INVOLVEMENT OF VULNERABLE PEOPLE IN THE HEALTH CARE SYSTEM

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Abstract

In the field of health, Republic of Macedonia has adopted number of systemic laws and strategic documents. Especially important is the Health Strategy of the Republic of Macedonia, which defines the vision towards promoting health and improving the healthcare system that meets the needs of the population, including the vulnerable groups.

In 2015, we conducted 11 programs: Program for AIDS, mothers and children, early detection of cancer, examining the incidence, prevention and eradication of brucellosis in the population in Macedonia, compulsory vaccination of the population, public health, early detection of malignant diseases, protecting the population from HIV / AIDS, preventive measures for preventing tuberculosis and the program HEALTH FOR ALL.

Keywords: Vulnerable People, Health Care System, Health, Programs, Measures.

1. Introduction

According to the Constitution of the Republic of Macedonia (Official Gazette of R. Macedonia No. 08-4642 /1991) every citizen is guaranteed the right to health care. Citizens have the right and duty to protect and promote their own health and health of the others.

Law on Health Care (Official Gazette no. 61/2015) provides that every citizen is entitled to health care through adherence to the highest possible standard of human rights and values, i.e. has the right to physical and psychological integrity and security of his person as well as respect for his moral, cultural, religious and philosophical beliefs.

With this law are regulated the rights of citizens to health care, relationships and health insurance rights, the procedure of using the health care system and organization of health care.
Health care is based on the unity of preventive, diagnostic, therapeutic and rehabilitation measures and is implemented on the basis of the following principles: the principle of availability, the principle of efficiency, principle of continuity, principle of fairness, principle of universality, principle of quality and safe healthcare treatment.

The principle of availability is accomplished by providing appropriate health care of the citizens that is geographically, physically and economically accessible, particularly at primary level. The principle of efficiency in health care is provided in achieving the best results in accordance with available financial resources, achieving the highest level of health protection with the least used resources.

Principle of continuity allows well-organized system of healthcare on three levels: primary, secondary and tertiary health care, which allows continuity health protection for population at any time. Principle of fairness is realized by prohibiting various types of discrimination when health care is provided.

Principle of unity is provided by the inclusion of every individual in the health care system, applying the measures and activities that include health promotion, disease prevention, early diagnosis, treatment and rehabilitation.

Principle of quality and safe health treatment includes improving the quality of health care through the application of measures and activities in accordance with the latest medical advances. The Law on Health Insurance (Official Gazette of R. Macedonia No. 01-1296 / 01), the citizens are determined rights and obligations from health insurance, and the manner of implementation of health insurance. Compulsory health insurance in the Republic of Macedonia is established for all citizens and provides health services and benefits, while voluntary health insurance is established for the provision of health services not covered by compulsory health insurance.

Healthcare protection for citizens is implemented through the provision of health services provided by public and private health institutions in the country, which are organized into three levels: primary, secondary and tertiary health care.

With the Law on Health Care (Official Gazette of R. Macedonia No. 61/15) is established network of primary, secondary and tertiary health care, which is divided into separate geographical areas, which may include one or two municipalities in accordance with the criteria of this law.

The first contact between the patient and the health system occurs at the primary level by a basic health care at the local level. It consists of five separate specialties: general medicine, health care for children / paediatrics (from 0 to 6 years), school medicine (from 7 to 19 years), health care for women (gynaecology and obstetrics) and occupational medicine. Insurers are obliged to choose their family doctor, gynaecologist and family dentist in primary care. They are obliged to provide the following services for their patients: general medical services, prescription of therapy, referral for specialist examinations, and referral for hospital treatment.

Preventative health care is provided by the Institute of Public Health and the 10th Regional Centres of the Institute of Public Health in the country. It is provided by Health Centres, Services for polyvalent nursing service and preventative teams and include: preventive examinations of infants and new-borns,
vaccination of children, systematic examinations of students and education health lectures for school children and youth.

Regarding the use of health services from the secondary health care system, the patient must be referred through referral by a GP. It covers specialist diagnosis, treatment and rehabilitation and it is provided through health centres, hospitals, departments of general and clinical hospitals, medical service and rehabilitation in special hospitals. In terms of tertiary care patients can use medical services within the University Clinics in Skopje, general hospitals, clinical hospitals, offices and institutes as well as private hospitals in the country. It is divided on specialist-consultative and hospital health care. Users' access to tertiary health care is provided by issuing referral from secondary health care.

