURIES

We inform that in terms of this section, there have been no changes in the sense of new activities and new statistical data since the previous report in 2012.

ARTICLE 12 – The 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 it was already mentioned in the Report from 2012, the social insurance system in the Republic of Macedonia covers three basic insurance systems: health insurance, pension and disability insurance and insurance in a case of unemployment.

HEALTH INSURANCE

The Law on Health Insurance regulates the health insurance of the citizens, the rights and obligations related to health insurance and the manner of implementation of the health insurance.

Regarding Law defining the categories of insured persons and the co-funding (participation) of the insured persons when using the health services, we inform that there are no changes since the last report from 2012.

PENSION AND DISABILITY INSURANCE

The pension and disability insurance in the Republic of Macedonia is regulated by several laws, as follows:

Law on Pension and Disability Insurance (Official Gazette of the Republic of Macedonia No. 98/12, 166/12, 15/13, 170/13, 43/14, 44/14, 97/14, 113/14, 160/14, 188/14, 20/15, 61/15, 97/15, 129/15, 147/15, 154/15, 173/15, 217/15, 27/16, 120/16 and 132/16);

Law on Mandatory Fully Funded Pension Insurance (Official Gazette of the Republic of Macedonia No. 29/2002, 85/2003, 40/2004, 113/2005, 29/2007, 88/2008, 48/2009, 50/10, 171/10, 36/11, 98/12, 13/13, 164/13 44/14 and 192/15);

Law on Voluntarily Fully Funded Pension Insurance (Official Gazette of the Republic of Macedonia No.7/08, 124/10 71/11 and 13/13);

Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance (Official Gazette of the Republic of Macedonia No.11/2012, 147/15 and 30/16)

Following the adoption of the new Law on Pension and Disability Insurance some changes and amendments has been made.

Relevant to mention here are the changes pertaining to harmonization of the pensions. In 2013, in addition to the regular harmonization of the pensions according to the tendencies of the index of living costs (50%) and the increase of the average salary paid (in the amount of 50%) on January the 1st and July the 1st, since March 2013 additional harmonization of the pensions by 5% was carried out. This harmonization of 5% was done in a manner that the total amount for payment of the pensions for March 2013 was increased by 5% and was divided by the total number of pension beneficiaries (those that became eligible for pension by February 2013).

In 2014 the pensions were harmonized by 5% in a way that the total amount for payment of pensions for February 2014 was increased by 5% and divided by the total number of pension beneficiaries, those that became eligible for pension by February 2014.

In 2015 the pensions were harmonized by 5% in a way that the total amount for payment of pensions for September 2015 was increased by 5% and divided by the total number of pension beneficiaries, those that became eligible for pension by September 2015.

In order to improve the quality of services provided by the Pension and Disability Insurance Fund of Macedonia, the Law on Pension and Disability Insurance of Macedonia was amended, whereby the following activities were regulated:

- **Increasing of transparency when accommodating pensioners in Homes for Retired People.** Since June 2015, in the Pension and Disability Insurance Fund of Macedonia, a system for electronic ranking and allocating of the pensioners for accommodation in Homes for Retired People is established, which makes the entire process maximally transparent and efficient. This project will enable all those vulnerable pension beneficiaries that are in need of accommodation in Home for Retired People, to get that accommodation in a transparent manner.
- **Write-off of interest for unpaid pension and disability insurance contribution.** In July 2015 a Law on Writing-off of Interest for Matured Liabilities for Pension and Disability Insurance Contributions was adopted. It introduced a possibility for writing-off of calculated but unpaid interest related to the obligations for compulsory pension and disability insurance, including health insurance that occurred by (including) December 2008, as well as the obligations for contributions from compulsory social insurance that occurred starting with the salary from January 2009, until (including) December 2014.
- **Informing of the insured persons about their years-in-service used for calculation of the pension benefits – Inform Yourself on Your Insurance Years-in-Service.** Each insured person is informed about the status of his/ her total years in service and salaries (as grounds for insurance) twice a year – in February and July. This information is sent to the employer who is obliged to forward the same to each of the workers. In July 2015 a total of 522,407 lists for years-in-service and salaries were sent to 69,398 entities who provided their email to the Central Register.
- **Electronic access to data on years-in-service and paid contributions in the Pension and Disability Insurance Fund of Macedonia.** This electronic access is enabled since July the 1st, 2015. It makes it possible for the citizens to quickly and timely, with no additional cost, to have insight in the years in service and the contributions paid. This project significantly increased the service quality the people receive from the Pension and Disability Insurance Fund. Every person registered in the compulsory social insurance system who can access the

website of the Pension and Disability Insurance Fund can at any moment check his/her status on years-in-service and contributions paid.

- **Software solution for pension requests.** Since 2012, the entire process of adoption of resolution and payment of pension is carried out through the electronic system, with no paperwork involved, via electronic portfolio. In other words, all documents are scanned and stored as data history. At the same time, the completion of the portfolio to include data on salaries and years-in-service, when that is necessary to be done by other branch offices of the Fund, is also done electronically. The cases are not sent by post which is significantly reducing the time required for adoption of a resolution for pension.
- **Establishment of Social Security Council.** The Social Security Council was established in 2015 with aim to review topics related to social insurance and social protection. The initial session of the Council was held in January 2015. Its members include representatives from the Union of Pensioners Association, other NGOs active in the area of care for pensioners and elderly people, the Red Cross, the Pension and Disability Insurance Fund of Macedonia, Ministry of Health, health Insurance Fund, Ministry of Labour and Social Policy, etc.

The contributions for pension and disability insurance for the 2012-2013 period was 19% and in 2014 it was 18% of the gross salary.

The transitional costs incurred in 2012, 2013, 2014 and 2015 are shown in the table below:

YEAR	2012	2013	2014	2015
Transitional costs (in million denars)	3,599.49	4,141.29	4,138.32	4,719.99

Source: Annual Report on the operation of the Pension and Disability Insurance Fond of Macedonia for 2015

Ratio of insured persons – pension beneficiaries for the period 2012-2015				
Year	Number of employees	Number of pension beneficiaries	Number of pension beneficiaries on 1.000 employees	Number of employees on 1 pension beneficiary
2012	507,061	282,334	557	1.8
2013	526,909	289,114	549	1.8
2014	536,191	293,860	548	1.8
2015	558,821	299,640	536	1.9

Source: Annual Report on the operation of the Pension and Disability Insurance Fond of Macedonia for 2015

Number of pension beneficiaries for the period 2012-2015				
Year	Old age pension	Disability pension	Family pensions	Total
2012	162,086	43,648	76,600	282,334
2013	169,362	42,741	77,011	289,114
2014	176,157	41,245	76,458	293,860
2015	182,954	39,814	76,872	299,640

Source: Annual Report on the operation of the Pension and Disability Insurance Fond of Macedonia for 2015

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

December 2015	Number of beneficiaries	Pension amount (denars)
First group		
Pension received till 31.12.1996	3,584	10,352.00
Pension received from 1997 - 2001	712	8,841.00
Pension received after 2001	4,416	9,350.00
Total for the first group (men over 35 years and women over 30 years)	8,712	
Second group		
Pension received till 31.12.1996	5,213	10,121.00
Pension received from 1997 - 2001	1,592	8,313.00
Pension received after 2001	7,869	8,795.00
Total for the second group (men over 25 years and women over 20 years)	14,674	
Third group		
Pension received till 31.12.1996	13,337	9,825.00
Pension received from 1997 - 2001	5,886	7,783.00
Pension received after 2001	26,290	8,241.00
Total for the third group (men up to 25 years and women up to 20 years)	45,513	
Total:	68,899	

Source: Annual Report on the operation of the Pension and Disability Insurance Fond of Macedonia for 2015

The contributions amount started to reduce continuously since 2008, so that the net monthly amount of the compulsory pension fund started to reduce since 2014. Hence, the contributions amount was reduced from 8.5% in 2006 to 3.5% in 2014, and the same will be further reduced to 2.5% in 2018. The monthly allowance from the value of the net funds was reduced from 0.050% in 2006 to 0.045% in 2014, and the

same will be further reduced to 0.035% in 2018. This reduction of the allowances is reducing the costs in the system, and for the member on his/ her personal account more funds will be available.

In 2012, with the adoption of the amendments of the Law on Mandatory Fully Funded Pension Insurance (Official Gazette of the Republic of Macedonia No. 98/2012 and 30/16), an institutional independence of the Agency for Supervision of the Fully Funded Pension Insurance (MAPAS) was introduced in terms of its status, mandate, independence and supervision over the operation of this regulatory body were transferred from the competence of the executive power, i.e. the Government of Macedonia and the competent Ministry of Labour and Social Policy to the Parliament of the Republic of Macedonia.

The Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance, adopted in January 2012, regulates the types of payment of pensions from the second pillar i.e. the types of pension benefits from the third pillar, the institutions involved in the payment of the pensions 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 on which the second and third pension pillars are based i.e. ensuring of pension through capitalization of funds on individual account, transparency, possibility for personal choice on the type of pension and the institutions that will pay out the pension, protection of the interests of the second and third pillar pension beneficiaries, etc.

With regards to the request from the Committee on Social Rights to be informed about the implementation of the new Law from 2012, especially with regards to the coverage of person on the basis of age and on the basis of minimum allowance for pension⁷, we notify on the following:

The Law on Payment of Second and Third Pillar Pensions regulates the type and manner of payment of the pensions from second and third pillar. Its implementation started from January the 1st 2014.

One part of the age pensions is ensured through the second pillar, using funds that have been accumulated on the individual account of each pension fund member. The third pillar provides pension benefits as additional income from the funds accumulated at the volunteer individual account, and from the professional account of each pension fund member.

This Law regulates the types of payment of the second pillar pensions i.e. the types of pension benefits from the third pillars, the institutions to be involved in such payment of pensions i.e. pension benefits, the actual payment procedure, etc.

The Law on Payment of Pensions and Pension Benefits from the Fully Funded Pension Insurance is based on the same principles on which the second and third

⁷ European Social Rights Committee, Conclusions XX-2 (2013), ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 10.

pension pillars are based i.e. ensuring of pension through capitalization of funds on individual account, transparency, possibility for personal choice on the type of pension and the institutions that will pay out the pension, protection of the interests of the second and third pillar pension beneficiaries, etc.

Before preparing this draft law, analysis of the second and third pension pillar development are carried out, including analysis of the situation on the capital market and in the insurance sector, analysis of the types of pension payments for the second i.e. pension allowances from the third pillars, the allowed combinations for types of payment especially for the second pension pillar, the institutions that will carry out the payment, the transparency of the process for selecting the type of payment, defined procedures for paying of the different up to the lowest pension amount, etc. Especially relevant is the fact that this Law takes into account the specifics of the second pillar, from the aspect of its connection to the first pillar, because the process of exercising of the right to age pension should be seen in an integrated manner, as a right from the mandatory pension system.

Since it is about mandatory pension insurance, the eligible types of pension payment from the second pillar are lifelong programmed withdrawals, lifelong annuity and combination of both. From the aspect of institutional organization, the pension entities provide payment of the programmed withdrawals as a type of payment of pensions and pension allowances, while the insurance companies will do payment of the annuities as products from the insurance market. This is not putting under question the actual payment of the pensions because both companies are already specialized in products they offer on the market. The pension fund member has the discretion to choose the type of pension to be paid and which company will do the payment.

The right to minimum pension amount is guaranteed if the sum of the pension from the first pension pillar and the amount of pension paid from the second pension pillar is less than the minimum pension amount.

After turning 64 years of age (for men) i.e. 62 years of age (for women), the person will be able to withdraw money for pension via the pension entities in a form of programmed withdrawal, or via the insurance companies as annuity, or can make a combination of these two payments. These amounts are paid on monthly basis and separately from the pension acquired in the first pension pillar through the Pension and Disability Insurance Fund of Macedonia.

In order to ensure transparent approach for the future pension beneficiary from second and third pillar, the types of pension payments and the entities/ company that will be paying the pension, the Law foresees the establishment of a Centre for Electronic Listing. This Centre will collect and publish offers for types of payments of pension i.e. pension allowance from second and third pillar in an objective and transparent manner. The entire process of selection done by the person (whether he/ she will opt for programmed withdrawal or instalments) will be done through an electronic system, whereby the person will be able to access all offers and,

depending on his/ her decision, the person will sign a relevant contract with the insurance company or with the pension entity/ company.

With regards to the question asked by the Committee on Social Rights on the total number of persons insured from the total number of Labour active population (which includes the employed and unemployed persons), in order to determine whether the coverage of social security risks and persons is sufficient⁸, we notify that the Annual Report of the Pension and Disability Insurance Fund of Macedonia and the actuary reports do not include analysis on the total number of insured persons of the total Labour active population (which includes the employed and unemployed persons).

INSURANCE IN CASE OF UNEMPLOYMENT

The Law on Employment and Insurance in Case of Unemployment (Official Gazette of the Republic of Macedonia No.37/97, 25/00, 101/00, 50/01, 25/03, 37/04, 4/05, 50/06, 29/07, 102/08, 161/08, 50/10, 88/10, 51/11, 11/12, 80/12, 114/12, 39/14, 44/14, 113/14, 56/15, 129/15, 147/15, 154/15, 27/16 and 119/16) regulates the issues related to labour exchange, the rights and obligations of the employers, unemployed persons, other persons who are job seekers and the state, in relation to employment and insurance in case of unemployment, and other issues relevant for the employment.

The Law on amendments of the Law on Employment and Insurance in Case of Unemployment (Official Gazette of the Republic of Macedonia No.114/12) introduced a significant reform in the registration of the unemployed persons in the Employment Service Agency of the Republic of Macedonia. Two records are now introduced: records (database) of unemployed persons and records (database) of other persons – job seekers (passive job seekers).

Unemployed person is a person registered in the Agency, who is unemployed, is active job seeker, is capable to work and is ready to accept any relevant or appropriate employment offered to him/ her by the Employment Service Agency. The unemployed person is obliged to report in person to the Agency every 30 days and prove that he/ she was actively looking for a job in the last month. Furthermore, unemployed person is also a person undergoing training at employer, or educational course or other training, and during that period this person is beneficiary of cash compensation for preparation for employment for the duration of the use of cash compensation. To the unemployed person can be offered appropriate, proper and other employment.

Other person - job seeker refers to economically active or inactive person, who is registered in the Agency but is not active job seeker and/ or is not ready to accept job. Another person seeking job is obliged to report to the Agency every six months.

⁸ European Social Rights Committee, Conclusions XX-2 (2013), ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 10.

Insurance rights in a case of unemployment:

- 1) Cash compensation;
- 2) Preparation for employment (training, re-training or further training);
- 3) Right to health protection, in accordance with the health protection regulations;
- 4) Right to pension and disability insurance in accordance with the regulations pertaining to pension and disability insurance of unemployed person – beneficiary of cash compensation who is missing not more than 18 months before becoming eligible for age pension, but who does not have 15 years-in-service, until the person meets the minimum requirement of 15 years in service necessary for insurance;
- 5) Rights of disabled persons for employment with favourable conditions, in accordance with the law.

During the reference period, there are no changes in the legislation in terms of conditions for acquiring and exercising of the rights to insurance in case of unemployment.

In order to encourage the official reporting of the workers thus ensuring greater security for the employees, several changes were made during the reference period in the Law on Employment and Insurance in Case of Unemployment that provide benefits for the employers who will employ particular category of unemployed persons.

In that sense, the Law on amendments of the Law on Employment and Insurance in Case of Unemployment (Official Gazette of the Republic of Macedonia No. 39/14) foresees for a private sector employer, who will employ a person who is beneficiary of social welfare and who meets the rest of the requirements foreseen by the law, to be eligible for receiving subsidy for an employed person in the amount of up to 80% of the amount of the social welfare paid to the person/ household in the month that precedes the month in which the person was employed. This subsidy is paid to the employer in a period of 24 months, and the employer is obliged to retain the person in employment for additional 24 months after the subsidy period ends. The employer is obliged to pay to the person at least the minimum salary foreseen by the law for full time work.

Furthermore, the Law on Amendments of the Law on Employment and Insurance in Case of Unemployment (Official Gazette of the Republic of Macedonia No. 44/14) also introduces benefits for a private sector employer who will employ a person who is up to 29 years of age and who also meets other requirements foreseen by this Law. The employer will be relieved from payment of the contributions for mandatory social insurance for a period of 12 years, calculated from the day the person got employed. The employer is obliged to retain the person on job for additional 12 months after the period for which he was relieved from payment of contributions has expired. These provisions also apply to self-employed persons up to 29 years of age. These legal changes were in force 2 years after the Law entered into force.

