

FYR OF MACEDONIA

Health profile



The Former Yugoslav Republic of Macedonia (FYROM)¹ is located in the Central Balkans, bordering Greece, Bulgaria, Albania, Kosovo and Serbia. According to the 2002 census, the country's population was 2,049,000. As current data on the ethnic distribution are not yet available, data from the 1994 census are still used and report that 66.6% of the population identify themselves as Macedonian, 22.7% as Albanian, 4% as Turks, 2.1% as Roma and 2.1% as Serbs. The country seceded peacefully from Yugoslavia after an independence referendum in September 1991. It was recognized by the United Nations on April 8 1993 under the provisional name of The Former Yugoslav Republic of Macedonia. The country's title and heritage were the subject of a sharp disagreement with Greece, whose northern province is also called Macedonia. This dispute has not yet been fully resolved although a trade embargo was lifted in 1995 and the two neighbours' relations have since improved considerably.

Poverty

Around 20% of the Macedonian population lives below the official poverty line of US \$75 per month.² In November 2000 the Government of the Republic of Macedonia produced an Interim Poverty Reduction Strategy reporting an increase in the rates of poverty from 18.1% to 20.7% between 1996 and 1998, with rural poverty rates as high as 25.1% in 1998. It identifies that poverty in Macedonia is the result of two main factors: a fall in aggregate consumption during the 1990's and a rise in the inequality of its distribution. Amongst others, some of the most important determinants for the weak economic indicators are the recent military conflicts in the region and the country itself, as well as the low level of technological development.³

The population groups identified as being most at risk of poverty are the unemployed, socially imperiled households, pensioners and farmers. Larger households in rural areas, particularly those with members who are unemployed or have low educational levels, are identified as a specific risk together with the unemployed in urban areas.

In 2001, the United National Development Programme reported that the unemployment rate in Macedonia was 32.1% of the labour force, placing Macedonia in the rank of countries with an extremely high unemployment rate in Europe.⁴ Although the Law on Employment and Unemployment allows those with temporary unemployment to access monetary compensation for a limited time, these benefits are utilized by those whose regular

employment insurance has expired. As the pool of unemployed continues to grow, the unemployment entitlement continues to decrease^{5,6}.

Poverty has a serious impact on the health status of the population and accessibility to health services. Certain illnesses associated with poor living conditions remain typical for some groups of the population and are especially prevalent amongst the Roma population⁷.

Key Health Indicators

According to the National Statistics Office, life expectancy at birth for 2001 was 70.68 years for males and 75.21 years for females, an average of 73.05 years. The statistics also point to a "healthy life expectancy" of 61 years for males and 64 years for females. Although life expectancy in Macedonia is lower than in Western Europe, it exceeds the average life expectancy in Central and Eastern European countries⁸ and surpasses that in developing countries at similar income levels outside of the region⁹.

The birth rate in Macedonia is 13.3 per 1,000 population and mortality rates are 8.3 per 1,000 population, resulting in an annual population growth rate of 0.5%. The population is relatively young, with an average age of 34.63 years, but the number of elderly persons is increasing¹⁰. From 1990 to 2000 the percentage of the population over 65 years of age increased from 7.97 to 10.10%. Although this growth trend is shared with the EU and Central and Eastern European averages, the proportion is considerably lower in comparison¹¹.

Macedonia is beginning to see a pattern of morbidity that would be expected of a wealthier, industrial or post-industrial society. This is particularly true for cardiac and cerebrovascular diseases as well as malignancies, which are by far the leading causes of premature death in both men and women and are associated with risk factors such as a high-fat diet, lack of exercise, smoking and alcohol consumption^{12,13}. Stress and social dislocation associated with the economic transition have undoubtedly exacerbated this situation.¹⁴

Access to clean water is satisfactory for more than 90% of the population and as a result of the country's strong agricultural base, undernutrition is not a significant problem. A recent World Bank survey¹⁵ of adults showed that obesity is on the rise in that 48% of females are overweight, and 19% of women and 15% of men are clinically obese.

According to the Statistical Yearbook, there has been a steady reduction of vaccine preventable infectious diseases; only 22,355 cases were registered in 2001, compared to 74,382 cases in 1997.

