

NORTH MACEDONIA

Statistical data

Population size of the country was estimated at 2.083.000¹³⁹ (year 2020).

Estimate number of PLHIV is 497.

The state of the 90-90-90 treatment target in 2020¹⁴⁰ was as follows:

- Percentage of PLHIV diagnosed (first 90 target): 66,4 %
- Percentage of PLHIV on treatment (second 90 target): 90,6 %
- Percentage of PLHIV with undetectable viral load (third 90 target): 94,3 %

Main epidemiological trends

The Republic of North Macedonia has a low-level, concentrated HIV prevalence. There is an increasing trend of new HIV diagnoses registered in the last years. Several categories of data suggest that the epidemic is under control among people who inject drugs and female sex workers, but prevalence is rising among men who have sex with men (MSM).¹⁴¹

Cumulatively, until the end of 2020, among reported HIV cases, sex between men was the most frequently reported mode of transmission at 58,3 %. Heterosexual contact was reported in 34,7 % of the cases and injecting drug use was reported in 2,4 % of the cases. For 2,2 % of the new cases, the mode of transmission was not reported, while other routes of transmission are sporadic.

Surveillance data show an increasing proportion of MSM among newly diagnosed HIV cases; during the period of 2013 to 2020, this proportion ranges between 58 % and 90 % on an annual basis. In 2018, 82 % of newly diagnosed cases were MSM.¹⁴²

Relevant anti-discrimination legislation applicable in healthcare settings

Legislation that shall protect PLHIV against discrimination in healthcare settings can be found at multiple legislation levels (constitutional level, primary legislation, and also in some soft law instruments). The legislation is not formulated as HIV-specific; protection is provided through general anti-discrimination provisions.

Constitutional level

¹³⁹ UN Department of Economic and social Affairs, Population Division. *World Population Prospects 2019*.

Available at: <https://population.un.org/wpp/Download/Standard/Population/>

¹⁴⁰ As reported by Stronger Together.

¹⁴¹ Vladimir Mikikj et al. *The Continuum of HIV Care in North Macedonia: Assessment Report for 2017 with a Special Focus on Men Who Have Sex with Men*. Available at: <https://zp.mk/wp-content/uploads/2020/08/the-continuum-of-hiv-care-in-north-macedonia-in-2017.pdf>

¹⁴² Institute of Public Health. *Annual Reports on Activities and Results within the National HIV Programme*. Available at: <http://iph.mk/multimedija/dokumenti/godisni-izvestai/>

The Constitution of Republic of North Macedonia¹⁴³ (hereinafter “Constitution”) does provide protection against discrimination that is applicable to PLHIV. Article 9(2) of the Constitution provides that all citizens are equal before the Constitution and the laws. However, the Constitution only includes an exhaustive list of protected discriminatory grounds. Article 9(2), and similarly also Article 54 (which provides additional protection), are neither HIV-specific, nor do they recognise a “health condition” as a protected ground of discrimination.

Nevertheless, the Constitution does stipulate that the international agreements ratified by the Parliament of the Republic of North Macedonia (hereinafter “Parliament”) are part of the internal legal regulations, i.e. that all the international United Nations conventions (such as the European Convention of Human Rights) are directly applicable in the North Macedonian legal system.

Primary legislation level

The Law on Prevention and Protection Against Discrimination was enacted in 2011 and later replaced in 2019. In May 2020, the newly adopted law was repealed by the Constitutional Court due to procedural irregularities. A new bill was not enacted until October 2020¹⁴⁴ which resulted in a time of “legal vacuum” in the context of protection against discrimination.

Neither of the three versions of the Law on Prevention and Protection Against Discrimination explicitly recognized HIV/AIDS as a discriminatory ground; instead, the law contains protection against discrimination on the basis of “health condition” which is applicable to PLHIV.

Sexual orientation and gender identity were not recognized as discriminatory grounds until 2019, which caused problems in dealing with some cases of cumulative or multiple discrimination against PLHIV.