The costs of hospital treatment of policyholders are covered by compulsory health insurance and co-payments by patients in accordance with the legal provisions.

2. Organizational structure of the health system

The health system in the Republic of Macedonia is constantly undergoing certain transformations, which are implemented through: changes in legislation, changes in the ownership of health facilities, realignment of responsibilities, introduction of new programs and health care services to the citizens.

Government of Republic of Macedonia, Parliament of Macedonia and the Ministry of Health are setting up the national legal framework for the functioning of the health system. Two major laws that are profiling the health care system are the Law on Health Care (Official Gazette of R. Macedonia No. 61/15) and the Law on Health Insurance (Official Gazette of R. Macedonia No. 01-1296 / 01)

Chart. 1: Health Care System of the Republic of Macedonia - Organizational structure
The Chart 1 presents the main actors in the system of healthcare protection. With the Law on Health Care (Official Gazette of R. Macedonia No. 61/15) are regulated the responsibilities of the Ministry of Health, which is responsible for its work before the Government. It also manages with the same health system, determines priorities in healthcare, monitors the functioning of the health care system and oversee the implementation of health policy and legislation. Ministry supervises the work and activities between the sectors within the health sector.

Fund for Health Insurance of Macedonia was established by the Law on Health Insurance (Official Gazette of R. Macedonia No. 25/2000) in order to implement compulsory health insurance as institution that performs activities of public interest and public authorities. Fund contracts with health care providers, ex healthcare providers in primary, secondary and tertiary health care.

Based on the authorization given by this law and the scope of work, the Fund is managed by the Management Board, and the work of the Fund is managed by the Director of the Fund. Ministry of Finance in agreement with the Ministry of Health establishes the annual budgets for the operation of health facilities that include preventive and health programs. Ministry of Labour and Social Affairs provides funds for healthcare insurance of beneficiaries of social services and persons with disabilities.

The Ministry of Education is responsible for all educational institutions and study programs where are educated students in medicine, dentistry, pharmacy and operating under the auspices of the Ministry and is responsible for the theoretical and practical training and specialization programs for doctors, dentists, pharmacists and nurses.

Chambers of doctors, dentists, pharmacists, psychologists are responsible for licensing and supervision of professionally conduct in the appropriate group of health workers and health assistants. In order to improve the quality of the work of healthcare workers and associates in the provision of health care services, the Chambers have been given the authority to extend, renew or to revoke work permits (licenses).

Associations of citizens are important in the planning and implementation of various programs and activities in the health sector.

In the field of health, Republic of Macedonia has adopted number of systemic laws and strategic documents. Especially important is the Health Strategy of the Republic of Macedonia 2020, which defines the vision to promote health and improve the health system to meet the needs of the population, including the marginalized and vulnerable groups. It defines measures and activities for strengthening the health system, reducing mortality and morbidity in diseases, which represent the greatest burden for the population and environment.

Other strategic documents include short and medium-term actions to be implemented to feel the impact of these measures for the health of the population. The programs seek prevention and eradication of brucellosis, early detection of cancer, disease present in many countries Europe and the world. According to international principles for health activity it is extended the continuity in the implementation of preventive measures.

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In the interest of providing fair access to all basic health services and preventive measures for the whole population and primarily vulnerable groups, is redesigned the basic package of health services under the compulsory health insurance. “Analysis of the health situation of the population in the Republic of Macedonia and in the world shows that priority health problems are and further will remain chronic non-communicable diseases, emerging infectious diseases and emergency situations. Maintenance and improvement of health will be the main instrument for improving the health status of the population, especially vulnerable groups. (Health strategy of Republic of Macedonia 2020).

The National Development Plan of the Republic of Macedonia 2014-2019 in the health sector are planed objectives aimed at social inclusion, such as: reducing the existing disparities in health status between Macedonia and the EU countries; reducing disparities in health between socio-economic groups; improving the health of new-borns, infants and preschool children, and persons over 65 years; improving the psychosocial well-being of people and providing better comprehensive services, especially in rural areas.

Health care for vulnerable groups from health point of view is defined by special strategic documents and health policies that are adopted and implemented. The vulnerable groups from health aspect are: children and adolescents, women, Roma population, rural population, people with mental illness, people with disabilities, people living with HIV / AIDS and people who do not have health insurance on any grounds.