As a continuation of the above changes is the project “Macedonia Employs”.The implementation of this project was made possible by the Law on Amendments of

the Law on Employment and Insurance in Case of Unemployment (Official Gazette of the Republic of Macedonia No. 56/15). These amendments introduced benefits for private sector employers who will employ different categories of unemployed persons and who meet the requirements foreseen by the Law in order to be relieved from payment of contributions for mandatory social insurance and/ or personal income tax for different time periods, depending on the category of unemployed persons the employer will hire. These are the categories of unemployed persons the employer can recruit in order to be relieved from the obligation for payment of compulsory social insurance:

-Unemployed person up to 35 years of age who was not employed before (with Labour contract); or unemployed person who was employed before (with Labour contract) but did not have Labour contract before this employment for at least 3 months;

-Unemployed person age between 35 and 50 years, who was unemployed at least 10 years in the last 15 years, and did not have Labour contract before this employment for at least 3 months;

-Unemployed person above the age of 50;

-Unemployed person who is parent to 3 or more children and who did not have Labour contract before this employment for at least 3 months, single parent or member of a single-parent family did not have Labour contract before this employment for at least 3 months, beneficiaries of social welfare, children without parents and parental care, domestic violence victims, disabled person with official disability status and person with official status of reduced Labour capacity or professional incapacitation for work of 50%, in accordance with the pension and disability insurance rules; professional soldiers who had their employment terminated in accordance with the Law on Service in the Army of the Republic of Macedonia; parents of children with impairments in development who are beneficiaries of special allowance for a period of at least 3 months before employment;

-Unemployed persons over the age of 58 who were unemployed in the last 2 years.

In accordance with these legal changes, the claims for relief from the obligation to pay mandatory social insurance contributions and/ or personal income tax can be filed within one year from the day of entry into force of the legal changes.

The above mentioned legal changes and the implementation of the annual operational plans for active programs and measures for employed resulted in reduction of the number of unemployment persons and their increased employment and employability.

In reference to the question asked by the Committee on Social Rights on the total number of insured persons in relation to the total active population, which is about the area of unemployment⁹, we notify that in 2015 the average number of cash compensation beneficiaries was 11,243 unemployed persons, which is 9.3% of the

⁹ European Social Rights Committee, Conclusions XX-2 (2013), ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 10.

total number of unemployed persons registered in 2015 i.e. 1.2% of the total active population in 2015.

Overview of average number of beneficiaries of cash compensation				
Year	2012	2013	2014	2015
Average number of cash compensation beneficiaries	24247	19636	16138	11243

Source: Employment Service Agency of the Republic of Macedonia

Official number of registered unemployed persons and of unemployed persons - beneficiaries of cash compensation for 2015					
Month	Total number of cash compensation beneficiaries in case of unemployment	Total number of cash compensation beneficiaries in duration of 1 month	% participation of cash compensation beneficiaries in duration of 1 month, in the total number of beneficiaries	Officially registered unemployed persons	% of participation of cash compensation beneficiaries in the number of registered unemployed persons
January	14441	78	0.5	124025	11.6
February	13604	38	0.3	123815	11.0
March	13468	49	0.4	126161	10.7
April	13206	47	0.4	125605	10.5
May	12392	45	0.4	123892	10.0
June	12517	48	0.4	122257	10.2
July	11952	34	0.3	119684	10.0
August	11599	34	0.3	118151	9.8
September	11156	47	0.4	117736	9.5
October	10794	42	0.4	116874	9.2
November	10586	34	0.3	115784	9.1
December	11590	149	1.3	114979	10.1
Average number	11243	54	0.5	120747	9.3

Source: Employment Service Agency of the Republic of Macedonia

Official number of registered unemployed persons and of unemployed persons – beneficiaries of cash compensation for 2014

Month	Total number of cash compensation beneficiaries in a case of unemployment	Total number of cash compensation beneficiaries in duration of 1 month	% of participation of cash compensation beneficiaries in duration of 1 month, in the total number of beneficiaries	Officially registered unemployed persons	% of participation of cash compensation beneficiaries in the number of registered unemployed persons
January	17937	34	0.2	97458	18.4
February	17394	32	0.2	101854	17.1
March	17298	26	0.2	104067	16.6
April	16975	23	0.1	103250	16.4
May	16770	31	0.2	102209	16.4
June	16332	33	0.2	100176	16.3
July	16006	38	0.2	97838	16.4
August	15568	26	0.2	100458	15.5
September	15186	31	0.2	114487	13.3
October	14914	51	0.3	120741	12.4
November	14870	81	0.5	123607	12.0
December	14411	60	0.4	123661	11.7
Average number	16138	39	0.2	107484	15.0

Source: Employment Service Agency of the Republic of Macedonia

Official number of registered unemployed persons and of unemployed persons – beneficiaries of cash compensation for 2013

Month	Total number of cash compensation beneficiaries in a case of unemployment	Total number of cash compensation beneficiaries in duration of 1 month	% of participation of cash compensation beneficiaries for a duration of 1 month, in the total number of beneficiaries	Officially registered unemployed persons	% of participation of cash compensation beneficiaries in the number of registered unemployed persons
January	22447	74	0.3	237596	9.4
February	21691	45	0.2	215730	10.1
March	20818	19	0.1	154460	13.5

April	20503	55	0.3	108769	18.9
May	19918	46	0.2	98726	20.2
June	19646	39	0.2	96999	20.3
July	19528	41	0.2	94641	20.6
August	18900	33	0.2	92987	20.3
September	18625	39	0.2	91293	20.4
October	18071	34	0.2	92799	19.5
November	17563	25	0.1	95279	18.4
December	17923	30	0.2	96200	18.6
Average number	19636	40	0.2	122957	16.0

Source: Employment Service Agency of the Republic of Macedonia

Official number of registered unemployed persons and of unemployed persons - beneficiaries of cash compensation for 2012					
Month	Total number of cash compensation beneficiaries in case of unemployment	Total number of cash compensation beneficiaries for a duration of 1 month	% of participation of cash compensation beneficiaries for a duration of 1 month, in the total number of beneficiaries	Officially registered unemployed persons	% of participation of cash compensation beneficiaries in the number of registered unemployed persons
January	26280	40	0.2	280618	9.4
February	26184	47	0.2	279727	9.4
March	25638	38	0.1	276715	9.3
April	25207	32	0.1	272392	9.3
May	24571	30	0.1	266832	9.2
June	24351	63	0.3	261322	9.3
July	23958	39	0.2	256949	9.3
August	23502	39	0.2	251817	9.3
September	23265	89	0.4	248509	9.4
October	22935	56	0.2	246841	9.3
November	22681	60	0.3	245122	9.3
December	22397	40	0.2	243403	9.2
Average number	24247	48	0.2	260854	9.3

Source: Employment Service Agency of the Republic of Macedonia

Adequacy of the benefits

Following the comment raised by the Committee that no information was provided on the coverage of the areas of diseases (sick leaves) and maternity, with regards to the total number of insured persons in comparison to the total active population¹⁰, we inform that the following insured persons can be eligible for the right to salary benefit during temporary incapacitation for work due to disease or injury:

- A worker employed (Labour contract) at legal entity, self-employed person, institution, other legal entity performing public service activities, state body or local self-government body and the City of Skopje;
- Citizen of the Republic of Macedonia working in international and foreign bodies, organizations and institutions located in the Republic of Macedonia, including foreign diplomatic and consular embassies and representative offices, in a personal service of a foreign diplomatic and consular offices, or in personal service of foreigners, unless foreseen otherwise by international treaty;
- Self-employed person

This right can be exercised in the following cases:

- 1) Disease and injury outside of work;
- 2) Injury at work and occupational disease;
- 3) Treatment and medical examination;
- 4) Care for sick child, who is up to 3 years old;
- 5) Care for sick member of the closer family, over the age of 3, but not more than 30 days;
- 6) Required escorting of sick persons referred to examination of treatment outside of his/ her place of residence;
- 7) Required escorting of sick child who is up to 3 years old until the child undergoes hospital treatment, but not more than 30 days;
- 8) Volunteer donation of blood, tissue or organ; and
- 9) Quarantine for prevention of diseases.

The salary benefit in the above cases is entitled starting from the first day of incapacitation for work and lasts for the entire duration of the incapacitation situation. It is paid for the days for which salary is obtained in accordance with the Labour relation regulations.

The above mentioned categories of insured persons are entitled to salary benefit during absence from work due to pregnancy, delivery and motherhood, where the benefit is paid for the duration established in the Labour relation regulations. The funds for this purpose are secured from the Budget of the Republic of Macedonia via a relevant authority.

Total number of benefits for sick leave and maternity leave					
Benefit type	2011	2012	2013	2014	2015

¹⁰ European Social Rights Committee, Conclusions XX-2 (2013), ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 10.

Sick leave	22.168	13.474	13.683	15.316	16.456
Maternity	7.460	7.600	7.923	9.149	9.180
Total	29.628	21.074	21.606	24.465	25.636

Source: Annual Report of the Health Insurance Fund of Macedonia

Total number of benefits for sick leave					
Benefit type	2011	2012	2013	2014	2015
Injury at work and occupational diseases	1.128	817	660	639	657
Diseases	16.967	9.562	9.572	10.968	11.698
Care for a family member	4.073	3.095	3.451	3.709	4.101
Total sick leaves	22.168	13.474	13.683	15.316	16.456

Source: Annual Report of the Health Insurance Fund of Macedonia

Total number of benefits for maternity leave					
	2011	2012	2013	2014	2015
Pregnancy and delivery	7,071	7,225	7,531	8,747	8,870
Employed nursing mothers	389	375	392	402	310
Total maternity leaves	7,460	7,600	7,923	9,149	9,180

Source: Annual Report of the Health Insurance Fund of Macedonia

Referring to the request from the Committee to provide the information on the poverty threshold, the minimum wage prescribed by Law and the national average wage¹¹ for the reference period 2012-2015, we provide the following overview:

Poverty threshold in the Republic of Macedonia 2012-2014				
	2012	2013	2014	2015
Poverty threshold for single-member family, annual equivalent income in denars	67 200	70 275	71 925	78270
Poverty threshold for four-member household (2 adults and 2 children at less than 14 years of age), annual equivalent income in denars	141 120	147 578	151 043	164367

Source - State Statistical Office

¹¹ European Social Rights Committee, Conclusions XX-2 (2013), ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter (Council of Europe, January 2014), p. 10.

Minimum wage as prescribed by the Law		
	Minimum wage (net)	Minimum net wage in the following sectors: textile production, production of clothing and production of leather and similar leather products
2012	8050	6263
2013	8050	6859
2014	8800	7500
2015	9560	8050
2016	10080	9000
2017		9590
2018		10080

Source - State Statistical Office

National average wage					
	2011	2012	2013	2014	2015
Average gross salary paid per employee	30,603	30,670	31,026	31,325	32,171
Average net salary paid per employee	20,848	20,903	21,146	21,394	21,904

Source - State Statistical Office

Analysis: The average net wage in 2015 is 21.904 denars, which is an increase of 9.300 denars (74%) in comparison to 2005 when it amounted 12.600 denars. The average gross wage is 32.171 denars which is an increase of 10.800 denars (51%) in comparison to 2005 when it was 21.335 denars.

CHILD PROTECTION (FAMILY BENEFITS)

The child protection is an organized activity based on the rights of the children, on the rights and obligations of the parents for family planning, and on the state and local self-government units for doing humane population policy. The family benefits are exercised through provision of conditions and proper living standard that correspond to the physical, mental, emotional, moral and social development of the children. The state and the local self-government units provide relevant tangible assistance to the parents for sustaining, raising, care and protection of the children, and ensure development of child protection institutions and services (Article 2 of the Law on Children Protection (Official Gazette of the Republic of Macedonia No.23/13).

The Law defines the term “child”. In that sense, a “child” is considered every person up to the age of 18 years, including persons with disabilities in their physical and mental development up to the age of 26 years. Upon exception when it comes to

child allowance, any person at a school age undergoing regular school is also considered as a child up to the age of 18 years (Article 11).

Pursuant to the Law, the child protection is exercised by ensuring particular rights, means and forms of children protection.

The Law on Children Protection (Article 6) defines the following family benefits and children rights:

- 1) Child allowance;
- 2) Special allowance;
- 3) One-off financial assistance for new-born;
- 4) Parental allowance for a child; and
- 5) Co-financing

These rights are provided by the state, in accordance with the eligibility requirements determined by the Law. The Law also provides the opportunity for the municipality, the municipality in the City of Skopje and the City of Skopje to ensure greater scope of rights if those are covered by own funds (municipal or City) and the Municipal or City council specifies the manner and the detailed criteria for exercising of the right to family benefits.

Child allowance

Child allowance is considered a child right and is provided in a form of financial benefit for compensation of some of the costs related to raising and development of the child (Article 21).

Article 22 in the Law says that the “Right to child allowance is provided to a child, Macedonian citizen, who is attend regular school in the Republic of Macedonia. The child allowance right can be exercised by one of the child parents, custodian or person who was entrusted with custody for the child with a Resolution adopted by the relevant Centre for Social Work and lives in family with that child (hereinafter: beneficiary), under conditions established by this Law. The beneficiary should be Macedonian citizen and with permanent residential address in Macedonia in the last three years before filing the request. The beneficiary can exercise the child allowance right only under one of the conditions”. This provision has a delayed enforcement and will enter into force after Macedonia becomes EU member. Until Macedonia becomes EU member, Article 16 of the Law on Child Protection will apply (Official Gazette of the Republic of Macedonia No. 98/00, 17/03, 65/04, 113/05, 98/08 and 107/08) which says that child allowance right can be exercised by one of the child parents, Macedonian citizen with permanent residence in Macedonia, for a child who is Macedonian citizen and goes to regular school in Macedonia, if the parent is employed in a company, public enterprise, public institution, establishment or other legal entity doing economic activity, and other legal entity delivering public service, state body, local self-government unit body and other local and foreign individual and legal entity employing individuals at least on part-time basis; beneficiary of pension and disability insurance rights, in accordance

with the Law on Pension and Disability Insurance; unemployed person receiving cash compensation; beneficiary of permanent financial assistance; disabled war veteran and beneficiary of family disability allowance; farmer – obligor for tax on revenues generated from agricultural activity as single and main business activity, craftsman performing traditional crafts and craftsman performing deficient crafts activities.

Upon exception, if the parent or member of his/ her family owns business premises, or founder of a company or institution, he/ she is not eligible for child allowance right.

Foreign nationals living in Macedonia can exercise the child allowance right in accordance with the Law on Children Protection and the international treaties ratified in accordance with the Constitution of the Republic of Macedonia (Article 23).

The child allowance is obtained depending on the age of the child and the material status of the family (Article 24).

The right to child allowance is exercised till the child turns 18 and if the school age child is attending regular school, as follows: for a child who is full time pupil in elementary school until the end of that education (as many years as that regular education takes), until 31 August; and for a child who is full time student in secondary school, for every school year until 31 August in the year, but until the child turns 18 years of age.

A child who is not a full time pupil/ student anymore is not eligible for child allowance and this right terminates on the first day of the following month after the end of that status.

A child who will become permanently incapable for work before he/ she turns 15 years of age, or will become incapable for work for a period longer than one year, is entitled to child allowance for the duration of such incapacitation, but only until the child turns 18 years of age. A child with recognized right for training for work is also considered as permanently incapacitated for work, until the child successfully finishes that training, but only until the child turns 18 years of age.

Upon exception, the right to child allowance is also allowed to a child who is unable to attend the teaching process full time due to disease or injury, and due to such incapacitation continues the education as a part-time student in accordance with the law.

The right to child allowance is also allowed to children sustained by their parent i.e. to children born in a marriage or outside of marriage, adopted children, as well as nephews, brothers, sisters and other children being sustained.

Child allowance is also possible for children being sustained, even when they have parents, if: their parents are permanently incapable for work; they are serving prison sentence; have been deprived of their parental right and the parents attend regular school.

Child allowance is also possible for children being sustained, in cases when the parents and the children have no assets or revenues from which the children can sustain themselves.

Child allowance is again possible for a child without parental care, accommodated in foster family.

Child allowance is not possible in the following cases: for a child who is accommodated and fully taken care of, free of charge, in institution or establishment for the purpose of upbringing, schooling or training, while he/ she is in that institution or establishment; and for a child who is Macedonian citizen and for which the parent is already exercising the right to child allowance from another country.

The material situation of the family is established on the basis of the revenues the family earns and the number of family members.

All revenues generated by all family members, as revenues of that family, are considered revenues on the basis of which the material situation of the family is established, as follows:

1. Salary and salary allowances (reduced by the contribution amounts, in accordance with the law)
2. Pension incomes in accordance with the law;
3. Financial benefits for unemployed persons;
4. Permanent financial assistance;
5. Social financial assistance;
6. Revenues from property and property rights; from performing independent activity; from doing crafting activity and other taxable revenues (copyrights, industrial property rights, contracts per services rendered, expert opinions, occasional income);
7. Revenues from performing agricultural activity which is considered cadastre revenue that was used as a base for assessment of the revenue tax from agricultural activity;
8. Revenues from temporary work abroad;
9. Revenues earned abroad as detached workers abroad;
10. Alimony and scholarships; and
11. Civil disability allowance.