Other laws relevant to the healthcare sector and discrimination of PLHIV that contain provisions on protection against discrimination, in which a “health condition” is specifically mentioned as a protected discriminatory ground: **the Law on Protection of Patients’ Rights**¹⁴⁵, **the Law on Health Protection**¹⁴⁶, and **the Law on Social Protection**¹⁴⁷.

Laws that address the protection against discrimination, but do not mention health status as discriminatory ground, include the phrase “and any other status”: **Law on Personal Data Protection**¹⁴⁸, and **the Criminal Code of the Republic of North Macedonia**¹⁴⁹.

¹⁴³ Constitution of the Republic of North Macedonia (Official Gazette of the R. of North Macedonia No. 52/1991). Available at: <https://www.sobranie.mk/content/Odluki%20USTAV/UstavSRSM.pdf>

¹⁴⁴ Law on Prevention and Protection Against Discrimination (Official Gazette of the R. of North Macedonia No. 258/2020, as amended). Available at: <https://dejure.mk/zakon/zakon-za-sprechuvanje-i-zashtita-od-diskriminacija-1>

¹⁴⁵ Law on Protection of Patients’ Rights (Official Gazette of the R. of North Macedonia No. 82/08, as amended). Available at: <http://zdravstvo.gov.mk/zakon-za-zashtita-na-prava-na-pacienti/>

¹⁴⁶ Law on Health Protection (Official Gazette of the R. of North Macedonia No. 43/12, as amended). Available at: <http://zdravstvo.gov.mk/zakon-za-zdravstvenata-zashtita/>

¹⁴⁷ Law on Social Protection (Official Gazette of the R. of North Macedonia No. 104/19, as amended). Available at: <https://mtsp.gov.mk/zakoni.nspj>

¹⁴⁸ Law on Personal Data Protection (Official Gazette of the R. of North Macedonia No. 42/20, as amended). Available at: https://dzlp.mk/domasni_propisi

¹⁴⁹The Criminal Code (Official Gazette of the R. of North Macedonia no. 37/96, as amended). Available at: <https://jorm.gov.mk/category/zakoni-i-podzakonski-akti/zakoni/>

Legislation that may provide basis for discrimination against PLHIV in healthcare settings

Articles 9(2) and 54 of the Constitution bring doubts about sufficiency of protection against discrimination based on grounds that are not included in the exhaustive lists. Although protection is granted in other legal provisions of lesser legal value, this limitation on the constitutional level may be seen as creating inequalities in the access to legal remedies among the various potential discriminatory grounds. An adoption of an open-ended list would possibly settle these doubts.

Means of reporting discrimination in healthcare settings (legal and other remedies)

When PLHIV come across discrimination in healthcare settings, several means of protection are available to them under the law of North Macedonia. These include:

- complaint within the structure of the healthcare institution or with the Ministry of Health;
- complaint to the Commission for Prevention and Protection Against Discrimination;
- complaint to the Ombudsman;
- initiative for inspection by the State Sanitary and Health Inspectorate;
- complaint to the Agency for Personal Data Protection;
- complaint to the local Commission for Advancing Patients' Rights;
- legal intervention.

Complaint within the structure of the healthcare institution

If a medical professional discriminated a patient due to their HIV+ status, a complaint can be filed to the director of the healthcare facility (under Article 47 of the Law on Protection of Patients' Rights). Through the complaint, the patient can ask for a disciplinary procedure to be conducted and for the medical professional to be punished appropriately for the discriminatory behaviour. The director of the healthcare facility is obliged to investigate the allegations and notify the complainant within 15 days.

In accordance with Article 45 of the Law on Protection of Patients' Rights, the Ministry of Health is obliged to appoint an Adviser for Protection of Patients' Rights (hereinafter "Adviser") in every healthcare facility in which patients are hospitalized. The role of the Adviser is to train health workers of the healthcare institution, give legal advice, provide free legal aid to patients, review oral and written complaints, and to mediate for peaceful resolution of conflicts between the patient and medical professionals. However, it has been reported that this legal obligation is not being sufficiently implemented in practice.

In accordance with Articles 44 and 46 of the Law on Protection of Patients' Rights, in case a healthcare facility does not hospitalize patients, it is the responsibility of such healthcare facility itself to ensure that patients have access to services that are equivalent to those that the Adviser provides (see previous paragraph).