Macedonia is a major European transit route for narcotics¹⁶ and there has been a considerable rise in drug use in the country. In 2001, there were 5000-6000 registered heroin addicts, but the real number is likely to be three times higher.¹⁷

Women and Child Health

Macedonia has experienced a sharp fall in infant mortality rates, from 22.7 per 1000 live births in 1995 to 11.9 per 1000 live births in 2001¹⁸. Also encouraging is the reduction of maternal mortality rates from 21.8 deaths per 100,000 births in 1995 to 14.8 maternal deaths per 100,000 births in 2001. In recent years a significant number of Macedonian midwives have participated in medical training courses at home and abroad, following the countrywide establishment of UNICEF's 'Baby Friendly Hospitals'.

Traditional public health activities working in concert with pre-school health protection programs have maintained vaccination coverage rates above 95%. Macedonia was certified polio free in 2002 by WHO, and no cases of polio have been reported in the last five years. Also, during the same period, no cases of neo-natal tetanus were reported and there have only been 27 cases of measles and 5 of pertussis¹⁹.

The health and nutritional status of Macedonia's children is still affected by slow economic development and poor environmental health²⁰. In a survey conducted by the Ministry of Health in 1999, 26% of children were found to have iron deficiency disorders²¹. In order to improve the level and the quality of child nutrition, there is an ongoing campaign to increase the consumption of locally available fruits and vegetables as part of the healthy diet for children and also for the elderly.

Tuberculosis

Macedonia has successfully implemented the DOTS strategy, halving the number of patients with active tuberculosis between 1997 and 2001, and reducing the average length of hospital stay for TB in both general and special hospitals by more than 20%. The incidence of TB per 100,000 population has been reduced from 40 in 1995 to 31.5 in 2000²².

Tobacco

Tobacco is one of Macedonia's major domestic products and smoking rates are known to be very high. There is a law banning smoking in public places, but there is a significant lack of compliance. Prior to the WHO tobacco-free initiative, there had been no strong anti-smoking campaign and tobacco advertising is intensive. Taxes on cigarettes are much lower than those in Western Europe, leading to correspondingly higher consumption rates and smoking-related diseases.

HIV/AIDS

According to the national data and UNAIDS, as of 2001, a total of 16 HIV and 43 AIDS cases have been registered in Macedonia. However, HIV/AIDS surveillance and reporting mechanisms are weak and most HIV/AIDS cases are diagnosed as a result of patient self-reporting, indicating that individuals were already experiencing worsening health conditions²³. Unfortunately, the low number of officially reported HIV/AIDS cases has influenced the attitude both of citizens and the government towards HIV/AIDS, which is still perceived by some as a minor and non-urgent problem. Antiretroviral therapy for treatment of HIV/AIDS cases is not available, partly due to the size of the market and local drug registration procedures. A Health Sector Commission for HIV/AIDS was established in 1987 when the first HIV positive case was reported. It acted as a predecessor for the Multi-Sectoral Commission on HIV/AIDS which was created in April 2003. The Commission is chaired by the Minister of Health and is responsible for the planning and coordination of HIV/AIDS prevention and intervention, including the development of a national strategy for HIV/AIDS prevention and the collection of revenues to fight HIV/AIDS (including Global Fund Applications).

Health Service Structure and Provision

The Ministry of Health is responsible for the national health care system, the Health Insurance Fund (HIF) coordinates health insurance for the population and the Ministry of Finance sets the budget for the Ministry of Health's vertical programs²⁴. The Macedonian Chamber of Physicians is responsible for the licensing of medical doctors. Macedonia has one central Health Protection Institute and 10 regional bodies charged with collecting health statistics. The findings of these agencies are collected and published in the annual "Health Map" for the country.

The health insurance coverage rate in Macedonia is close to 100%, while the number of private

patients is low²⁵. The Basic Benefit Package (BBP) of health services is very broad covering almost all medical services with some exceptions, such as aesthetic surgery. The broad coverage of the BBP creates inefficiencies and strains the limited health systems resources²⁶.

Health care in Macedonia is available from both public and private providers. The latter mainly operate at primary care level and include services provided by general practitioners, pharmacies, out-patient clinics and private laboratory services. The network of private pharmacies is well developed; but only a limited number of private pharmacies have a contract with the HIF for the distribution of drugs from the approved list. According to the Framework Agreement and the Local Self-Government Law, Primary Health Care, Health Promotion and Education as well as the Health Inspection activities are to transfer from central to local self-government authority by the year 2004.

Health Sector Financing

Health financing in Macedonia is based on a compulsory system of social health insurance. Contributions are collected by the HIF from employees (8.6%), from the pension fund for retired persons (14.69%), from the state budget for the unemployed and from the self-employed (8.6%)²⁷. Co-payments exist as a source for additional funding and demand management. Although co-payments have achieved the latter, it is estimated that they only contribute 5% of the revenues of health care providers.²⁸ The annual revenues of the Health Insurance Fund are about \$220-240 million, corresponding to about \$110 per health-insured person or about 6% of the country's GDP²⁹.