The following are not considered revenues: special allowance, allowances for physical impairment, financial benefit for assistance and care for other person, one-off financial assistance, one-off financial assistance for new-born, parental allowance for a child, revenues of the foster family, financial compensation for costs related to a person in a foster family, assistance in a case of natural disasters, subsidies from performing agricultural activity as a sole occupation and alimony provided by a divorced parent for the purpose of child sustenance.

When establishing the right to child allowance, the total revenues made in the previous year from items 1, 2, 3, 4, 5, 8, 9, 10 and 11 and the total revenues made in the year before the previous year from items 6 and 7 of all family members individually are summed and divided by 12 i.e. by the number of months for which they have been generated. The average monthly income in the family is divided by the total number of family members.

Family, in a sense of this Law (Article 28) is consisted of spouses i.e. partner living together, children born in a marriage, outside marriage or adopted, nephews without parents under sustenance and juvenile brothers and sisters (if they have no parents and no income for sustenance) that all together make a living community that works and spends.

The following are not considered family members: persons enjoying full sustenance by the state free of charge; persons who are abroad for at least six months; or persons serving prison sentence.

A child is eligible for child allowance if in a family whose total revenues per family member are up 2,490 denars, and up to 4,980 denars for a child of a single parent. These amounts are harmonized with the increase of the living costs for the previous year, published by the State Statistical Office, in January for the current year.

Amount of child allowance:

- 716 denars for a preschool age child and for a pupil;
- 1,136 denars for a child student in secondary school, until 18 years of age.

For children who are permanently incapable to work, the child allowance amount is determined as follows:

- 716 denars for child who is permanently incapable for work, until 15 years of age;
- 1,136 denars for a child who is permanently incapable for work and is over 15 years of age, until 18 years of age.

The total monthly amount of the child allowance for children for whom the parent has exercised the right is 1,800 denars.

The amounts and the total monthly amount are harmonized with the increase of the living costs for the previous year, published by the State Statistical Office, in January for the current year.

Special allowance

Article 32, paragraph 1 of the Law stipulates that special allowance as a financial benefit is provided for a child with special needs who has physical or intellectual disabilities, or combined disabilities in their development, until 26 years of age.

Child with disabilities in the development and with special needs, in the sense of this Law (Article 33) is a child with difficult, heavy or severe disabilities in the physical development; moderate, difficult or deep mental disabilities; the most severe forms of chronic diseases; the most severe degree of damaged eyesight, hearing of speech (blind or practically blind person; practically deaf and totally deaf person; person with total absence of speech, person with severely damaged speech due to child paralysis, person with autism, person with damaged speech or speech that was later lost) and a number of development disability types (combined). With the amendments to the Law on Children Protection from 22 January 2015 (Official Gazette of the Republic of Macedonia No.10/15), a child with Down Syndrome is also considered as a child with disability impairment in the development and with special needs. These changes entered into force on 1 June 2015.

One of the parents of the child, custodian or person who was entrusted with custody for the child with a Resolution adopted by the relevant Centre for Social Work and lives in the same family with that child, with permanent residential address in Macedonia, is also eligible to exercise the right to child allowance, if the child is Macedonian citizen, with permanent residential address in Macedonia, until the age of 26, if the child is not placed and cared for in an institution on a State burden (Article 34, Paragraph 1).

Novelty in this section of the Law is that it makes the persons with recognized refugee status or person under subsidiary status, who have child (children) with impairments in the development and with particular (special) needs (Article 34, Paragraph 2) eligible for exercising of the right to special allowance. This provision will enter into force after the Republic of Macedonia becomes member of the European Union (Article 241 of this Law).

The amount of the special allowance is 4,202 denars.

On 17 January 2014, the Parliament of the Republic of Macedonia adopted the Law on Amendments to the Law on Children Protection (published on 22 January 2014 in Official Gazette of the Republic of Macedonia No.12/14). The intention of these changes and amendments is to improve the financial situation of the single parents – beneficiaries of the special allowance for a child with special needs who has impairments in the physical or mental development, or combined development impairments, until the age of 26. The amount of the special allowance for single parents – beneficiaries who have child with special needs, who has impairments in the physical or mental development, or combined development impairments, until the age of 26, is increased by 50% and the Law prescribes a nominal amount of 6,303 denars. The new Article 35-a also establishes who is considered as a single parent of a child for which this right to special allowance in increased amount is exercised.

The definition in the Law for single parent of a child for which special allowance right is exercised is as follows: parent of a child he/ she sustains, of the second parent is deceased; child who acquired the right to family pension after the death of one of the parents and the other parent is employed; child who acquired the right to family pension after the death of one of the parents and the other parent is not

employed; child from a divorced marriage if the parent with whom that child lives is not living in a marriage or with a partner; child where one of the parents is unknown and child where one of the parents is missing (Article 35-a).

The amount of the special allowance for single parents, in increased amount, is in force since January the 1st 2014.

On 14 January 2015, the Parliament of the Republic of Macedonia adopted the Law on Amendments to the Law on Children Protection (published in the Official Gazette of the Republic of Macedonia No.10/15 on 22 January 2015). The intention of these changes and amendments is to expand the eligibility right to special allowance to children with Down Syndrome as well and to improve the financial situation of the poor person – beneficiaries of social welfare and permanent financial assistance who have child with special needs that has disabilities in the physical or mental development, or combined disabilities in the development, until the age of 26, by increasing the amount of the special allowance by 25%. These changes entered into force on 1 June 2015.

This will improve the standard of the poor person – beneficiaries of social welfare and permanent financial assistance who have child with disabilities in the development and are exercising the right to special allowance, so now all children with Down syndrome are covered with this special allowance. These changes entered into force on 1 June 2015. The amounts are harmonized with the increase of the living costs for the previous year, published by the State Statistical Office, in January for the current year.

One-off financial assistance for new-born child

Article 36 in the Law provides the right to one-off financial assistance for new-born child, for family with first new-born child. A first new-born child is considered a first child born alive, but first new-born children are also children that are born at once (twins, triplets, etc.).

Eligible to use the one-off financial assistance for new-born child is one of the parents, Macedonian citizen, with permanent place of residence in the Republic of Macedonia, for a child born on the territory of the Republic of Macedonia.

The amount of the one-off financial assistance for new-born child is 4,829 denars.

The amount is harmonized with the increase of the living costs for the previous year, published by the State Statistical Office, in January for the current year.

Parental allowance for a child

The right to parental allowance is exercised by a mother who is taking care of the child for which she filed a request and she has no prior children that are accommodated in a social protection institution, foster family, were not given for

adoption or has never been deprived of her parental right for any of the previous children. This right cannot be exercised if the mother, during her pregnancy, was not undergoing health examinations and controls at a doctor – specialist in gynaecology and obstetrics. This right cannot be also exercised i.e. it will be lost if already acquired, if the mother does not do the compulsory vaccinations of a child in accordance with the Law and if the child is not enrolled and does not regularly attend the teaching process in the elementary school, in accordance with the Law.

Upon exception, the right to parental allowance is also exercised for a child who:

- Is prevented to regularly attend the teaching process due to disease or injury, and extends its education due to such prevention, in accordance with the law, and who is unable to get proper education to its degree of impairment, in accordance with the law;
- If the mother lives and works abroad in the moment of filing of the request.

If the mother is not alive, or she abandoned the child, or is prevented to directly care for the child due to justified reasons, the father or the custodian can exercise this right instead of her if they meet the above requirements.

Justified reasons are: long-term continuous hospital treatment of the mother; serious health problems of the mother; study visit, professional improvement and specialization of the mother; and mother with deprived working capacity.

The parental allowance for third child is paid once per month, for a period of 10 years, in the amount of 8.048 denars. This amount is harmonized with the increase of the living costs for the previous year, published by the State Statistical Office, in January for the current year.

The order of child births for the parental allowance right is determined according to the number of children born alive by the mother, established in relation to the day of filing of the request for exercising of the parental allowance right, according to the date and hour of birth recorded in the official registry of births, and this order is established in the same manner in cases when the mother delivers several babies at once.

Pursuant to the transitional provisions of the Law, the acquired right for parental allowance for child (for third and fourth child) will continue to be exercised on the day of entry into force of this Law. The beneficiaries who acquired the right to parental allowance for a child (for third and fourth child) pursuant to Articles 30-a and 30-b of the Law on Children Protection (Official Gazette of the Republic of Macedonia No.98/00, 17/03, 65/04, 113/05, 98/08, 107/08), Articles 98 and 99 of the Law on Amendments of the Law on Children Protection (Official Gazette of the Republic of Macedonia No. 83/09) and the regulations that were in force till the day of entry into force of this Law, in the amount established in Article 9 of the Law on Amendments of the Law on Children Protection (Official Gazette of the Republic of Macedonia 156/09), shall continue to exercise the right to parental allowance for a child (for third and fourth child).

The transitional provisions in the Law (Article 239) establish that, in cases when the increase in the costs of life for the previous year are smaller than the costs in the last year of harmonization, or have negative sign, no harmonization of the rights amount shall be done, and no harmonization on the amount of the average monthly income will be made per family member for exercising of the right to child amount (threshold amount) i.e. these will be provided in accordance with the most recently harmonized year as it is more favourable for the beneficiary.

Co-financing

Depending on the material status of the family, a co-funding is provided for the costs for care, upbringing, rest and recreation of children in public institution for children. This co-funding is provided in the price of the service paid by the parent per child (Article 40).

As a right for children protection, this co-financing means that the parents are relieved from the obligation to pay some of the costs for care, upbringing, rest and recreation of the children in public institutions for children.

The co-financing right is exercised for a child the family of which suffers unfavourable material situation due to natural disaster (fire, flood, earthquake, etc.).

The following bylaws were adopted in 2013 for enforcement of the Law on Children Protection with regards to the rights for children protection:

- Rulebook on specific requirements, criteria and manner of exercising of the children protection right (Official Gazette of the Republic of Macedonia No. 62/2013);
- Rulebook on the format and content of the request forms and the documentation required for exercising of the right to children protection (Official Gazette of the Republic of Macedonia No. 70/2013);
- Rulebook on the format and content of the request for adoption of resolution from the Director of the Centre for Social Work (Official Gazette of the Republic of Macedonia No. 61/2013);
- Rulebook on the manner of maintenance of records and documents, content and format of the records on the rights for children protection (Official Gazette of the Republic of Macedonia No. 62/2013).

In 2014, were adopted adequate Amendments of the Rulebook on the specific requirements, criteria and manner of exercising of the children protection right (Official Gazette of the Republic of Macedonia No. 51/2014) and of the Rulebook on the format and content of the request forms and the documentation required for exercising of the right to children protection (Official Gazette of the Republic of Macedonia No. 51/2014); and

- Rulebook on specific requirements, criteria and manner of exercising of the right to co-financing of the costs for care, upbringing, rest and recreation in the public institutions for children (Official Gazette of the Republic of Macedonia No. 19/2014).

In 2015, were adopted the relevant Amendments of the Rulebook on the specific requirements, criteria and manner of exercising of the children protection right (Official Gazette of the Republic of Macedonia No.43/2015), and of the Rulebook on the format and content of the request forms and the documentation required for exercising of the right to children protection (Official Gazette of the Republic of Macedonia No. 43/2015).

Statistics data

The table below shows the total number of beneficiaries of financial benefits for children protection in the period 2012-2015 and available data on the amount of the allocated funds from the Budget of the Republic of Macedonia for the children protection rights in the period 2012-2015.

Child allowances				
Beneficiaries	2012	2013	2014	2015
Child allowances				
Total number of children	19 306	17 463	17602	14762
Total number of families	9 423	8 811	8531	7397
Beneficiaries of special allowance				
Total number of children	6 762	6 916	7165	7104
Total number of families	6 521	6 666	6904	6917
One-off financial assistance for new-born	8 898	8 521	8773	8472
Parental allowance for a child *	12055	14650	17959	21718
Expenditures (in thousands denars)				
Child allowance	154 347	142 794	133 985	119 479
Special allowance	334 308	339 743	378 565	382 882
One-off financial assistance for new-born	44 860	42 305	44 174	42 413
Parental allowance for a child *	1,114,322	1,280,776	1,478,984	2,183,983

Source: State Statistical Office

Data from the Ministry of Labour and Social Policy

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 the ratification of the European Code of Social Security.

Old Age pension

With the provisions of the new Law on Pension and Disability Insurance (Official Gazette 98/2012), the alignment is performed according to the movement of the index of living costs in the amount of 50% and the movement of the average net salary of all employees in the Republic of Macedonia in the amount of 50%. The alignment is performed twice a year on 1 of January and 1 of July each year. The percentage of adjustment is obtained from the sum of the percentage of the movement in the index of living costs in the previous half year and the percentage of the average net salary of all employees in the Republic of Macedonia in the previous half year compared to the first half preceded. According to this formula, an alignment of the pensions for 1.71% is performed.

In 2013, with the amendments to the Law on Pension and Disability Insurance (Official Gazette 166/2012) besides the regular alignment of the pensions according to the movement of the index of living costs in the amount of 50% and growth in average salary up to 50% on January the 1st and July the 1st, since March 2013 an additional adjustment of pensions by 5% was performed. The alignment of 5% was performed in a way that the total amount of the payment of pensions for March 2013 increased by 5% and was divided by the total number of pension beneficiaries who realized their pension as of February 2013.

With the amendments to the Law on Pension and Disability Insurance (Official Gazette 170/2013) in 2014, the pensions are adjusted for 5% in a way that the total amount for payment of pensions for February 2014 was increased by 5% and was divided by the total number of pension beneficiaries who realized their pension as of February 2014.

With the amendments to the Law on Pension and Disability Insurance (Official Gazette 160/2014) in 2015, the pensions are adjusted by 5% in a way that the total amount for payment of pensions for February 2015 was increased by 5% and was divided by the total number of pension beneficiaries who realized their pension as of September 2015.

Adjustment of pensions for the period of 2012-2015			
Year	Adjustment of pensions on January the 1st	Adjustment of pensions on July the 1st	Total adjustment
2012	0.31%	1.40%	1.71%
2013*	1.15%+5% from February	0.75%	7.00%
2014	5% from February	0.00%	5.00%
2015	5% from September	0.00%	5.00%
2016	5% from September	0.00%	5.00%

Source: Annual Report on the operation of the PDIFM for 2015

Review of the lowest pension amount, average pension and the highest pension amount for the period of 2005-2016			
Year	Lowest pension	Average pension	Highest pension
2005	4,218.00	7,463.00	26,032.00
2006	4,330.00	7,684.00	26,727.00
2007	4,403.00	7,848.00	27,178.00
2008	5,664.00	9,541.00	31,052.00
2009	5,980.00	10,057.00	32,788.00
2010	6,064.00	10,273.00	33,248.00
2011	6,238.00	10,628.00	34,201.00
2012	6,345.00	11,038.00	34,787.00
2013	7,020.00	11,845.00	36,007.00
2014	7,620.00	12,482.00	36,607.00
2015	8,241.00	13,068.00	37,228.00
2016	8,241.00	13,135.00	37,228.00

Source: Annual Report on the operation of the PDIFM for 2015

With the provisions of the new Law on Pension and Disability Insurance (Official Gazette 98/2012), the conditions for acquiring the right to old age pension are intact. Namely, the age pension can be exercised by an insured person who has turned 64 years of age (men) or 62 years of age (women) and at least 15 years of pensionable service.

The replacement rate is basically the percentage of which the amount of age pension is determined depending on the completed pensionable service, and currently it is about 1.8% for each year of pensionable service to a maximum of 80%. This applies only to members of the first pillar, i.e. those who are not part of the second pension pillar. The replacement rate is defined as the ratio of the pension of the person and his/her salaries. Specifically, it is defined as the ratio of the initial pension and the average salary earned during his/her lifetime (adjusted with salary

growth through valorisation odds). From January the 1st, 2009 the decrease of the rate of contribution for pension and disability insurance began, from 21.2% to 18% in 2012, i.e. to 17.4% in 2015.

The need to adjust the replacement rate is primarily due to the fact that pensions are financed by the payment of the contribution and the amount of the pension depends directly on the paid contribution rate of salary.

However, this will not affect the amount of pension, because on the other hand, no restriction on the percentage is proposed (80%). The decrease of the replacement rate, except for the purpose of equalizing the insured persons from the first and second pillar in terms of reducing the contribution to the second pillar of 6%, is also needed because of the unfounded salary growth after 2009, due to the inclusion of allowances for food and transport therein.

Due to the inclusion of the food and transport and the reduction of contributions, the salaries of the insured persons entering the pension base after January the 1st, 2009 are higher and it contributes to the pension base, depending on the years of service after the introduction of the reform. This means that the pension base which contains salaries from the entire working life, the salaries earned by 31.12.2008 will be lower than the salaries earned after January the 1st, 2009, as a result of the effects of the reform. Namely, after the reform, the insured persons that had higher pensionable service will achieve higher pensions than the insured persons who have no or have lower pensionable service at the same gross salaries.