Additionally, in case that the complaint was not resolved through the abovementioned complaints, the patient has the right to lodge a complaint with the Ministry of Health (under Article 49 of the Law on Protection of Patients' Rights). the Ministry of Health has the obligation to decide upon the complaint within 15 days of receipt.

Complaint to the Commission for Prevention and Protection Against Discrimination;

The Commission for Prevention and Protection Against Discrimination is an independent body, whose members are elected by the Parliament, and works as an equality body. Complaints regarding discrimination can be filed regarding any discriminatory basis.

Complaint to the Ombudsman

In Accordance with the Constitution and the Law on the Ombudsman¹⁵⁰, the Ombudsman is an independent national institution with powers to protect human rights and freedoms of individuals or groups of citizens when they are violated by the state government. The competences of the Ombudsman do not apply to the private sector; the Ombudsman can only deal with discrimination by state bodies or institutions with public authority. The procedure for the protection of citizens' constitutional and legal rights is commenced with the filing of a complaint/petition. The Ombudsman may initiate an *ex officio* procedure whenever violations of constitutional and legal rights of citizens are found.

Initiative for inspection by the State Sanitary and Health Inspectorate;

State Sanitary and Health Inspectorate (hereinafter "Inspectorate") has been established as an integral part of the Ministry of Health. Patients who have experienced discrimination in healthcare setting can file an initiative for inspection of the healthcare facility.

The Inspectorate has a mandate to conduct inspection on the matter of how the rights to health care are being executed, including the right to access to quality health care services without discrimination.

The inspector has to conduct the inspection and has the competence: to point out the identified irregularities and set a deadline for their removal; to order the healthcare facility to take appropriate measures; to temporarily prohibit the medical professional or medical facility from performing an activity, profession or duty; to submit a request for initiating a misdemeanour procedure and to file criminal charges or to initiate another appropriate procedure.

Complaint to the local Commission for Advancing Patients' Rights

On the local level, in some municipalities there are Commissions for Advancing patients' Rights (hereinafter "Commission"). Although Article 39 of the Law on Protection of Patients' Rights obliges every municipality to have such a Commission, this duty has not been implemented everywhere. The patients who have been discriminated can file a complaint with this Commission. However, the role of this Commission is limited; the Commission only documents the violations, proposes measures, and follows up with their implementation. The Commission does not have the power to impose fines.

Legal interventions

Any person who was a victim of discrimination may proceed to take legal action. Claims can be brought before the court both thorough an individual lawsuit or by using the *action popularis*.

¹⁵⁰ Law on the Ombudsman (Official Gazette of the R. of North Macedonia No. 60/2003, as amended). Available at: <https://dejure.mk/zakon/zakon-za-narodniot-pravobranitel>

Obligation of PLHIV to disclose their HIV+ status in healthcare settings

Under North Macedonia law, there is no HIV-specific provision for mandatory disclosure of HIV status. However, there is a provision in the Law on Protection of Patients' Rights that introduces a general obligation to provide true and sufficient data about one's condition of health; Article 29(2) provides:

"The patient during the stay in the healthcare institution shall be obliged to give true and sufficient data for his/her health condition in accordance with his/her personal capacity and the level of being informed, thus, actively help the health workers providing him/her with healthcare."

If a patient does not give "true and sufficient data for his/her health condition in accordance with his/hers personal capacity and level of being informed", such action may constitute a misdemeanour and a fine in the amount of 50 to 100 € may be imposed.

Confidentiality and accessibility of personal data related to HIV

The Law on Personal Data Protection is fully harmonised with the EU General Data Protection Regulation. Any data concerning health (including the HIV status) belongs to a special category of data that is subject to the most rigorous protection standards.

There are no clear, specific and publicly available information regarding who and when can have access to the data on HIV status, once that info is disclosed in a healthcare facility. From practice, the association Stronger Together has information that the doctors in primary health care do not have access to such information. It is also clear that at least some specialists do not have access to such information (e.g. endocrinologists, dermatologists, surgeons and others). However, patients have reported that some of the specialists, such as the internists, do have access to their HIV status.