The health insurance is contribution from the salary of persons employed, and for the unemployed people, this contribution is paid by the Employment Agency, for the beneficiaries of the areas of social protection, payments are done by the Ministry of Labour and Social Policy, for pensioners is responsible the Fund for Pension and Disability Insurance and for uninsured people, this contribution is paid by the Ministry of Health or they do it for themselves. The health protection of this category of beneficiaries is done according to available funds from release as total income and without payment if family in the 3 recent months has over 17,600 MKD and total for the year up to 189,864 MKD, would pay only 1.155 MKD and if has received higher income than this is 2.300 MKD.

The Report on the annual data for 2014 of the Fund for Health Insurance of Macedonia has shown decrease of 5,104 persons compared to 2013 at the category “temporarily unemployed people while receiving financial compensation”, while noted decrease of 532 persons or 3.8% in the category “other” where are voluntarily insured people, insured by convention, veterans of the Second World War, members of monastic and other religious orders and welfare recipients.

The number of people insured through the Program of the Ministry of Health, i.e. those who are not insured on any other basis, was 230,354 and is decreased compared to the previous year by around 8.4 thousand people. It should be borne in mind that some insurers do not register within the statutory period, but throughout the year when they will need health service.

Most of Roma are insured through the use of welfare and are applying the ESA, and not through employment.

Healthcare programs are available for persons beneficiaries of rights in the area of social protection, including: beneficiaries of financial assistance, persons accommodated in foster care families, persons accommodated in institution for social protection, beneficiaries of allowance for
assistance and care by another person if they can’t ensure upon other base, person up to the age of 18 –
years that had the status of children without parents and parental care, up to the age of 26 years and is
beneficiary of social assistance, individual victims of domestic violence who are taking protection
measure in accordance with the Law on family, persons - victims of human trafficking and person
covered by organized independent living with support. At this large group of beneficiaries of rights in
the field of social protection is applied one of the conditions for achieving rights their bad financial
situation.

The programs that are annually adopted are related to active health care for mothers and children,
especially when it comes to children from families who live in conditions of poverty, social isolation and
marginalization.

With the Wellness program for all 2016 are conducted free medical examinations, blood pressure
measuring, glucose checks, fats in the blood and are provided advices for specific therapies and
prevention.

Preventive activities for groups and population at biggest risk of HIV / AIDS (intravenous drug
users). The aim is to keep the low-prevalence of HIV in the country with continued implementation of
activities envisaged by the National Strategy on HIV / AIDS. Services are free-of-charge and cover:
informing, raising awareness of the population for these services, confidential counselling and testing,
laboratory diagnosis of HIV carriers. It is accomplished treatment, care and psychosocial support for
people living with HIV. All services are free-of-charge, confidential and there is no personal
identification or request for additional documents. One needs only to visit services that are offered by
the public health care institutions. Marginalized communities may use the services through contacting
the associations dealing with these target groups involved in the program of the Global Fund. The
services are provided by public health institutions and clinics.

Regarding the health situation of Roma findings from existing literature agree on three key
points:
1) There are relatively few and insufficient data on the health status of Roma,
2) The data that exist suggest large differences in health status between the Roma and majority
communities,
3) Poor health among Roma is closely related to the fact that they are mostly represented in the
group of citizens living in poverty. 27% of Roma men and 31% of women suffer from chronic
diseases (compared to 23% of non-Roma living near Roma)16 It may be noted that the chronic
diseases among the Roma appear much often than then among non-Roma and they occur at Roma
population at much younger age than in the general population.

The objective of the project "Roma health mediators" is introducing of persons Roma health
mediators and to facilitate access to basic health and social services and to provide advice on basic health
and social needs of young Roma and Roma families from several municipalities. Activities are achieved
through civic associations. The program aims at raising awareness among the Roma population in the
Republic of Macedonia to care for their own health and their loved ones; raising the awareness of the
Roma population in opportunities and access to health care; facilitating access to health care;
sensitization of health institutions with the characteristics and needs of the Roma population in terms of
health; facilitating access to the exercise of social rights; improving the access to the exercise of civil rights; increasing confidence in the institutions of health and social care by Roma population; increasing awareness and stimulation of community proactive approach towards the rights and obligations in the context of existing mechanisms for social protection.