Disability pension

With the new Law on Pension and Disability Insurance, a rate was introduced when determining the disability and the disability category.

The main component in the assessment of disability is the definitive status of the particular situation and durability, by which it significantly differs from the temporary incapacity to work. Besides this definition, the disability is defined according to two categories, the first category is when the working ability of the insured person is reduced by more than 80% and the second category is when the working ability of the insured person is reduced by more than 50% but not more than 80%. Through the introduction of categories of disabilities, a greater objectivity in the evaluation of the working ability and more specific state in the status of disability of the insured person will be provided. Initially in 2007, regarding the definition of disability, changes were made primarily in terms of the definition which as a solution is contained in this bill. The establishment of the percentage of disability came as a result of the analysis of the current system of assessment of working capacity and the need for its improvement on one hand, and the decisions of the laws of other European countries in this field on the other. Also,

it is important the right of the insured person to be assigned to another job or to work part-time where there is reduction of working capacity by 50% established, according to the general regulations on labour relations.

Survivor pension

With the new Law on Pension and Disability Insurance (Official Gazette no. 98/2012) various conditions regarding age eligibility for obtaining survivor pension for widow/widower are removed in order to achieve the principle of equality of citizens on the basis of sex defined in Article 9 of the Constitution of Republic of Macedonia, as well as for the legal security of the citizens established in Articles 8, 34 and 35 of the Constitution.

According to the provisions of this law, the widow/widower is eligible for survivor's pension if at the moment of death of the spouse they have reached the age of 50.

If on the day of the death they did not have reached the age of 45, they will exercise the right to a pension when they turn 50 – or if they became unable to work within those years. Also, the years of life of parents who are entitled to a survivor pension are equated with 55 years of age, on the basis of a deceased insured child.

The condition to acquire the right to survivor pension for widow/widower – the marriage with the deceased insured person or pension beneficiary should have lasted at least five years before the death of the insured person i.e. the pension beneficiary was abolished in 2006 by the Constitutional Court of the Republic of Macedonia.

Considering that the Pension and Disability Insurance Fund of Macedonia decides upon the rights to pension and disability insurance, and thus collects and disposes with large amounts of data relevant to the exercise of rights, it began to implement the software for electronic settling of claims and payments of pensions since 2012.

For each individual request to pension, an electronic file in the archive is prepared, which is then electronically completed with data on the years of service and salaries in the official records, electronically controlled decision is passed and the payment of the pension is established.

The overall course of decision-making and payment of pension was made through an electronic system without moving the paper documents via electronic file.

Maintenance of the social security system at a level required for ratification of the International Labour Convention no. 102

Given that the Committee notes that (on the 101st session of the International Labour Conference in 2012), the Committee of Experts of the International Labour Organization on the application of conventions and recommendations has set several direct requests regarding the branches of unemployment, old age and motherhood

(maternity) and it requires to be informed on the answers to these requests¹², we inform you as it follows:

Benefits for unemployment

1. According to Article 7 of the Law on Employment and Insurance in Case of Unemployment, the employers can meet the need of an employee by the mediation of the Employment Service Agency of the Republic of Macedonia by submitting an application to the Agency for the need of a worker. The Agency is obliged immediately and free of charge to publish the filed application in the Agency to inform the unemployed persons and other job-seekers.

The employer is obliged to state in the application the working position, the conditions required for the job, the duration of the announcement and the time when the employer will do the selection. The interested unemployed persons and other job-seekers shall apply to the employer for the announcement published in the Agency within the period specified in the announcement.

According to Article 10 of the same Law, the referral from the records of unemployed persons is done by searching through the records of unemployed persons in the Agency, in order to find unemployed persons, and the search is performed by their professional skills, knowledge and experience and work they can perform and are seeking to perform and the conditions of the stated needs from the workers.

Employment mediation aims to help employers to fill their vacancies with skilled workers and to help the unemployed and other job-seekers to find a job (Article 11).

Article 12 from the same Law stipulates that the services of the labour exchange of the employers by the Agency, among other, are consisted of finding the most qualified unemployed person by the Agency, who best fits the conditions and requirements of the employer by searching the records of unemployed persons by occupation, education, training, work experience and other special knowledge of the applicant and its referral to the employer for employment as well as identifying unemployed person according to his attitude towards and during the work while employed (attendance at work, awards, etc.). Accordingly, these are the criteria for determining the appropriateness of the unemployed person for a specific job.

In accordance with Article 19, the services for labour exchange for the unemployed and other job-seekers from the Agency are particularly consisted of:

- collecting information from the unemployed person while registering in the Agency on filling forms and documents, by interviewing the unemployed person by a responsible person in the Agency;
- collecting data from the unemployed person on his/her qualifications, knowledge and abilities, for selection and referral to the job position;
- assessment of the needs of the unemployed person by the services of the Agency;
- informing the unemployed person on the time and manner of reporting to the Agency;

¹² European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 13.

- providing information to the unemployed and other persons on the type of services and manner that may be obtained from the Agency;
- records of unemployed persons in the Agency in order to be employed or to exercise the rights based on unemployment;
- counselling and referring the unemployed and other job-seekers for professional orientation for selection of occupation or employment by testing and interview;
- searching the files of the unemployed persons in order to find qualified unemployed persons according to professional skills, or work that they can perform and look for to perform;
- providing information to the unemployed and other persons seeking for a job on the vacancies by the person in the Agency responsible about employment;
- interviewing and referring the unemployed persons to employers who reported a need for workers;
- providing advice to the unemployed and other persons who are seeking job on how to look for a job for themselves through ads, contacts with the employers and in other manner;
- testing and counselling the unemployed and other job-seekers, for selection of occupation for which the person has the most interest and capabilities, for who an occupation that corresponds to the knowledge and capabilities of the person is required;
- organizing training and providing advice for upgrading the capabilities of the unemployed persons due to employment;
- providing services to the unemployed persons in working clubs for transferring knowledge and techniques for finding a job;
- coordinating the training, requalification and the further qualification in the public and private institutions in the area of education of the persons during the training, requalification or the further qualification;
- job seeking for unemployed persons with high qualification, for unemployed persons with disabilities and persons who wait for employment longer period of time;
- information on the deficient occupations and employment possibilities;
- maintaining and keeping records of unemployed persons.

Old Age pension

According to Article 18 of the Law on Pension and Disability Insurance (Official Gazette no. 98/12, 166/12, 15/13, 170/13, 43/14, 44/14, 97/14, 113/14 , 160/14, 188/14, 20/15, 61/15, 97/15, / 15 and 147/15), the insured person shall be entitled to age pension when turning 64 years of age (men) or 62 years (women) and at least 15 years of pensionable service.

According to Article 19 of the same law, to the insured person whose period of insurance is considered with increased duration, the age limit for acquiring age pension is reduced depending on the degree of increase in length of service, i.e. by one year for:

- 1) every seven years on job positions on which 12 months of effective work are considered as 13 months of insurance length of service;
- 2) every six years on job positions on which 12 months of effective work are

considered as 14 of insurance length of service;

3) every five years on job positions on which 12 months of effective work are considered as 15 of insurance length of service;

4) every four years on job positions on which 12 months of effective work are considered as 16 of insurance length of service;

5) every three years and six months on job positions on which 12 months of effective work are considered as 17 of insurance length of service;

6) every three years on job positions on which 12 months of effective work are considered as 18 of insurance length of service;

The insured person whose effective 12 months of insurance length of service shall be regarded as insurance length of service with increased length of employment and work performed in the country, and who was reassigned to jobs and working places with varying degrees of increasing of insurance length of service during the insurance, the age limit for acquiring age pension is reduced by any period spent on the job with a degree of increasing service in proportion to the time spent on the job by reducing the age limit under paragraph (1) of this Article.

The overall decrease of the age limit is determined as the sum of proportionally determined reduced for each period.

According to Article 20, the age pension is determined by the average monthly salary that the insured person earned during the entire period of insurance, January the 1st at the earliest, 1970 (hereinafter: pension base).

For determining the pension base, besides the average monthly pay, the compensation of salaries, i.e. the cash compensation in case of unemployment is used. The calendar year in which the insured person earned salary is considered as a year of insurance from which the salary is used to determine the pension base, i.e. the compensation for at least six months of insurance length of service. The salary, i.e. the compensation for the year in which the insured person shall be entitled to age pension is not used to determine the pension base.

For the insured person, or the individual who have not earned salary, i.e. compensation after January the 1st, 1970, the pension base is determined depending on the movement of the average salary of all employees in the country and vocational training of the insured.

The said base is published by the Pension and Disability Insurance Fund at the beginning of the year (Article 21). Thus, the salaries, the compensations, i.e. the bases of insurance by the insured person in accordance with the law and collective agreement are used to determine the pension base (Article 22).

According to Article 23, the average monthly salary earned by the insured person with full time job is used to determine the pension base. The salary earned by working longer or shorter than the full-time is calculated by the average monthly amount corresponding to the full time salary. For the insured person who was employed with working hours shorter than full time with, several employers in the calendar year, the salary shall be calculated so that the total earned salary and hours of work in working with all the employers full time are used.

The salary earned for working longer than the full-time is used to determine the pension base only if such work is performed in cases under the provisions of the general regulations of labour relations.

For the time the insured person received compensation for reduced working hours due to taking care of a disabled child, the cash compensation under the regulations relating to social protection is used to determine the pension base.

According to Article 24 in determining the pension base, the total salary earned for working full time, for working hours shorter than full time and working hours longer than full time in one calendar year comes down to the average monthly amount corresponding to the full-time salary. The amount corresponding to the full-time salary the insured person received for one year, is calculated so that the total amount of salaries used to determine the pension base is divided by the number of hours he/she spent working full, shorter than full, and more than full-time, and that amount per hour is multiplied by the average monthly number of hours of full-time with the employer at the time the salary was earned. Thus, the resulting amount of salary shall be used to determine the pension base.

Article 25 sets out how to determine the pension base for the duration of temporary disability from work due to illness or injury, or during leave for pregnancy, childbirth and motherhood. Namely, the compensation is used to determine the pension base. Then, the compensation is valorised with the coefficient that valorises the salaries for that year.

When determining the pension base for unemployed workers receiving cash compensation in the event of unemployment, disabled workers in the case of vocational rehabilitation, the cash compensation is used. In this case as well the cash compensation is valorised with the coefficient that valorises the salaries for that year (Article 26).

When determining the pension base for disabled workers who receive cash compensation for part-time job or cash compensation due to lower salary, besides the realized salary, the cash compensation is also used, calculated with a factor of valorisation of the year in which the compensation was earned (Article 27).

According to Article 28 of the same law, to determine the pension base of the elected or appointed holders of public and other functions, who in performing that function receive salary or compensation for performing the function, the salary, i.e. the fee for performing that function which served as a basis for payment of pension and disability insurance is used.

According to Article 29, to determine the pension base of insured persons who are sent to work abroad or are employed by an employer who carries business abroad, the salary or the basic insurance which was used for payment of pension and disability insurance is used.

According to Article 30 of the same law, to determine the pension base of the following insured persons:

- Macedonian citizens who are employed by foreign and international bodies, organizations and institutions, foreign diplomatic and consular offices or in the personal service of foreign citizens on the territory of the Republic of Macedonia;
- Macedonian citizens employed abroad, who have not been insured with the foreign insurer for that time;
- Macedonian citizens employed by foreign employer in a state in which they are mandatorily insured, but in which their pension and disability insurance, as rights stipulated by this law, cannot be realized or cannot be used outside that State;

- foreign citizens and persons without citizenship who in the Republic of Macedonia are:

- 1) employed by the employer;
- 2) self-employed persons;
- 3) in the service of foreign individuals and legal entities, if ratified international treaty does not stipulate otherwise; and
- 4) in the service of international organizations and institutions, foreign diplomatic and consular offices, if such insurance is provided by a ratified international agreement, the basic insurance base used for payment of contribution for pension and disability insurance is used.

The pension base for employed workers shall be determined from the salaries earned in accordance with law and collective agreement. The pension base of holders of family collective farming is determined from the insurance bases.

For individuals that perform business and have no tax base, and independent artists who have acquired such status under the criteria, procedures and respective act of the Minister of Culture, their pension base shall be determined from the base used for computation and payment of contributions for pension and disability insurance (Article 31).

According to Article 32, to determine the pension base, the compensations earned on the basis of innovation, rationalization and other forms of creative work in the business are used, in accordance with the law and collective agreement if the contribution for pension and disability insurance is paid. When determining the pension base, this compensation is used as being earned in the year in which it was paid.

The salaries from previous years which are taken to determine the pension base are valorised by the rates computed on the basis of the movement of the salaries of all employees in the country. The valorisation of salaries from previous years, under which the pension is determined, follows the average salaries in the last calendar year preceding the year in which the insured person acquired the right to pension. The valorisation rates on salaries from previous years shall be determined each year on all salaries based on statistical data on the movement of the salaries of all employees in the country. Valorisation rates shall be published by the Fund (Article 33).

According to Article 34, the old age pension for the insured persons who for the first time acceded in the pension and disability insurance from 01.01.2003 and who are compulsory members of the second pension pillar, is determined from the pension base rate in percent depending on the length of pensionable service, which amounts up to 0.75% (men) and 0.86% (women) for each year of pensionable service of the pension base, and for pensionable service shorter than one year, it amounts up to 0.75% (men) and 0.86% (women), and for pensionable service shorter than one year and at least six months, it amounts up to 0.37% (men) and 0.43% (women), and for at least six months it amounts up to 0.375% (men) and 0.43% (female) of the pension base.

The old age pension for insured persons who were covered by compulsory pension and disability insurance and chose to apply for the second pension pillar, is

determined from the pension base in percent for each year of age pension to their payment of contributions for compulsory fully funded pension insurance amounts up to 2.33% (men) and 2.60% (women) and for pensionable services shorter than one year and at least six months, it amounts up to 1.165% (men) and 1.30% (female), but up to 11.65% (men) and 13.00% (female) of the pension base. For each subsequent year of pensionable service fulfilled after their payment of contributions for compulsory fully funded pension insurance, the pension is determined in the pension base.

According to Article 35, the lowest amount of age pension earned from the compulsory pension and disability insurance based on generational solidarity and the pension realized from the compulsory fully funded pension insurance may not be less than the established average salary of all employees in the country in 2002 and for:

- beneficiaries who realized the pension with pensionable service of over 35 years (men) and over 30 years (women), in the amount of 41%;
- beneficiaries who realized the pension with pensionable service of over 25 years (men) and over 20 years (women), in the amount of 38% and
- beneficiaries who realized the pension with pensionable service of over 25 years (men) and over 20 years (women), in the amount of 35%.

Such determined pension is aligned with the percentage by which other pensions are aligned.

The insured person who will hold part of the pension under international ratified agreement, is entitled to the right to lowest amount of age pension if the amount of the pension determined by this law and foreign pension calculated according to the applicable conversion rate is lower than the amount that determines the minimum pension under Article 35 of this law (Article 36).

According to Article 37, the alignment of the age pension is made according to the movement of the index of living costs in the amount of 50% and the increase of the average salary of all employees in the country of up to 50%. The pension is aligned from 1st of January to 1st of July each year by the percentage that is the sum of the increase in the index of living costs in the previous half-year and the percentage of increase of the average salary of all employees in the Republic of Macedonia in the previous six months compared to the first half preceded. To give effect to the foregoing, the pension earned in the current year is previously reduced to a monthly amount according to salary growth from December of last year compared to the average salary of that year.

Maternity benefits

In terms of legal regulations for acquiring the right to health care and the right to compensation during maternity leave under the Law on Health Insurance (Official Gazette no. 25/2000, 34/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/2010, 156/2010, 53/2011, 26/2012, 16/2013, 91/2013, 187/2013, 43/2014, 44/2014, 97/2014, 112/2014, 113/2014, 188/2014, 20/2015, 61/2015, 98/2015, 129/2015, 150/2015, 154/2015, 192/2015, 217/2015, 27/2016, 37/2016 and 120/2016), the right to compensation during absence from work due to pregnancy, childbirth and motherhood can be exercised by the insured persons under Article 5, paragraph 1, item 1, 2 and 3 of this

Law. The compensation referred to in paragraph 1 of this Article shall be paid for the time period set by the regulations in the field of labour relations. The funds for exercising the right in paragraph 1 of this Article shall be provided from the Budget of the Republic of Macedonia by the competent authority.

In terms of healthcare, the Ministry of Health prepares and implements government programmes that address specific preventive measures and measures to treat certain diseases. These programmes provide a range of health services in the field of preventive and curative health care and are free to the population, while in terms of rights to health care and medical care for women before, during and after childbirth, the following is adopted:

- 2016 Program for Active Health Care of Mothers and Children in the Republic of Macedonia (Official Gazette 2/2016), which shall ensure continuous improvement of the health of children and women in the reproductive period heading towards reducing infant and maternal mortality through coordinated implementation of essential public health functions based on defined priorities identified through regular monitoring of their health condition, with special focus on vulnerable groups and with respect to the principle of equal access to all to whom the service is required.