Regarding the disclosing of data to third parties, medical professionals are obliged to report every case of HIV infection or AIDS to the Centre for Public Health (in compliance with the Law on Protection of the Population from Infectious Diseases). Such reports must be anonymous, i.e. without the personal data of the patient.

Prohibitions and limitations on working in specific healthcare professions for PLHIV

No direct legal limitations or restrictions for the employment of PLHIV in the healthcare sector were reported in North Macedonia.

A person's HIV+ status may, however, impact the period health check-up of workers. The first check-up (prior check-up) should be done before employment in specific areas with increased risk in the workplace, and it includes testing for specific biomarkers and for contact with HIV. An authorized medical institution must do the check-up.

After the check-up, the institution issues a report for the examinations, which consists of: 1. pathological conditions (diagnosis); 2. recommendations for the patient; 3. recommendations for the employer and data on professional diseases and diseases in relation with the work; 4. assessment of the work capacity / professional opinion. The report is issued in two copies, one for the employee and one for the employer. The sample for the employer must not include items 1 (pathological conditions (diagnosis)) and 2 (recommendations for the patient).

The assessment whether HIV will be considered as a factor in relation with the capacity to work is made entirely by the medical institutions that issue the reports. There are no legal regulations that further specify or set criteria on this matter.

Private insurance policies concerning PLHIV

In North Macedonia, insurance providers offer a variety of insurance policies. Most insurance providers do not offer these insurance policies to PLHIV, despite the medical progress achieved in the treatment of HIV.

Some of the insurance providers have even implemented documents (publicly available) which state that PLHIV cannot obtain insurance (e.g. voluntary private health insurance).

For example, the insurance provider UNIQA Macedonia (part of UNIQA Insurance Group) has published Additional Conditions for Private Health Insurance that state:

*"The obligation of the insurer for compensation of costs for treatment of the insured person is void, if the insured person is ill and being treated of the following prior health conditions: [...] AIDS, and AIDS Related Complex Syndrome (ARCS) and all diseases related to the HIV virus [...]."*¹⁵¹

The insurance provider Winner Life (part of the Vienna Insurance Group), has stipulated in its Special Conditions for Life Insurance in case of Serious Diseases that:

*"Severe diseases, in terms of these Conditions, are not considered Kaposi's sarcoma and other tumours in the co-existence of HIV infection or in patients with AIDS."*¹⁵²

This means that patients with tumours in co-existence of HIV or AIDS shall not have right to obtain the insurance. The same provision is stipulated in the Special Conditions for Insurance of Serious Diseases¹⁵³ of the insurance provider Triglav Insurance AD (part of Triglav Group).

¹⁵¹ Article 23, paragraph 5, line 20 of the Additional Conditions for Combined and Private Voluntary Health Insurance for Hospital and Non-hospital Treatment (MedUNIQA). Available at:

https://www.uniga.mk/repository/media_cnt/UNIQA-Macedonia-2018/Dopolnitelni~20uslovi~20za~20kombinirano~20dopolnitelno~20i~20privatno~20dobrovolno~20zdravstveno~20osiguruvanje~20za~20bolnicko~20i~20vonbolnicko~20lekuvanje~20MedUNIQACMYK_hcm0104538.pdf

¹⁵² Article 4, paragraph 1, line 1, paragraph 4, Additional Conditions for Insurance in Case of Terminal Diseases to the Life Insurance (WINNER Life). Available at:

<https://winnerlife.mk/wp-content/uploads/2020/07/2019-%D0%94%D0%BE%D0%BF%D0%BE%D0%BB%D0%BD%D0%B8%D1%82%D0%B5%D0%BB%D0%BD%D0%B8-%D1%83%D1%81%D0%BB%D0%BE%D0%B2%D0%B8-%D0%B7%D0%B0-%D0%BE%D1%81%D0%B8%D0%B3%D1%83%D1%80%D1%83%D0%B2%D0%B0%D1%9A%D0%B5-%D0%B2%D0%BE-%D1%81%D0%BB%D1%83%D1%87%D0%B0%D1%98-%D0%BD%D0%B0-%D0%BD%D0%B0%D1%81%D1%82%D0%B0%D0%BF%D1%83%D0%B2%D0%B0%D1%9A%D0%B5-%D0%BD%D0%B0-%D1%82%D0%B5%D1%88%D0%BA%D0%B8-%D0%B1%D0%BE%D0%BB%D0%B5%D1%81%D1%82%D0%B8-01.09.2019.pdf>