Numerous scientific studies that were made in different European countries and other countries in the world have shown that there is huge difference in the health status of Roma population when making the comparison with the general population.

About 10 million Roma in the world who live in difficult economic conditions are continually discriminated against and marginalized and as a result they have bad health and rates of mortality and morbidity are significantly higher compared to other nations. According to the current researches in many countries that have focused on this problem, the health status of Roma is displayed with the highest rates of disease, lower value on life expectancy than others and high rates of child mortality.

Macedonia has achieved a significant reduction in child mortality and maternal over the past two decades, but these achievements are unevenly distributed within regions and between different socio-economic groups. In 1998-2010 under a decrease in the rate of infant mortality.

**Figure 1. The rate of infant mortality per 1,000 live births in 1998-2010 RM**

![Graph showing the rate of infant mortality per 1,000 live births in 1998-2010 RM](image)

Source: Statistic State Office and the Institute of Public Health of the Republic of Macedonia 2011

As shown in Figure 1, the rate of infant mortality among Roma is higher than at the majority population, although it has declined in the period from 2004 to 2009.

**Table 1. Rate of infant mortality per 1,000 live births according to the ethical affiliation of mother in 2004 and 2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Macedonian</th>
<th>Roma</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>13.2</td>
<td>9.8</td>
<td>19.4</td>
</tr>
<tr>
<td>2009</td>
<td>11.7</td>
<td>10.6</td>
<td>13.1</td>
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</tbody>
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Source: Institute for Health Protection of Mothers and Children 2010
Infant mortality is due to the existence of early neonatal causes (0-6 days after delivery). Reducing infant mortality from 1998 to 2009 is due to significantly lower neonatal mortality.

According to the Convention on children's rights and the Millennium Development Goals envisages reduction of child mortality is still high compared to European values. According to many studies that have been made in European countries concluded that the Roma population has a higher rate of prevalence and incidence of cardiovascular disease, diabetes mellitus, hypercholesterolemia, tuberculosis, malnutrition and others.

Health care for victims of human trafficking is an important segment in dealing with the consequences of human trafficking that impair general health of individuals. In accordance with the World Health Organization, mental health of VHT is described as "a condition, in which the individual realizes its abilities, can cope with stress in everyday life, works productively and contributes to their community," which is the ultimate goal of health care. The assessment of physical and mental condition upon admission to the reception Centre for foreigners is carried out by expert team and if necessary it is arranged further care¹.

At the Centre for Victims of Trafficking, the health care is provided through program activities of Associations of citizens² through: regular medical checks, gynaecological exams, tests for HIV/AIDS and hepatitis and other appropriate medical treatment. Psychiatric services are provided by the University Clinic of Psychiatry and Psychiatric Hospital. Some of the victims need psycho-therapy for decreasing the subjectively unpleasant experiences and experienced traumas and with aim to improve mental health, which is also provided within psychiatric institutions.

The program is aimed at reducing the harmful consequences of drug use, primarily to reduce the risk of HIV / AIDS, hepatitis B, C, and other blood and sexually transmitted infections, overdoses and other health, social harm.

NGO HOPS - Health Options Project, through its services provides assistance through its services according the so-called low threshold and on many services under one roof, and strives to improve the health and welfare of the beneficiaries through: outreach, sharing equipment for injecting and condom distribution, educational information, basic medical care for reducing the effects of long-term and improper injection: repair of wounds, treatment of abscesses, dressings; advice for maintaining health; counselling on HIV / AIDS, hepatitis B, C, anonymous testing and social services such as assistance in issuing documentation and the exercise of the rights in the area of social protection.

NGO HOPS implements the Support program for commercial sex workers that aims to promote and advance the rights of sex workers and their families in Macedonia in order to improve their health, social and economic status by providing services, enhancing community awareness capacity of professionals, research, advocacy and lobbying.

NGO HERA - Association for health education and research has opened the Youth Centre "I want to know" which provide direct services to protect sexual and reproductive health and HIV / AIDS and the promotion of the model of youth-friendly services for youth and adolescents.
Program Promotion and advancement of the rights of sex workers and their families in the R. Macedonia aims to improve their health status, with fieldwork is improved social and economic status by providing service providers, strengthening community capacity building of professionals, research, advocacy and lobbying. And this program is implemented by the NGO HOPS. From the analysis of health services for vulnerable categories of the population it is noted that there is pluralism in their deposit on behalf of the public health institutions, private and non-governmental organizations.