Likewise, in order to provide health care for citizens with certain diseases, and in order to take care in guarding, monitoring and improving the mother and infant health, funds for co-payment in the use of health services at the expense of the State Budget and personal revenues of the Ministry of Health are provided, and the Ministry adopted Program for co-payment in using health care for certain diseases of the citizens and health care of mothers and infants in Macedonia for 2016 (Official Gazette 2/2016), which also provides the funds for co-payment while using health care for mothers and infants up to 1 year of age for these basic health services: intrapartum maternal protection (non-surgery and surgery delivery), specialist medical examinations of infants, orthopaedic medical examination with ultrasound of infants, treatment of infants up to one year in the hospital.

The "Regulations on the content and manner of exercising the rights and obligations of the compulsory health insurance" (Official Gazette no. 18/2015, 64/2015 and 96/2015) as the enactment of the Health Insurance Fund, regulates the content and manner of exercising the rights and obligations of the compulsory health insurance, provides patronage visits, pursuant to Article 47 according to which the insured person is entitled to health care by polyvalent patronage nurse through: patronage visits to women in childbearing; patronage visits to pregnant women and nursing mother; patronage visits to new-borns, infants and preschool children, as well as the possibility of providing companion of hospitalized child under three years of age who is entitled to accommodation and food in the hospital up to 30 days, in accordance with Article 74 of the same regulations.

Common provisions

Regarding the question of which legal regulations and under which conditions the right to salary compensation during temporary inability to work is acquired, the Law on Health Insurance, as previously referred to in Article 15, determines the

conditions for the right to compensation according to which the compensation is realized if health insurance lasted for at least six months prior to the case, if the contribution for compulsory health insurance is regularly paid for or with a delay of no more than 60 days, and if the assessment of temporary inability to work was given by the chosen doctor, i.e. the Medical Board.

According to Article 16 of the Law on Health Insurance, the basis for calculating the compensation is the average monthly amount of paid salary, for which a contribution for compulsory health insurance in the last twelve months is paid prior to the case for which the right to compensation is acquired. If the basis for compensation for the insured person cannot be determined according to paragraph 1 of this Article, the base for compensation will be determined by the salaries earned for the days spent at work in the period prior to the case. For the insured persons of Article 5 paragraph 1 item 3 of this law, the basis for calculating compensation constitutes the base for which contribution for compulsory health insurance is paid.

According to Article 17 paragraph 1 of the Law on Health Insurance, the amount of the compensation during temporary inability to work is determined by the employer, or the Fund with the enactment, but it shall amount 70% of the basis for compensation minimum. Notwithstanding paragraph 1 of this Article, the amount of the compensation during temporary inability to work caused by injury at work, occupational disease, while giving blood, tissue or organ, and during absence due to pregnancy, childbirth and motherhood is 100% of the basis of the compensation determined under Article 16 of this law. The amount of the salary calculated on the basis of Article 16 of this Law cannot be higher than the amount of two average monthly salaries, three average monthly salaries in 2012, and four average monthly salaries in 2012 paid in the Republic of Macedonia in the previous year.

There to, in accordance with Article 23 of the Law on Health Insurance, the insured person shall not be able to realize, i.e. the payment of compensation shall be suspended during temporary absence from work if:

- 1) he/she unjustifiably fails to attend certain medical or committee examination and treatment or knowingly fails to comply with the doctor's instructions;
- 2) at the time of the temporary inability to work it is determined that he/she works and generates income; and
- 3) the employer who has no other employees, and during that period it generates income.

According to Article 31 of the same law, in the procedure for exercising the rights and obligations stipulated by this law, the provisions of the Law on Administrative Procedure are applied, unless the law stipulates otherwise.

For exercising the rights stipulated in this Law, the provisions for obsolescence of the Law on Obligations are applied.

The rights to compulsory health insurance in the first instance are exercised in the Fund, on the basis of a duly submitted request in written or electronic form. The submission of the request in electronic form is performed through the website of

the Fund by using electronic signature with valid digital certificate of the electronic health card, completed with the necessary documentation. The request in writing shall be submitted every working day during working hours of the Fund. The request in electronic format can be submitted outside working hours and on non-working days, and the deadline for acting upon the request starts the next working day.

In accordance with the Law on Health Insurance with Regulations on the content and manner of exercising the rights and obligations of the compulsory health insurance (Official Gazette no. 18/2015, 64/2015 and 96/2015), the content and manner of exercising the rights and obligations of the compulsory health insurance of the insured persons of the Health Insurance Fund are closely regulated.

Besides such proceedings in accordance with the provisions of the Law on Health Insurance and the Law on General Administrative Procedure (Official Gazette no. 38/2005, 110/2008 and 51/2011), the insured person after the final second instance decision is entitled to ask for court protection under the Law on Administrative Disputes (Official Gazette no.62 / 2006, 150/2010), to initiate administrative proceedings before the Administrative Court, and if he/she is not satisfied with the verdict he/she can submit a complaint to the Supreme Administrative Court of Republic of Macedonia.

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 made up of pension and disability insurance based on generational solidarity and Fully Funded Pension Insurance, thus allowing the citizens of Macedonia to obtain material and social security.

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

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 generational solidarity (first pillar) is an insurance organized on the principle of current financing (pay-as-you-go), which means that current contributors pay for current retirees. The Pension and Disability Insurance Fund takes care of this insurance. The first pillar continues to function in the same way as now – on the principle of generational solidarity. This pillar provides defined pensions according to a predetermined formula, and the rest of the pension is provided by the fully funded pension insurance. Through this pillar the right to a pension and disability insurance in case of old age, disability and death is provided, meaning that part of the age pension, disability pension, family pension, as well as the minimal amount of pension is payed.

2. The mandatory fully funded pension insurance (second pillar) is insurance based on capitalization of funds, on the principle of defined contributions, where there is a correlation and interdependence between the invested funds - contributions and future pension benefits that any person realizes based on the market regularities. Namely, this type of insurance is based on the principle of collecting funds through payment of contributions to individual accounts, whose funds are further invested and the profits reduced by the costs of the operating system are added (accumulated) to the funds of the individual accounts. This insurance includes private compulsory pension funds and pension companies that manage them. This pillar provides securing the right to pension insurance in case of old age, i.e. the age pension is paid (in addition to the first pillar pension).

Each ensured person can choose only one mandatory pension fund. The capital investment is invested in accordance with strict regulations, ensuring the highest protection of the interests of members and their assets. In the private compulsory pension funds each member has their own individual account which stores the assets of the contributions that each member sets them apart from their salary. The funds set aside from the salary, along with the proceeds of their investment belong to the member and are included in the formation of the amount of the pension. The members are regularly informed about their own assets set aside for pension days. For the members of the second pillar, 35% of contributions for pension and disability insurance are transferred to the private pension fund (second pillar), while 65% of the contributions remain in the PDIFM (first pillar)

All those who for the first time are employed from January the 1st, 2003, are compulsory members of the second pillar of the pension system, while all those employed before January the 1st, 2003 have the right to choose whether to become members in the second pillar or not. The compulsory members have the right to choose in which pension fund they shall become members.

3. In 2008, 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 retiring for the insured people who are already insured in the first or second pension pillar (compulsory pension and disability insurance), and who are willing and able to set aside additional assets for greater financial security or maintaining higher standard of living after retirement;
- providing pension to people who are not covered by mandatory pension insurance for themselves or others. This includes spouses who are unemployed, long-term unemployed persons, employed on projects or foreign missions, spouses who are unemployed, and other people whether employed or unemployed etc.;
- providing preconditions for establishing occupational pension schemes in the process of aligning the system of social security in Macedonia with the system of the European Union.

With the implementation of the second pension pillar and the operationalization of the third pension pillar, the entire process of reform was completed by adopting the Law on Payment of Pensions and Pension Benefits from the Fully Funded Pension Insurance (Official Gazette no.11/2012).

The second pension pillar provides part of the age pension, of the assets accumulated on the individual account of each member of the pension fund. The third pillar provides pension benefits as additional income on the accumulated assets of the voluntary individual account and professional account of each member of the pension fund.

This Law shall regulate the types of pension payments from the second pillar, i.e. the types of pension benefits from the third pillar, institutions to be included in the payment of pensions, i.e. pension benefits, the procedure of payment and more. The Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance is based on the same principles on which the second and third pillars are based, i.e. providing pensions through capitalization of funds on individual account, transparency, opportunity for personal choice of type of pension and institution that pays the pension, protection of the interests of pension beneficiaries from second and third pillar and more.

What is especially important is that this Law takes into account the singularity of the second pillar in terms of its relation to the first pillar, for the fact that the process of acquiring the right to age pension should be seen as integrated, as a right of the compulsory pension system.

Considering that it is compulsory pension insurance, the types of permitted pension payments from the second pillar, are lifelong programmed withdrawals, lifelong annuity and a combination of both. In terms of institutional organization, the pension funds shall provide the payment of programmed withdrawals as a form of payment of pensions and pension benefits, and the insurance companies shall make payment of annuities as products of the insurance market. Thus, the payment of pensions is not brought into question because the two companies are already specialized in products which they offer on the market. The choice of the type of pension, and the company which shall make the payment, is a decision of the member of the Pension Fund.

For the transparent approach by the future beneficiary of second and third pension pillar to potential types of pension payments and companies that shall do the payment, the Law stipulates the establishment of a Centre for electronic listing. Through this centre, offers for the types of pension, i.e. retirement benefits from the second and third pillar shall be objectively and transparently collected and published.

The Law has a special part for second pillar pensions and pension benefits from the third pillar. These two parts are similar, but have significant differences. The major aspects in which these two parts differ are: better flexibility in the third pillar in terms of the types of payments of allowed pension benefits and the use of a centralized system for listing the third pillar voluntarily.

The results of the working of the second pension pillar so far are showing growth in funds, and the number of members and assets they manage.

Namely, the compulsory funds (second pillar) as of May, 2016 have 408,868 members and net assets in the amount of 42.5 billion or 692 million euro.

21,071 people are members of the third pension pillar, and the net assets are in the amount of about 813 million denars or 13 million euro.

As for the amendments to other branches and the impact thereof on the scope of persons and the minimum level of benefits¹³, we note that the answer to this question is contained in the chapter from Article 12 paragraph 1.

¹³ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 14.

Article 12§4

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 or 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.

Since its independence, Republic of Macedonia concluded and applies 21 social security agreements with the following states:

1. Agreement with the Republic of Croatia, entered into force on 1.11.1997;
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 on 01.04.2001;
5. Convention with the Swiss Confederation, entered into force on 01.01.2002;
6. Agreement with the Federal Republic of Yugoslavia, entered into force on 01.04.2002;
7. Agreement with the Republic of Bulgaria, entered into force on 01.08.2003;
8. Agreement with the Federal Republic of Germany, entered into force on 01.01.2005;
9. Agreement with Bosnia and Herzegovina, entered into force on 01.4.2006;
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 on 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;
19. Agreement between the Government of the Republic of Macedonia and the Government of the Republic of Kosovo for the affirmation of the periods of insurance for exercising the right to pension, entered into force on 17.11.2013
20. Agreement between the Republic of Macedonia and the Slovak Republic on social security, entered into force on 1.12.2015
21. Agreement between the Republic of Macedonia and the Republic of Albania on social security, entered into force on 1.06.2016

Social security agreements signed and ratified by the Parliament of the Republic of Macedonia, waiting on the ratification by the foreign Parliaments:

- Social security agreement between the Republic of Macedonia and the Kingdom of Denmark
- Social security agreement between the Republic of Macedonia and Hungary
- Social security agreement between the Republic of Macedonia and the Republic of Italy

Initiated procedures for signing agreements in 2015 with:

- France;

States with which there are negotiations for signing of agreements on social security:

- Russian Federation

Until the conclusion of new agreements on social security, the Republic of Macedonia applies the agreements taken from the former SFRY, such as:

- England and Northern Ireland;
- France;
- Italy;
- Norway;
- Sweden.

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.

Through the social protection system, as basic rights to financial assistance for social protection of citizens at social risk and social exclusion the following is provided:

- social financial assistance;
- permanent financial assistance;
- financial assistance to a person who until 18 years of age had the status of child without parents and parental care;
- financial assistance to a mother who gave birth to a fourth child;
- financial assistance for foster parent;
- financial compensation for assistance and care by another person;
- one-off financial assistance and assistance in kind;
- salary compensation for part-time work due to care for child with physical or mental disabilities;
- allowance for deafness;
- financial assistance to single parent who has a child with developmental difficulties;
- financial assistance for social housing;
- right to health protection; and
- allowance for blindness and mobility.

The Law on Social Protection was repeatedly amended in order to provide improvement of social security and integration of vulnerable groups in the community.

In 2013, the social inclusion for persons who up to 18 years of age had the status of child without parents and parental care was improved by encouraging their involvement in higher level of education and thus a better chance of employment. Namely, an increase in the amount of financial assistance was made, so the persons who up to 18 years of age had the status of child without parents and parental care can get higher education, from 9,000 to 12,000 denars, if the person uses social housing under lease, i.e. from 18,000 to 24,000 denars, if the person does not use social housing under lease.

During 2013 the amount of social financial assistance and the permanent financial assistance was increased by 5%, as of March 1, 2013.

The amount of social financial assistance from 01.03.2013 is as follows:

2013	The amount of social financial assistance for 2013 with the 5% increase from 01.03.2013	
	100%	50%
Person	MKD 2,334	MKD 1,167
Family and household with two members	MKD 3,198	MKD 1,599
Family and household with three members	MKD 4,062	MKD 2,031
Family and household with four members	MKD 4,927	MKD 2,463
Family and household with five and more members	MKD 5,791	MKD 2,895

Source: Ministry of Labour and Social Policy

2013	Amount of permanent financial assistance increased by 5% from 01.03.2013
The basic financial assistance (holder-single)	MKD 3,502.00
Holder with one co-beneficiary of the right	MKD 4,902.00
Holder with two or more co-beneficiaries of the right	MKD 7,003.00

Source: Ministry of Labour and Social Policy

During 2014, and as of March 1, 2014, the amount of social financial assistance and permanent financial assistance was increased by 5% by the Law on Amending the Law on Social Protection "Official Gazette no. 187/13".

2014	Amount of social financial assistance increased by 5%	
	100%	50%
Person	MKD 2,451	MKD 1,223
Family and household with two members	MKD 3,358	MKD 1,679
Family and household with three members	MKD 4,265	MKD 2,133
Family and household with four members	MKD 5,173	MKD 2,586
Family and household with five and more members	MKD 6,081	MKD 3,040

Source: Ministry of Labour and Social Policy

The right to a 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 between whom there is no legal obligation for mutual support, and who together contribute, manage and consume.

The amount of the social financial assistance for the holder of the right shall amount 2,334 denars.

For each next member of the household the base is increased by a coefficient of 0.37, for up to five members at the most.

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

In case when the increase in the living costs for the previous year is negative, an alignment of the base shall not be performed.

The right to social financial assistance is paid as a difference between the determined amount of the social financial assistance and the household's total incomes, on any grounds, to all the members of the household.

2014	Amount of permanent financial assistance increased by 5%
The basic financial assistance (holder-single)	MKD 3,677.00
Holder with one co-beneficiary of the right	MKD 5,147.00
Holder with two or more co-beneficiaries of the right	MKD 7,353.00

Source: Ministry of Labour and Social Policy

In Article 59 and Article 62, paragraph 1, item 2 of the Law on Social Protection, "the base for calculating the household income in 2014 is MKD 5,340 aligned with the increase of the living costs for the previous year (2.8%).

By the Law on Amending the Law on Social Protection (Official Gazette no. 6p.72/15), an increase of the amount of social financial assistance and permanent financial assistance was made, by additional 5%, so the increase for these rights from July, 2015 amounts in total 10%.

2015	The amount of social financial assistance increased by 10 %	
	100%	50%
Person	MKD 2,696	MKD 1,345
Family and household with two members	MKD 3,694	MKD 1,847
Family and household with three members	MKD 4,692	MKD 2,346
Family and household with four members	MKD 5,690	MKD 2,845
Family and household with five and more members	MKD 6,689	MKD 3,344

Source: Ministry of Labour and Social Policy

2015	Amount of permanent financial assistance increased by 10%
The basic financial assistance (holder-single)	MKD 4,045
Holder with one co-beneficiary of the right	MKD 5,662
Holder with two or more co-beneficiaries of the right	MKD 8,088

Source: Ministry of Labour and Social Policy

In Article 59 and Article 62, paragraph 1, item 2 of the Law on Social Protection, the base for calculating the household income which until now was 5,190 denars was aligned with the increase of the living costs for the previous year and now it amounts 5,340 denars.

By the Law on Amending the Law on Social Protection (Official Gazette no. 150/2015), the amount of social financial assistance and permanent financial assistance is increased by 5%, starting with the payment of social financial assistance and permanent financial assistance in July 2016.