Private GPs are paid by a capitation rate system. As part of their monthly capitation installments, primary health-care providers receive incentives for screening and health promotion, while they are capped for drug prescriptions and hospital referrals. Public-sector GPs receive salary-based payments, although a similar capitation system to private practice is in development. Hospitals are financed on a "fee for service" basis although there are plans to replace the current hospital payment system with a capitation system. The legal framework for this new comprehensive budgeting system is in its final stages of development. In view of an open reimbursement policy and a widely available list of drugs, there should be little scope for private or informal pharmaceuticals payments. However, a 1999 household survey showed that private household expenditure on health care was 5.8%³⁰.

Key Health Policies

The overall objective of health policy in Macedonia is to create a system that is aligned to the needs of the population and that can operate efficiently with the resources available³¹. Health promotion, health education and a gate-keeping role for Primary Care are high on the policy agenda. The privatisation of public facilities will continue to be the subject of further discussions. Priorities identified for the health sector include:

- health management training
- rationalisation of the health sector
- the establishment of an appropriate IT network to strengthen health information
- the establishment of mechanisms for the safe storage and distribution of pharmaceuticals together with the adoption of reference price mechanisms for generic drugs
- the development of evidence based clinical guidelines
- the strengthening of capacity in health policy, planning, management and financing at all levels.

Further legislation is also needed to support competition and free market activities.

Multilateral / Bilateral Assistance

Multilateral agencies and bilateral donors providing support to the health sector in Macedonia include the World Bank, the World Health Organization, the United Nations Children's Fund, the United Nations Development Programme, the UK Department for International Development, the European Commission Humanitarian Aid Office, the Japanese International Cooperation Agency, the United States Agency for International Development, the Swedish International Development Agency, and the Danish Agency for Development Assistance.

Notes

- 1 The official UN designation is the Former Yugoslav Republic of Macedonia. The Republic's constitutional name is the Republic of Macedonia, hereafter referred to as Macedonia.
- 2 Government of Macedonia, Interim Poverty Reduction Strategy Paper, 2000.
- 3 IBID.
- 4 UNDP, National Human Development Report, Social Exclusion and Human Insecurity in FYR Macedonia, 2001.
- 5 IBID
- 6 Law on Employment and Unemployment, Insurance Official Gazette of RM, Skopje, No 37/1997
- 7 Interim Poverty Reduction Strategy, Government of the Republic of Macedonia 2000
- 8 WHO, Health for All database, www.who.dk.
- 9 World Health Report 2000, Health Systems: Improving Performance, Geneva, 2000.
- 10 Statistical Office of the Republic of Macedonia/ Comparative Analysis of Demographic data.
- 11 WHO, Health for All database, www.who.dk
- 12 IBID.
- 13 Health Systems in Transition, The Former Yugoslav Republic of Macedonia, European Observatory on Health Care Systems, 2000.
- 14 World Bank Project Staff Appraisal Report
- 15 IBID
- 16 ICG, Macedonia's Public Secret: How Corruption Drags the Country Down, 14 August 2002
- 17 MoH 2001: Strategy for Improvement of Health Protection
- 18 Statistical Office data
- 19 IBID
- 20 Government of the Republic of Macedonia, Poverty Reduction Strategy Paper, Skopje, November 10, 2000
- 21 MoH 2002: Action plan for food and nutrition
- 22 WHO Communicable Disease Surveillance and Response database, <http://cisid.who.dk/tb/TBPrset.asp>
- 23 Dr.Vesna Velic Stefanovska - National Coordinator for HIV/AIDS
- 24 Health Care Systems in Transition, The Former Yugoslav Republic of Macedonia, European Observatory on Health Care Systems, 2000.
- 25 National Health Insurance Fund data
- 26 Health Systems in Transition, The Former Yugoslav Republic of Macedonia, European Observatory on Health Care Systems, 2000.
- 27 IBID.
- 28 IBID.
- 29 Health Financing Bulletin HIF
- 30 Household Consumption in the former Yugoslav Republic of Macedonia in 1999, Statistical Review 2.4.015, Skopje, 2000.
- 31 IBID.

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Other elements of the project including a database of identified references, an in-depth information review of published studies, health statistics and reports from governments and other agencies, and a summary report can be found at <http://www.lshtm.ac.uk/ecohost/see>

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