3. Access to health services

Monitoring the accessibility of health care services, it is often hampered by disruption in the availability of treatment because of the dynamics of tenders. Some programs do not have sustainability and those are programs for prevention of HIV among groups at particular risk of HIV after the withdrawal of the Global Fund at the end of 2016. It is present lack in treatment programs, socialization and rehabilitation of children who use drugs.

It is noted insufficient coverage of women with primary gynaecological health care for lack of gynaecologists throughout the Republic of Macedonia.

Insufficient coverage of women's health services provided in the Program for cancer screening of cervical cancer. Measures for promoting information and inviting women for screening. Institute of Public Health is caring out the invitation of women for screening at the entire territory of the Republic of Macedonia, but there is need of re-inviting screening.

Insufficient coverage of Roma children with immunization, compared with children from other ethnic groups. Insufficient coverage of Roma mothers and children with actions for Roma communities in the preventive Programs of the Ministry of Health.

Problems in access and treatment of patients with malignant diseases. Insurance Fund to pay the travel costs for patients outside of Skopje that are coming to the Oncology Unit for chemotherapy because there are a lot of patients coming from other places (ex. Dojran, Demir Hisar, Ohrid, Bitola, Gevgelija, Berovo) and whose travel expenses are large and financials are weak and they are unable to travel. For these patients there is no option for a weeklong stay at the clinic same as for those who come to radiation treatment because chemotherapy is prescribed differently from radiation and can be treated every two weeks or once a week.

In the Republic of Macedonia there is lack of treatment programs for people who use drugs. Existing programs are not equipped with sufficient number of qualified staff. The large number of clients of the treatment programs and a lack of qualified personnel is one of the main reasons leading to the violation of treating people who use drugs.

It is done presentation of programs in the field of health care, but having into account the vulnerable groups it is required greater transparency regarding the programs of the Ministry of Health. Ministry of Health on its website publishes the following documents: Reports on the implementation of programs received by the executors of the program; Annual report on the implementation of programs and the Financial report on the implementation of programs. But, are not available the basic information
regarding the necessary documentation and conditions of use thereof. According to the findings obtained from the work of civil society organizations, only small number of Roma receives educational material for vaccination.

4. Conclusions

It is noted the inconsistent application of the Law on Protection of Patients ‘Rights regarding the establishment and effective functioning of the mechanisms for the protection of patients’ rights is disproportionately affecting marginalized communities.

It is necessary to set up a National Commission and Municipal Commissions for promoting the rights of patients, to appoint legal advisers in healthcare institutions where patients are accommodated. To introduce penalty sanctions for municipalities and healthcare institutions which do not comply with the legal provisions. To amend the Law with sanction in cases of discrimination and to introduce discriminatory basis –marginalized group in order to sensitize health workers about the vulnerability of marginalized groups when it comes to respecting the rights of patients.

Fund for Health Insurance and the Ministry of Health to find ways to secure funds from the budget to subsidize gynaecologists who would work in municipalities with socially vulnerable population or rural areas where there is a deficit / there are no offices of gynaecologist. For example, urgently to provide sustainable solution to open the clinic gynaecologist in Shuto Orizari.

Second invitation for women who will not answer the check up in period of three months since the first invitation. To strengthen the media campaign for screening a larger number of broadcasts of TV spots, radio programs, use of social networks; wider distribution of educational materials by visiting nurses and Roma health mediators; organizing educational workshops especially in disadvantaged communities and other necessary measures.

Opening of treatment programs for people addicted to drugs in several communities by providing balanced regional coverage. Appropriate staffing of existing treatment programs for people addicted to drugs with sufficient number of doctors - psychiatrists, psychologists, social workers, medical technicians in order to improve the quality of care of these people.

Education about sexual and reproductive health. Lack of relevant and modern information protection of sexual and reproductive health educational materials for students of medical vocational secondary and higher education. Introduction / improvement of curricula for primary and secondary education in field of sexual and reproductive health and rights.

Preparation of health educational materials for improving child health and vaccination and its distribution into living areas where are living people with very poor material situation.

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