2016	Amount of permanent financial assistance increased by 5%.	
	100%	50%
Person	MKD 2,831	MKD 1,415
Family and household with two members	MKD 3,878	MKD 1,939
Family and household with three members	MKD 4,925	MKD 2,462
Family and household with four members	MKD 5,973	MKD 2,986
Family and household with five and more members	MKD 7,020	MKD 3,510

Source: Ministry of Labour and Social Policy

2016	Amount of permanent financial assistance increased by 5%.
The basic financial assistance (holder-single)	MKD 4,247
Holder with one co-beneficiary of the right	MKD 5,946
Holder with two or more co-beneficiaries of the right	MKD 8,495

Source: Ministry of Labour and Social Policy

In Article 59 and Article 62, paragraph 1, item 2 of the Law on Social Protection, the base for calculating the household income which until now was 5,190.00 denars was aligned with the increase of the living costs for the previous year and now amounts 5,340.00 denars.

Concerning the question of the European Committee of Social Rights, which refers to the duration of the period on the withdrawal of the benefits for social welfare in the event of refusal to fulfil a working obligation, and the reminder that the reduction or suspension of the benefits cannot deprive a person from his means of existence^{14, 15}, we inform you that the Law on Social Protection is based on the principles of humanism, social justice and solidarity, as fundamental values of the constitutional order of Republic of Macedonia. Namely, the rights to social protection are dimensioned in order to provide the necessary assistance and protection for the citizens who are in position of social need, to meet their basic needs and to reduce or overcome the social risk they are experiencing. Social justice in the social protection system is accomplished by taking measures for social inclusion of the most vulnerable and the poorest categories of citizens, which determines the conditions for the exercise and the exercise of social protection. In the social protection system, the principle of social justice is ensured by providing help and support to citizens in social need, whereby the beneficiary of the right to social welfare has solidary obligation to take action to overcome the social need he is in.

In this respect, Article 13 of the Law on Social Protection stipulates that every citizen is obliged to take care of meeting their living needs and the needs of the persons who, pursuant to a law, they are obliged to support. In terms of the right to social welfare, any person capable of working should make sure to provide funds for his own existence, and the people living together should mutually contribute and spend and make sure they settle the costs of the household.

With Article 45 and 46 of the Law on Social Protection it is determined that the right to social welfare can be realized by person capable of work and household, which according to other regulations cannot provide livelihood, who generates income by any standards lower than the amount of the right, who is incapable of supporting oneself, and cannot generate subsistence from property and property rights, given that the right to social welfare is determined in the Law on Social Protection and it is not a right to insurance in case of unemployment. However, we note that in the reference period, during the creation and implementation of the active programs and employment measures, there is a special care for social security of unemployed persons who are social care beneficiaries, as special vulnerable category, so in that sense, by involvement in the active programs and measures for employment preparation, their right to use social welfare does not stop, while in the active programs and measures related to direct employment, the right to social welfare is temporarily suspended during employment, after which they can again exercise that right.

During 2013, a change in engagement of social financial assistance beneficiaries to public work was made by increasing the hiring period to 90 days in a calendar year.

¹⁴ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 18.

¹⁵ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 18.

At the same time, security for the hired workers is provided by signing an employment contract, and for the period of the hiring the right to social welfare is suspended for the duration of the hiring, and after the termination, the exercise of the right to social welfare continues. During the hiring, the beneficiaries must also be insured by the organizer of work on the grounds of disability and physical damage, for injury at work or occupational disease.

If the social financial beneficiary unjustifiably rejects the work engagement, in the calculation of the total incomes of the household he shall be considered as a household member. The person who rejected the work engagement shall be excluded of using the right to social financial assistance in the next 12 months, while the household exercises this right freely.

Regarding the conclusion of the European Committee on Social Rights in connection to the acquirement of the right to health insurance of the beneficiaries¹⁶ we confirm the understanding that according to the Law on Amending the Law on Contributions for Mandatory Social Insurance (Official Gazette no. 180 dated 05.12.2014), the statements for generated net income from the previous year are cancelled, and instead an Application for admission is introduced, filed by people who apply for the first time in 2015 under these grounds.

Also, are provided reliefs for the people who during 2014 already registered/re-registered under these grounds, and on the basis of net income which they realized as a family in 2013, so, for the same there is no need anymore to go to the regional offices of the Health Insurance Fund to re-register and to submit a statement to continue to remain under these grounds and to have continuity in the health insurance. The re-registration of the unemployed persons is performed on professional duty on the basis of the data on the generated revenue of persons which the Health Insurance Fund obtains from the Public Revenue Office.

With the Law on Amending the Law on Social Protection (Official Gazette no. 187/13), the social protection of the totally deaf people who are with completely gone heard perception has been improved by introducing a new right to allowance for deafness, in nominal monthly amount of 4,000 denars, aligned with the growth of the living costs for the previous year published by the State Statistical Office, in January for the current year, and the funds for its implementation to be provided from the Budget of the Republic of Macedonia. The right to allowance for mobility is provided to people with quadriplegia over the age of 26, whose type and level of disability is determined by findings, evaluation and opinion of competent official body. At the same time, the right to mobility and blindness is granted also to people who are placed in a social protection institution, with a decision from the Centre for Social Work.

With the Law on Amending the Law on Social Protection (Official Gazette no. 187/13) a new right to allowance for deafness was introduced, in nominal monthly amount of 4,000 denars, aligned with the growth of the living costs for the previous

¹⁶ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 19.

year published by the State Statistical Office, in January for the current year. The right to allowance for mobility is estimated to be provided to people with quadriplegia over the age of 26. At the same time, the right to mobility and blindness is granted also to people who are placed in a social protection institution, with a decision from the Centre for Social Work.

A new right to financial assistance was introduced, that can be exercised by a single parent who will take care for his/her child who continuously has disabilities for 15 years, without placing the child in a social protection institution, and who is unemployed and is not entitled to pension after the age of 62 (for women) or 64 (for man), and the amount of cash compensation will be in amount of 8,000 denars, aligned with the growth of living costs for the previous year.

In March, 2015, additional amendments of the Law on Social Protection have been adopted (Official Gazette no. 33/15) which improved the conditions for childcare in foster care by increasing the amount of the compensation for the costs of the accommodated person and compensation for foster care by 25%, as of June, 2015.

According to the Law on Social Protection, the Government of the Republic of Macedonia can adopt additional programs for implementing the measures to prevent and reduce social risk for the citizens, which will determine the beneficiaries, measures, holders and sources of the funds more precisely.

The care of the state for preventing and reducing the social risk for the citizens may also be realized through:

- measures for subsidizing the consumption of energy and other communal services,
- conditioned cash benefits,
- measures for employment of persons who up to 18 years of age had the status of child without parents and parental care,
- measures for subsidizing an employment of unemployed persons, social finance assistance beneficiaries,
- measures for disposing the property acquired by the centre for social work on the basis of concluded agreement for lifelong support,
- and other measures for implementation of the Programmes of this Law.

The additional measures for support of the most vulnerable categories of beneficiaries in reducing the costs of household energy consumption are implemented through the adoption of a Program for subsidizing the consumption of energy. The first increase in the subsidy for consumption of energy from 600 to 700 denars was made in 2012. The amount of the subsidy, which beneficiaries receive according to annual programs, increased from 700 to 800 denars in 2015, and from 800 to 900 denars, as of July, 2016.

The programme for conditioned cash compensation for secondary education to children from families that are social financial assistance beneficiaries is implemented continuously for each academic year.

During the academic year 2012/2013 there were 9386 beneficiaries, during the academic year 2013/2014 – 6594 beneficiaries, during the academic year 2014/2015 – 7550 beneficiaries, and for the 2015/2016 this number is 5523 submitted requests for conditioned cash compensation.

In accordance to Laeken poverty indicators of State Statistical Office, the poverty rate for 2014 is 22.1% of the population, and it is declining in comparison to previous years (26.2% in 2012). The poverty rate of 22.1% applies after the social transfers, as opposed to the rate before the social transfers which is 41.7%. The basis for calculating the poverty is the incomes, and the poverty threshold is defined to 60% of the median equivalent income.

Considering that despite the employment measures as most important for reduction of the same, the greatest protectors from poverty are the social transfers, pensions and remittance, in accordance with the budget possibilities of the Republic of Macedonia, during 2013 and 2014, the financial aid was increased by 5%, while the increase in 2015 was 10%. Likewise, a lot of measures for improving the targeting of beneficiaries of financial aid has been realized by increased control and data exchange between relevant institutions, as well as measures against energy poverty and improving living conditions, better life quality and development of mechanism for social inclusion of vulnerable groups of people in accordance with the measures foreseen in the National Strategy for Reduction of Poverty and Social Exclusion 2010-2020 and annual operating plans.

In July, 2014 a new Law on One-Time Write-Off of the Citizens' Debts was adopted. And, by that, was realized one of the most important promises and projects in the Programme of the Government for 2014-2018. The Law writes-off the debts of the most vulnerable category of citizens that due to the deteriorated financial conditions could not pay their obligations in time.

In favour of the citizens and their needs, the relevant institutions have started with the activities necessary for implementing the Law immediately after the adoption of the Law.

On August 2nd, the same day the Law came into force, the Ministry of Finance through electronic and printed media urged the creditors to join the Project and the Ministry of Finance and to conclude contracts on regulation of mutual rights and obligations for one-time debt write-off of the citizens. The debt write-off came across a good response among creditors. Contracts with all the banks and thrifts, Toplifikacija AD, ELEM, EVN Macedonia and PBE Macedonian Radio Television with 109 notaries and 96 executors were concluded during the month of August.

At the same time, the Ministry of Finance published reports to thoroughly inform the citizens for the content of the Law, for the procedure in which they can exercise the right to one-time debt write-off, the necessary documentation, place and deadline to submit the requests.

In meantime, the Ministry of Finance in association with the Ministry of Labour and Social Policy, organized training in the Centres for Social Services, and they were told to provide all the necessary assistance to citizens when submitting the requests. A Commission which will act upon requests was established, and bylaws were adopted, so all the conditions for successful realization of the Project were created.

Immediately after the adoption of the Law, the Minister of Labour and Social Policy has established a Commission for processing the requests for one-time debt write-off of the citizens, composed of president from the Ministry of Labour and Social Policy, and a member from the Ministry of Finance, Ministry of Health, Public Revenue Office, Employment Service Agency of RM, Pension and disability insurance fund of Macedonia and the Agency for cadastre of RM. The Commission has started working during the month of August, 2014.

Due to the large number of received cases and the sheer volume of material to be processed, in December 2014 two additional Commissions were established. The deadline for submitting the applications expired on 13.10.2014.

According to the law, the right to one-time debt write-off can be exercised by persons who as of December 31, 2013 had the status of:

- 1) Beneficiary of social financial assistance or permanent financial assistance;
- 2) An unemployed person registered in the Employment Service Agency of the Republic of Macedonia, as an unemployed person, who actively seeks job for more than 12 months;
- 3) A person exposed to social risks due to death, disability or severe illness.

Within the legal deadline (13.10.2014), the Commission for processing requests for one-time debt write-off of citizens received a total of 41,760 requests.

Of all the submitted requests, 17,080 applicants have met the legal requirements for debt write-off.

Positive decision is adopted for 14,880 and a debt in the amount of 1,799,233,905.00 denars has been written off.

For 2,200 although legally eligible debts are not written off because the debt was not in accordance with the Law, i.e. the debt does not apply to:

- debt based on credit card overdrafts on transaction accounts and consumption loan of credit parties which are not secured by movable or immovable property and which on December 31, 2013 are classified with D or G debt, in accordance with the methodology of the National Bank of the Republic of Macedonia and claims on those grounds that are transferred to off-balance sheet for which the bank still runs a procedure for collection;
- debt incurred as of 31.12.2013, and unpaid for more than 12 month, for which a collection procedure is initiated.

The rest of 24,000 cases are negative.

On 13.07.2010, a National Strategy for Elderly 2010-2020 was adopted, whose mission is to create an integral and coordinated policy for protection of elderly aimed at improving their quality of life, their social and economic status, strengthening

social cohesion, fostering and sustaining their independence, preventing their marginalization and the development and strengthening of the social and health care system.

For complete and effective implementation, a National Coordination Body for monitoring and evaluating the implementation of the Strategy was established, made up of members as representatives of all relevant ministries, institutions and NGOs. In order to successfully implement the Strategy, the relevant ministries prepare their operational plans for implementation of the measures of the Strategy, on annual level, and the Ministry of Labour and Social Policy as Chair of the same, incorporates them in an integral Operational Plan.

The administrative procedures for exercising the right to financial assistance from the social protection are implemented through established system of exchanging information in an official capacity with institutions that keep database so that the social financial beneficiaries are no longer burdened by individually providing documentation. The bylaws are amended for the implementation of this activity, by which the manner and procedure for exercising the financial rights to social protection are regulated.

The Department for inspection supervision of the social protection over the implementation of the laws and other regulations concerning social protection and the protection of children within the Ministry of Labour and Social Policy conducts inspection over the implementation and enforcement of laws and other regulations in the area of social protection, through the Social Protection Institutions and other legal and natural persons who perform certain works of social protection as professional activity. The inspection includes:

- supervising of the implementation of this and other laws, as well as general and individual acts based thereupon, which regulate the affairs of social protection;
- supervising of the issues of importance to the status of the person performing the social protection activity;
- supervising the fulfilment of the conditions relating to the premises, equipment and professional staff for performing an activity of the social protection;
- supervising the exercise of the rights and fulfilment of the obligations of the beneficiaries, defined by this law;
- supervising the fulfilment of the necessary conditions, so a competent or other worker in a social protection institution, legal or natural person performing certain activities of social protection can do their work;
- preparation of records, documentation and reports of the work of the perpetrators of social protection;
- supervising the implementation of the imposed measures in previously conducted inspection.

The inspector performs the inspection through regular, control and extraordinary inspection. Regular inspection is performed based on an annual program adopted by the Ministry. Extraordinary inspection is performed ex officio, upon an initiative of the citizens, the competent authority, other authorities and organizations and other legal entities, upon concern of the citizens, interest of third person or general concern. The control inspection supervision is performed upon the expiry of the deadline specified in the inspection act adopted by the inspector.

When conducting the inspection, the inspector is authorized to:

- With a decision to ban the work of the institution for social protection and protection of children and other legal entities and natural persons who perform certain jobs of social protection and protection of children.
- To file criminal charges for a committed criminal act, to initiate a procedure for initiating of a misdemeanour procedure or an initiative for initiation of a disciplinary procedure.

During 2012, regular, control and extraordinary inspections were conducted in 26 centres for social work and 13 Social Protection Institutions, in order to monitor and evaluate the implementation and enforcement of the law on social protection and the law on family, with priority areas: adoption, performing parental rights, custody, accommodation facilities for the elderly, the right to care in foster family and the right to social financial assistance.

In the period of January-December, 2012, there were 37 regular, 44 control and 61 extraordinary inspections, or a total of 142 inspections. In terms of budget savings, obligations for returning funds from the beneficiaries, who have received funds without any grounds based on social protection rights in the amount of 16,053,969.00 denars were determined, and total assets in the amount of 3,856,642.00 denars were returned.

The department for inspection supervision in the field of social protection, in 2013, its work realized on the basis of previously adopted Annual Work Programme. In the same year the Department conducted regular, control and extraordinary inspections on several occasions in 25 Centres for Social Work and 9 public and private Social Protection Institutions.

In 2013, inspectors from the inspection departments of Social Protection carried out 130 inspections as follows:

- regular inspection supervision 17
- control inspection supervision 35
- extraordinary inspection supervision 78

The Work Programme of this department for 2013 is fully and successfully implemented, whereby the effects of the work of the Centres for Social Work and Social care institutions for the implementation of the measures imposed by inspectors for social protection are shown. This is especially with regard to saving budget funds totalling 35,968,587.00 denars, determined obligations for the return

of funds totalling 28,741,841.00 denars, and determined obligation for returning of a total of funds in the amount of 7,206,746.00 denars. Besides acting upon the imposed inspection measures, the showed effects are also as a result of the acting of the centres on professional duty because of changed facts and circumstances in exercising the rights to social protection (beneficiary's death, change in family, material and financial situation of the beneficiary)

The department for inspection supervision in the area of social care in 2014 performed its work in accordance with the Law on Social Protection, the Family Law, the Law on Institutions, Law on Justice for Children and the Law on Inspection Supervision.

During 2014, regular, control and extraordinary inspection supervisions in 28 Centres for Social Work and 7 public and private Social Protection Institutions were carried out. In the same year, 145 inspection supervision in the Centres for Social Work and Social Protection Institutions were carried out, including:

- regular inspection supervision 26
- control inspection supervision 44
- extraordinary inspection supervision 75

During this period, budget funds in the amount of 32,862,561.00 denars are saved, also obligations for repayment from the persons who have used unjustified social protection rights in the amount of 26,813,362.00 denars were determined, and a total of funds in the amount of 6,049,199.00 denars were returned.

The returned funds shown for 2014 do not only apply for the current year, but also to the initiated and conducted procedures in previous years according to the concluded agreements for return or with the submitted complain to the competent court where proceedings can last for a long period.

During 2015, regular, control and extraordinary inspection supervisions in 30 Centres for Social Work and 11 Social Protection Institutions were carried out.

In 2015, the inspectors from this department carried out 474 inspection supervisions, as follows:

- regular inspection supervision 103
- control inspection supervision 100
- extraordinary inspection supervision 271

The risk areas that were subject to inspection supervision in 2015 were defined based on previous inspections and findings for inconsistent application of regulations, which threatens the social protection and security of citizens.

In terms of sanctions, the Department for inspection supervision of the social protection has conducted 19 trainings of professionals and directors of Centres for social work and Social Protection Institutions.

The Right to appeal and legal aid

The Ministry of Labour and Social Policy annually reviews and resolves around 3,000 complaints filed under all rights to financial assistance for social protection. Activities towards the introduction of an electronic system for recording and

tracking objects are initiated wherein this ministry solves them in the second instance.

Decisions concerning the granting of social financial assistance can be appealed by administrative procedure to the Ministry of Labour and Social Policy, which decides in second instance, as well as to initiate administrative dispute by filing a lawsuit before the Administrative Court, which also provides court protection.

Concerning the question of the European Committee of Social Rights and whether the Administrative Court is characterized as an independent body¹⁷, we emphasize that the Administrative Court provides court protection within the independent court system, and when it comes to the nature and number of complaints related to the social financial assistance submitted before this Court¹⁸, we inform you in accordance with the reference period.

Number of complaints filed to the Administrative Court for the period of 2012 - 2015				
Reference period 2012-2015	2012	2013	2014	2015
Total number of complaints related to the rights to financial assistance for social protection	426	279	216	300
cash compensation to mother of fourth child	1	4	/	/
complaints on the basis of permanent financial assistance	65	74	71	135
complaints related to the social financial assistance	325	186	124	129
cash compensation for physical impairment	5	9	16	16
complaints on the basis of a single financial assistance	10	6	5	19

¹⁷ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p.20

¹⁸ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p.20

Article 13§2

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution their political and social rights.

Pursuant to the Law on Prevention and Protection from Discrimination adopted by the Parliament of Republic of Macedonia on April 8th, 2010 (published in the Official Gazette, No.50 / 2010 dated 13.04.2010), it prohibits discrimination to all natural and legal persons in the process of exercising the rights and freedoms guaranteed by the Constitution and laws of the Republic of Macedonia (Article 2). This Law shall be applied by all state bodies, bodies of local self-government, legal entities with public authorities and legal and natural persons in the field of social security, including the area of social protection, pension and disability insurance, health insurance and health care (Article 4 paragraph 3).

With the adoption of this Law is ensured the compliance with the European Union legislation and other international regulations that govern the issues concerning the prevention of and protection from discrimination. The concept and content of this Law is based on international norms and standards contained in most international documents adopted by the United Nations, European Union, Council of Europe and the Constitution of Republic of Macedonia, which are the basis for defining the securing mechanism of action and activities for legal protection in case of discrimination.

Non-discrimination in the exercise of social and political rights

Regarding the specific request of the European Committee of Social Rights, for updated information on whether the use of social assistance could lead to a reduction of political or (other) social rights such as: access to jobs in the civil service, right to vote etc.¹⁹ we inform you that the Law on Prevention and Protection against Discrimination, in Article 3, expressly prohibits discrimination, direct or indirect, as well as “calling and inciting on discrimination and assisting discriminatory treatment on the basis of sex, race, colour, gender, belonging to a marginalized group, ethnicity, language, nationality, social background, religion or belief, other beliefs, education, political affiliation, personal or social status, mental or physical disability, age, family or marital status, property status, health condition or any other grounds provided by law or ratified international agreement.”

As noted by the Committee, the law applies to a number of areas such as labour relations, social protection, access to goods and services and other areas.

In Article 2 of the Law on Social Protection (Official Gazette no. 148/2013) the social protection is defined as a system of measures, activities and policies that should prevent and contribute to overcoming the basic social risks that the citizens may be exposed to throughout their life.

¹⁹ European Committee for Social Rights, Conclusions XX-2 (2013), (“Republic of Macedonia”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 21.

In addition, Article 20 of this Law “prohibits direct or indirect discrimination based on gender, race, skin colour, national, ethnic, social, political, religious, cultural, linguistic, economic and social background, disability and origin in the exercise of the rights to social protection determined by this Law.” In the next Article 21 under paragraph 2, indirect discrimination is considered to be when a certain apparently neutral provision, criterion or practice which puts the applicant or beneficiary of social protection in a less favourable position than other applicants for these services only because of his sex, race, skin colour, national, ethnic, social, political, religious, cultural, linguistic, economic and social status, disability and origin. In the discrimination cases under Article 22 and of this Law, the applicant or the beneficiary of social protection shall be entitled to seek a protection from a competent authority and a right to claim damages from the perpetrator of the discrimination.

Also in the Law on Labour Relations, (Official Gazette no. 167/2015) Article 6 expressly prohibits discrimination, in general, by natural persons and legal entities in both the public and private sector, i.e. the job seeker or employee cannot “put him/her in an unequal position on the basis of racial or ethnic origin, skin colour, sex, age, health condition or disability, religious, political or other beliefs, trade union membership, national or social origin, family status, property status, sexual orientation or other personal circumstances.”

In addition, the discrimination is prohibited in relation to conditions for access to certain employment, self-employment or occupation, including selection criteria for candidates for employment; promotion at work; access to all types and levels of professional counselling, training, advanced vocational training and pre-training, including practical work experience; employment and working conditions, including salary and other remuneration and dismissal; membership and participation in the activities of trade unions and employers' organizations or other organizations whose members are engaged in a certain profession, as well as the benefits derived from its membership. The law prohibits all forms of discrimination, including direct, indirect and harassment and the same applies to the job applicant and the employee (Article 7).

The right to work and free choice of employment of each person on an equal basis with others is the basic economic right of the human, which is based on the postulates of the productivity and profitability of every citizen through freely chosen or accepted employment on the open labour market. The right to work is an individual right that belongs to each person, but is also a collective right. It includes all forms of work, whether independent or paid work, both in the public and private sectors. The state has an obligation, as to other human rights, to respect, protect and guarantee this right to all on an equal basis. Namely, respect of the right to work means that the states shall refrain from interfering, directly or indirectly, with the enjoyment of this right, while the obligation to protect the right requires states to take measures that prevent third parties to affect the enjoyment of the right to work. The obligation to guarantee covers the obligation for the state to secure and promote the right to work through the adoption of appropriate

legislation, administrative, budgetary, judicial and other measures directed to its full implementation on an equal basis for all.

Law on Labour Relations is the substantive law which contains anti-discrimination provisions, and refers specifically to labour relations. The Law contains definitions of direct and indirect discrimination (Article 7), the definition of harassment (Article 9), exemptions from discrimination (Article 8), shifting the burden of proof (Article 11), compensation for damage for suffered discrimination (Article 10) and the possibility of application of affirmative measures to protect certain categories of workers (Article 8 paragraph 2).

The general prohibition of discrimination foresees that the employer shall not put the job-seeker or the worker in unequal position because of racial or ethnic origin, skin colour, sex, age, health condition or disability, religious, political or other opinion, membership in unions, national or social origin, family status, economic status, sexual orientation or other personal circumstances.

Article 13§3

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting 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.

As noted in the previous report, the system of social protection supports the activities to improve the social prevention and strengthening the capacities of the professionals for providing advisory services and personal assistance. In this regard the measures from the National Program for Development of the Social Protection 2011-2021 are being implemented.

During the second half of 2013, 11 regional Marriage and Family Counselling Centres were opened that shall provide counselling services for Centres for Social Work that gravitate towards that region. These counselling centres shall work on: introducing future spouses with the meaning of marriage and the legal consequences of its conclusion; providing professional assistance in overcoming the disagreements; familiarising parents with parental rights and obligations arising of the Family Law in disturbed family relationships; providing expert assistance to parents in the implementation and exercise of parental rights in divorce proceedings and after the divorce; professional assistance for children to overcome the problems in cases of divorce of their parents; professional assistance to minors who wish to marry, with the meaning of marriage and the legal consequences of its conclusion.

In order to secure professional work in these regional counselling centres, the Department of Social Affairs prepared a Working Program of counsellings for marriage and family, after which were held regional educational workshops on the practical application of the contents of the program. At the same time, "Guidelines for responsible parenthood and protection of children in case of divorce" was published.

With the inclusion in the labour market of the social financial beneficiaries, as of 2013, a Program to subsidize employment of unemployed people - social care beneficiaries was adopted. With this program to support the employment of unemployed social care beneficiaries, is foreseen subsidising of employment through financial support for each employee for a gross salary in the amount of 14,000.00 per month for 12 months, and MKD 3,000.00 per employee per month, in order the employer to be able to pay for the training costs. The obligation of the employer is to keep this people at work for at least another 6 months (12 months in total). The priority target group shall be: social assistance beneficiaries, aged between 16 and 29 years and are registered in the Employment Service Agency of the Republic of Macedonia as unemployed persons actively seeking employment. This program provides conditions for the employment of 125 unemployed people - social assistance beneficiaries.

The National Strategy for Elderly Persons 2010-2020, adopted in 2010, has a mission to create an integral and coordinated policy for protection of elderly persons, aimed at improving their quality of life, their social and economic status, strengthening social cohesion, fostering and sustaining their independence, preventing their marginalization and the development and strengthening of the social and health care system.

For complete and effective implementation of the same, a National Coordination Body for monitoring and evaluating the implementation of the Strategy was established, made up of representatives of all relevant ministries, institutions and NGOs. In order to successfully implement the Strategy, the relevant ministries prepare their operational plans for implementation of the measures of the Strategy annually, and the Ministry of Labour and Social Policy as Chair of the same, incorporates them in an integral Operational Plan.

Institutional care for the elderly persons is realized through accommodation in a social protection institution and refers to the elderly persons who do not have adequate living conditions in their family or for other reasons they need accommodation in Social Protection Institutions, and no other form of social protection can be applied. As a social welfare institutions for the elderly are nursing homes that provide accommodation for elderly persons, adult persons with physical disabilities and persons with intellectual disabilities, who are unable to take care of themselves, and because of their social and family position they are not able to get other type of protection.

The nursing homes for the elderly persons shall provide accommodation, food, assistance and care, health protection, cultural activities and entertainment, work and recreational activities, social work services and other services depending on the needs, capabilities and requirements of the elderly. Besides services, nursing homes can organize non-institutional forms of care, in the form of providing help at home and day-care for the retired and elderly.

In the Republic of Macedonia there are five public institutions – nursing homes for the elderly persons whose total capacity of institutional accommodation amounts to 624 beds as follows:

- Public institution, Gerontology Institute "13 Noemvri" - department "Majka Tereza" – Skopje Capacity: 111 beds;
- Public municipal institution, Nursing home "Sju Rajder" – Bitola Capacity: 150 beds,
- Public municipal institution, Nursing home "Zafir Sajto" – Kumanovo Capacity: 197 beds
- Public municipal institution, Nursing home "Kiro Krsteski-Platnik" – Prilep Capacity: 151 beds
- Nursing home "D-r Ivan Vlashki" – Berovo Capacity: 15 beds

At the beginning of 2012, was started the reconstruction of the Public Municipal Institution, Nursing home “Sju Rajder” - Bitola, i.e building of a new facility. The new nursing home for elderly in Bitola is built in accordance with contemporary European standards and will include all the necessary conditions for decent life of the elderly. It was put into operation at the beginning of March 2014.

The nursing home for the elderly “D-r Ivan Vlashki” – Berovo was put also into operation in 2015.

In order to continuously improve the situation of the institutional care for the elderly persons in the Republic of Macedonia, the Government adopted a package of benefits in order to contribute to increase interest in new investments, i.e. construction of facilities for social care of the elderly from both domestic and foreign investors, such as: sale of construction land with an initial price 1 euro per m² intended for building facilities for social protection of elderly persons; reducing the price of the utility taxes by 95%; providing favourable credit lines with an interest rate of 5.5% through the Macedonian Bank to support the development for constructing facilities for elderly; benefits that are offered by the Employment Services Agency in the area of the active employment policies; benefits through the Employment Services Agency for encouraging the entrepreneurship; providing legal opportunity to foreign citizens to have the opportunity to use the domestic capacities for care, that is, to regulate a stay in the country based on care in nursing home. The construction of new facilities, and the introduction of greater competition in this sector, will contribute to improving the quality of the delivered services, as well as reducing the cost of accommodation for the end beneficiaries. It will also lead to creation of new jobs in the area of social protection. As a result of the adopted package of benefits apart from the five public institutions intended for accommodation of the elderly persons in the Republic of Macedonia, there are also 22 private institutions for accommodation of the elderly persons, out of which 15 are in Skopje, one is in Negotino and one is in Bitola. The total capacity is 706 beds, and there are seven requests for the establishment of private institutions for accommodation of the elderly persons in a procedure.

Also, bylaws for the development of these services were adopted, i.e.:

- Rulebook on norms and standards for premises, equipment, expert staff and resources required for the establishment and commencement of operations of social protection institutions - Daily centre for elderly persons and adults (Official Gazette no. 113 of 29.07.2014);
- Rulebook on norms and standards for premises, equipment, expert staff and resources required for the establishment and commencement of operations of social protection institutions - Centre for assistance at home (Official Gazette no. 113 of 29.07.2014);
- Amendments were made to the Rulebook on norms and standards for the establishment and commencement of operations of social protection institutions (Official Gazette no. 125 of 24.07.2015);

- Rulebook on the norms for all-day diet of beneficiaries in institutions for institutional social protection was adopted (Official Gazette no. 87 of 27.05.2015).

Non-institutional care for the elderly persons

Day-care centres for the elderly persons and centres for assistance at home. In the recent years there has been an intense work in order to develop non-institutional forms of care and assistance for the elderly persons. On the territory of the Republic of Macedonia there are 12 day-care centres for the elderly persons, such as:

Day-care centres that cooperate with the local self-governments:

- DC for elderly persons, Municipality of Chashka - Centre for Social Work;
- DC for elderly persons, Municipality of Bogomila - Centre for Social Work;
- DC for elderly persons, Samokov Municipality of Makedonski Brod - Centre for Social Work;
- DC for elderly persons, Buchin Municipality of Krushevo - Centre for Social Work;
- DC for elderly persons, Vevchani – Municipality of Vevchani;
- DC for elderly persons, Timjanik - Municipality of Negotino - Centre for Social Work;
- DC for elderly persons, Municipality of Cheshinovo – Obleshevo - 2014
- DC for elderly persons, Municipality of Ilinden 2015
- DC for elderly persons, Municipality of Vinica, Istibanja settlement - Centre for Social Work and Combined day-care centres and centres for assistance at home in cooperation with the Red Cross of Skopje and the City of Skopje:
- Municipality of Chair; - 2012
- Municipality of Centar – 2012 and
- Municipality of Gazi Baba - 2014.

In the period of 2012 to 2015 in the housing units for organized living with support, out of which 9 in Negotino and 7 housing units in the City of Skopje, the number of beneficiaries has increased by 10 and in 2015 the total number of beneficiaries amounts 76 people with disabilities in mental development.

In 2016, it is planned opening of a new housing unit for organized living with support for up to 5 beneficiaries, whose procedure is underway.

Following the request of the Committee concerning the necessary data on the resources allocated to counselling and advisory services, the number of staff and beneficiaries, as well as the geographic coverage of services²⁰, we inform you that the Ministry of Labour and Social Policy in the period from September 2014 to May 2016, opened 30 Marriage and Family Counselling Centres within the existing centres for social work, so there is a complete geographical coverage of services

²⁰ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 22.

throughout the territory of the Republic of Macedonia. People from the following categories visit the Marriage and Family Counselling Centres: people in the process of divorce, people in the process of entrusting the child to one of the parents, people in the process of regulating the personal relationship of the child with the parent with whom the child does not live, work with victims of domestic violence, work with minors who want to get married (must be addressed to Counselling), parents of children with educational and social problems and juvenile offenders, parents whose children are at any risk, as well as all the other beneficiaries who need counselling to resolve marital or family relations. In the period from September 2014 to May 2016, 3027 visits were realized in 30 Marriage and Family Counselling Centres.

Regarding the issue of the European Committee of Social Rights about the equal treatment of the citizens of other Contracting States, concerning the services or benefits of counselling and personal assistance²¹, we inform you that in terms of rights and access to services of persons without citizenship, if these persons have regulated their stay in the country, according to the regulated residence (foreigner with temporary residence or foreigner with permanent residence) thereof on the basis of their stay they have access to the rights to health and social protection in accordance with the laws governing that area.

According to Article 48, paragraph 2 of the Law on Asylum and Temporary Protection (Official Gazette no.49 / 03; 66/07; 142/08; 146/09; 166/12; 101/15 and 152/15) “After the asylum seeker has been placed in the Reception Centre, he/she can apply to the Ministry of Labour and Social Policy to reside outside the Reception Centre at his own expense, after performed photographing and fingerprinting”

The Ministry of Labour and Social Policy shall ensure the subsistence and health care of asylum seekers while they reside in the Reception Centre or other place of accommodation assigned by this Ministry.

²¹ European Committee of Social Rights, Conclusions XX-2 (2013) (“Republic of Macedonia”, Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 22.

Article 13§4

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting 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.

As noted in the previous report, according to the provisions of the Law on Social Protection, the social protection beneficiaries are 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, while the citizens of Macedonia who do not have permanent residence in the country and foreigners who also do not have permanent residence in the country, exercise the social protection rights, under conditions stipulated in this and other laws.

Regarding the activities for the integration of refugees and foreigners in the Republic Macedonia, through the 2008-2015 Strategy for Integration of Refugees and Foreigners, from 2008, and consequently through the 2009 National Action Plan for the implementation of the strategy, we inform you that there is no change compared to the previous report.

Likewise, under the current legislation and in the area of social rights, i.e. the right of residence, right to work, the right to financial assistance, the right to housing and the right to health care to the recognized refugees, there is no change compared to the previous report.

Republic of Macedonia has concluded an Agreement on social security with more European countries. The agreements aim to provide health care to insured persons of the Health Insurance Fund of the Republic of Macedonia, while staying outside the territory of the Republic of Macedonia as well as to foreign insured people during residency (temporary or permanent) in the Republic of Macedonia.

For the implementation of the provisions in the field of health care from the Social Security Agreements, the Fund agrees upon bilingual forms with foreign health insurance funds. Based on bilingual forms, insured persons of the Health Insurance Fund equate to insured persons of the country in whose territory they are staying, and vice versa, foreign insured persons during a stay on the territory equate to insured persons of the Health Insurance Fund in regards to the rights and obligations arising from health insurance. Foreign insured persons are entitled to use only urgent and necessary health services. This right is exercised on the basis of the bilingual form.

In order the Republic of Macedonia to approach the European Union, and also in order to continue the good cooperation which Republic of Macedonia has with the EU Member States, with whom it has signed bilateral agreements on social insurance, the Fund has signed an Agreement for the usage of the European health insurance card with some of these countries.

The Law on Health Care (Official Gazette no. 38/91, 46/93, 55/95, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/10, 44/11, 43/12, 145/12, 87/13, 164/13, 39/14, 43/14, 132/14, 188/14, 10/15, 61/15, 154/15 and 192/15) stipulates that foreign citizens are provided with emergency care and other health services at the request of the beneficiary. In addition, foreign citizens bear the costs themselves for the given emergency care or other health services, unless otherwise provided by law or international agreement. The health institution that provided the foreign citizen with an urgent medical assistance is obliged to enable him to make contact with the relevant diplomatic or consular mission or the bank where the foreign citizen has the financial means in order to pay the fee for the given emergency care.

If the health institution does not charge for the provided emergency care, because the foreigner has no funds, it is obligated in order to collect these funds from the state budget, to get information from the foreigner on: identity and citizenship; passport number; authority of issuance of the passport; place of permanent residence in the foreign country, and information on the foreign citizen with granted stay that he/she is materially insecure and an application for residence, i.e. stay: evidence that the foreigner is not entitled to use health care under the provisions of this Law; under international agreements or other grounds; to determine the amount of payment and to take a statement from the foreigner that he was given emergency care which he did not pay, for the obligation that he will personally pay the established fee within a certain period as well as the method of payment of the compensation.

In order to materialise the compensation for the provided emergency care to the foreigner, the health institution submits a request to the Ministry of Foreign Affairs within 60 days of the day of the provided services. Along with the request, the medical institution also attaches an account with specification for the services rendered in duplicate, as well as evidence that there was an attempt to refund the fee, but that the recovery could not have been carried out. After the payment of compensation to the medical institution which provided the emergency care to the foreigner, the Ministry of Foreign Affairs takes measures through the relevant diplomatic authority of the foreign citizen to collect for the service, in favour of the Republic's budget.

Specific emergency assistance for non-residents

As regards to the legal and illegal foreigners without resources and the question of the Committee on whether the right to urgent social and medical assistance also applies to those who are legally present on the territory without living there in order to satisfy a need for shelter, food and clothing (or whether this requirement is met in accordance with other provisions of the law) we inform you that in terms of access to social protection rights with the "Regulations on the manner of exercising the right to one-time financial assistance and documentation required to exercise this right" (Official Gazette no.58 / 13) Article 3 states that when submitting an application for the exercise of this right to the locally competent Centre for Social

Work, the person shall submit personal documents to determine the status, place of residence and the personal identification number.

In order, the Republic of Macedonia to approach the European Union, and also in order to continue the good cooperation which RM has with the EU Member States, with whom it has signed bilateral agreements on social insurance, the Fund has signed an Agreement for the usage of the European health insurance card with some of these countries.

Concerning the question of the Committee concerning the provision of emergency medical care for foreigners provided on the basis of agreements on social security concluded with many European countries, but also in the event that no such agreement exists and when the person is unable to pay²³, we confirm the understanding of the Committee that emergency care will ultimately be financed by the state budget (except in case when the amount can be recovered from the country of origin of the person concerned).

As regards to the illegally present foreigners and the question of the Committee whether there are situations in which persons of this category can get emergency welfare outside the reception center²⁴, we inform you that pursuant to Article 48 paragraph 2 of the Law on Asylum and Temporary Protection (Official Gazette of the Republic Macedonia no. 49/03; 66/07; 142/08; 146/09; 166/12; 101/15 and 152/15) "After it has been placed in the Reception Centre, the asylum seeker can apply to the Ministry of Labour and Social Policy to reside outside the Reception Centre at his own expense, after performed photographing and fingerprinting."

The Ministry of Labour and Social Policy shall ensure the subsistence and health care of asylum seekers while they reside in the Reception Centre or other place of accommodation assigned by this Ministry.

Concerning the request of the Committee for all Member States to provide information on whether the equal treatment of persons without citizenship, irrespective if they do not possess citizenship *de jure* or *de facto*, is guaranteed in national legislation with regard to all the relevant and accepted provisions from the Charter, particularly including the information on what measures have been undertaken to ensure that the equal treatment is guaranteed in the practice²⁵, we inform you that in terms of rights and access to services of the persons without citizenship, if these persons have regulated their stay in the country, according to the regulated residence (foreigner with temporary residence or foreigner with permanent residence) they have access to the rights to health and social protection on the basis of their stay in accordance with the laws regulating this area.

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²³ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 23

²⁴ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 23

²⁵ European Committee of Social Rights, Conclusions XX-2 (2013) ("Republic of Macedonia", Articles 11, 12 and 13 of the Charter, (Council of Europe, January 2014), p. 23

MINISTRY OF LABOUR AND SOCIAL POLICY

ANNEX

**TO THE FOURTH REPORT ON THE IMPLEMENTATION OF
THE REVISED EUROPEAN SOCIAL CHARTER**

**Submitted by the Republic of Macedonia concerning the requested
information on**

Article 7 (paragraph10) and Article 8 (paragraph 2)

**and related to the conclusions of non-conformity due to lack of
information, published in the Conclusions of the European Committee
of Social Rights of 2015**

Skopje, January 2017

ARTICLE 7 – The right of children and young persons to protection

Article 7§10

With a view to ensuring the effective exercise of the right of children and young persons to protection, the Contracting Parties undertake to ensure special protection against physical and moral dangers to which children and young persons are exposed, and particularly against those resulting directly or indirectly from their work.

1. Concerning the requirement of the Committee for confirmation that the legislation of RM criminalizes all the activities of sexual abuse, we point out the following:

In Article 122 paragraph 2 item 22 of the Criminal Code there is a definition of child victims that complies with international standards on the definition of a child: "A child victim of crime is a minor under 18 years of age."

Also, the child trafficking is a criminal offense contained in the Article 418g: In the Criminal Code of the Republic of Macedonia under paragraph 1, child trafficking is incriminated by the following actions:

(1) A person who lower a child to perform sexual acts or provides performing sexual acts with a child, or recruits, transports, transfers, buys, sells or offers for sale, acquires, provides, harbours or receives a child for exploitation by using it in a sexual activities for money or other compensation or other forms of sexual exploitation, pornography, forced labour or servitude, slavery, forced marriages, forced fertilization, illegal adoption or extortion an accordance as a mediate to adopt a child, illegal transplantation of human body, will be sentenced with imprisonment of at least eight years. This suggests that the actions of “recruiting, transporting, transferring, harbouring, delivering, selling or accepting a child for sexual exploitation” to which the Committee and the Charter direct to, are contained in the criminal legislation of the Republic of Macedonia.

2. Regarding the conclusion of the Committee that the possession of child pornography is a criminal offense (Article 193 of the Criminal Code), we inform you that the conclusions of the Committee that only the possession of child pornography is a crime are incorrect. The Criminal Code of the Republic of Macedonia in accordance with international standards includes the following crimes:

Showing pornographic material to a minor: Article 193, Production and distribution of child pornography: Article 193 – a, and Enticement to sexual assault or other sexual activity to a minor, who is under the age of 14: Article 193-b.

In this sense, the possession of child pornography is just one of the activities that are incriminated in the paragraph 2 of Article 193-a. By this criminal act the following acts are also punishable: (1) A person who produces child pornography for the purpose of its distribution or transfer or offers it or otherwise makes it available shall be sentenced with imprisonment of at least five years.

(2) A person who purchasing child pornography for himself or for others or possesses a child pornography shall be sentenced with imprisonment from five to eight years.

(3) If the act from paragraphs 1 and 2 of this Article is committed through a computer system or other means of mass communication, the offender shall be sentenced to imprisonment of at least eight years."

3. In relation to the actions of sexual exploitation of children under the age of 18, we point out that the Criminal Code of the Republic includes the following criminal acts:

- The criminal act of Rape under Article 186, paragraph 2 states that: If the act of rape is committed against a child who has reached 14 years of age, the person offender be sentenced with imprisonment of at least ten years."

Sexual assault towards incapable person (Article 187) For this act, paragraph 1 provides punishment of the following acts: (1) The one who will commit sexual assault against other person, abusing the mental illness, mental disability, incapability, retarded mental development or some other condition because of which that person is incapable of resistance, shall be punished with a prison sentence of at least eight years. If the act of paragraph (1) of this Article is committed against a child who has reached 14 years of age, the offender shall be sentenced with imprisonment of at least ten years.

Sexual assault against a minor under the age of 14 (Article 188): In paragraph 1 of this crime the following actions are punishable: "The person who commits sexual assault or some other sexual act upon a child who has not reached 14 years of age shall be sentenced with imprisonment of at least eight years".

Sexual assault by abuse of position (Article 189) in paragraph 1 of this criminal act the following is provided: The person who abuses his position of power to induce a sexual assault or other sexual act against a subordinate person or person who is dependent on him/her, or by the same intention it harasses, intimidates or treats him in a manner that humiliates the human dignity and personality, he shall be sentenced with imprisonment of at least five years.

Paragraph 2 regulates the punishment of acts if the act referred to in paragraph (1) of this Article was performed by blood relative in a straight line or a brother or sister, teacher, educator, adoptive parent, guardian, stepfather, stepmother, doctor or other person who abuses his position or in a family violence commits statutory rape or some other sexual act with a child who has reached 14 years of age, who is entrusted to him for study, education, custody or care, he shall be punished with a prison sentence of at least ten years.

Mediation in performing prostitution (Article 191): In paragraph 1 of this criminal act, the following acts are incriminated: The person who recruits, induces, encourages or entices a person to prostitution or who in any way participates in handing over a person to someone else for prostitution, shall be punished with an imprisonment of five to ten years. The paragraph 2 punishes acts of the one who enables another one to use sexual services because of profit or organizes the crimes

referred to in paragraphs (1) and (2) or commits the acts while performing domestic violence, with an imprisonment of at least 10 years.

Incest (Article 194): In this criminal act are incriminated the acts of the one who performs sexual assault with a blood relative in direct line or with a brother or sister. Severe form of this act is provided in paragraph 2, if the offense is committed against a child who has not reached the age of 14.

The criminal acts 191-a: Child prostitution and 192: Procuring and enabling sexual acts are deleted by the amendments to the Criminal Code.

ARTICLE 8 - The right of employed women to protection of maternity

Article 8§2

With a view to ensuring the effective exercise of the right of employed women to the protection of maternity, the Contracting Parties undertake to consider it as unlawful for an employer to give a woman notice of dismissal during the period from the time she notifies her employer that she is pregnant until the end of her maternity leave, or to give her notice of dismissal at such a time that the notice would expire during such a period.

1. The question asked by the European Committee of Social Rights on whether the law provides for the return of illegal dismissal of an employee during pregnancy or maternity leave, we inform you that Article 101 of the Law on Labour Relations stipulates that “The employer may not terminate the employment contract of a worker during pregnancy, childbirth and parenting, while placing a child at foster parent, absence from work for parenting by the father or adoptive parent of a child and part-time work due to care for a child with developmental problems and special education needs and inability to care for a child under three years of age.

The termination of the employment agreement shall be deemed as void if on the day of giving the dismissal, the employer was aware of the abovementioned circumstances or if the worker notifies the employer for the existence of such circumstances by delivering appropriate certificate from authorized physician or competent body within 15 days from the receipt of the dismissal.

The nullification of the dismissal of employment is considered as not passed and the worker returns to her previous job or another suitable position that suits her education and qualifications.

Also, the Article 262 of the Law on Labour Relations stipulates that “if the labour inspector determined that the final decision of the employer has violated the right of the employee, at the request of the employee, it shall postpone the execution of that decision, if the employee filed a labour dispute pending a final court decision.”

2. As regards to the question addressed by the Committee on whether an adequate compensation of such employees it provided, especially when the reinstatement cannot be implemented, we inform you that, in Article 9 b of the Law on Labour Relations all forms of discrimination of the employee due to pregnancy, childbirth and parenthood, regardless of the duration and type of employment made pursuant to law are prohibited. The prohibition of discrimination under paragraph (1) of this Article shall apply to the access to employment, working conditions and all rights resulting from employment and the termination of the employment agreement of workers who are pregnant or exercise rights that arise from childbirth and parenting. The Article 10 stipulates that “in cases of discrimination under Article 6 of this law, the job applicant or employee is entitled to claim damages under the Law on Obligations.

Also, the Article 102 states that “if the court adopts a decision which states that the employee's employment is illegally terminated, the employee shall be entitled to

return at work following the effectiveness of the decision, if required.” Besides returning the employee at work, the employer shall be obliged to pay the employee the gross salary she was receiving when she was at work, in accordance with the law, collective agreement and the employment agreement, reduced by the amount of the income the employee earned based on work, after the termination of the employment.

3. Regarding the question of whether there is a defined upper limit on the amount that can be awarded as compensation to the employee and, if so, whether that established limit is covering material and non-material damage or the victim may also require unlimited non-material damage through other legal possibilities (e.g. legislation on anti-discrimination), we inform you that the victim has the right, in the lawsuit which she filed before the competent court in the lawsuit, despite annulling the termination of employment, also to indicate a compensation. In any judicial proceedings the request of the victim is different, so there is no specified upper or lower limit. Compensation for material and non-material damage which the victim requires depends on several factors, for material damage from the loss of the salary income, salary supplements and other income, and for non-material damage usually damage for the emotional pain, damaged reputation and honour and the bad health is required. The level of these amounts vary and mostly they are determined by the authorized court assessors and experts, for material damage, depending on the loss of material income, and for non-material damage, depending on the intensity of emotional pain that can be with a powerful, medium and low intensity, and they are different for each individual subject.

4. Regarding the question asked by the Committee if the two types of damage compensation are assigned by same courts, we inform you that if both types of damage are put in one claim, both are assigned by the same court, the one who is responsible for deciding upon the case. In Republic of Macedonia, it is the civil courts.

5. As regards the time the courts take on average for compensation, we inform you that the Ministry of Labour and Social Policy does not have the data on the duration of court proceedings for compensation, but under the provisions of the Law on Civil Procedure, the labour dispute procedures are emergency procedures. That means that once a lawsuit was filed, the court shall as soon as possible to act upon it (no explicit deadlines), but the speed of decision-making on such lawsuit filed depends from case to case and on the complexity of the case, but of course, the whole procedure should be completed within a reasonable time.

6. Regarding the question of whether the same principle applies to women employed in the public sector we affirmatively answer that: The Law on Labour Relations, the Law on Civil Procedure and the Law on Obligations according to which these procedures are conducted, apply equally to all employees, whether employed in the public or private sector.

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