¹⁵³ Article 8, paragraph 18, lines 2 and 3 of the Additional Conditions for Insurance of Terminal Diseases (Triglav Insurance). Available at: <https://www.triglav.mk/wps/wcm/connect/c73c6e9f-06cd-4dfb-8355-8be762b6f5e9/posebni+uslovi+teski+bolesti.pdf?MOD=AJPERES&CACHEID=c73c6e9f-06cd-4dfb-8355-8be762b6f5e9>

Common forms of discrimination in healthcare settings

The quantity and most of all the nature of reported instances in which PLHIV in North Macedonia were discriminated against by medical professionals is among the most concerning submissions. Moreover, in the reported cases of discrimination, the perpetrators did not face any retribution. This lack of law enforcement gives rise to the question of the effectivity of the national anti-discrimination legal framework.

Presence of discriminatory behaviour has been reported to take place in all the indicated areas of healthcare: at the general practitioner's, in special outpatient care, during hospital stay, and in dental care. Refusal-of-care and providing treatment at the end of office hours were marked as most common forms of discriminatory practices in the North Macedonian healthcare system.

Case studies

The cases described in this section did not have a significant impact on legislation, policies or practices in North Macedonia. This is due to the fact that the perpetrators of the discriminatory conduct did not face any sanctions. Nevertheless, the description of these cases is included in the country profile because they pose as a reflection of the situation in North Macedonia throughout the last 10 years; they took place between 2012 and 2015. Considering the relatively low number of diagnosed PLHIV (330), even the presence of a few cases can be alarming. No newer cases were reported; that might signal an improvement since 2015.

Mole removal procedure (2012)

When seeking a procedure for removal of a mole, an HIV+ patient was refused by a private dermatology clinic. The clinic provided the justification that it did not have sufficient conditions for "double sterilisation". A complaint was filed with the State Sanitary and Health Inspectorate. Although the inspectorate confirmed that there was no requirement of "double sterilisation" when treating PLHIV, it did not find discrimination.

Leg amputation (2015)

When diagnosed with osteomyelitis resulting in the need to have a leg amputation, an HIV+ patient was refused by several hospitals. The patient was diagnosed at the University Clinic for Traumatology, Orthopaedic Diseases, Anaesthesia, Resuscitation, Intensive Care and Emergency Centre (hereinafter "TOARILUC"). At the appointment with the surgeon that was assigned to perform the surgery, the patient disclosed his HIV+ status. The surgeon immediately refused performing the surgery and the patient was assigned to another surgeon who also refused. The patient was then referred to two other clinics. Both of these clinics refused to perform the surgery with the explanation that this type of surgery can only be performed at TOARILUC.

Complaints with the director and with the Ombudsman were filed. The response of the director stated that only "clean and elective surgeries" may be performed at the clinic for orthopaedic disease which is allegedly not technically equipped for performing surgeries with a high risk for the personnel. A suggestion was made that the patient is to be transferred to a different clinic where there is a possibility for "isolation of the patient".

The refusal of care was only resolved after the intervention of the Ministry of Health. The surgery was not performed, but the doctors found a safe way to save the leg.

Neither the director, nor the clinics faced any consequences for their discrimination against the HIV+ patient. A concerning lack of knowledge regarding the transmission of HIV was visible in this case.

Discriminatory treatment during hospitalisation (2015)

When being hospitalised in a state hospital due to appendicitis, a patient was tested for HIV without his knowledge. After he was diagnosed with HIV a drastic change in his treatment occurred. He was isolated in a separate room with a protective yellow tape at the door with an inscription "FORBIDDEN ENTRY". The health and technical staff in the hospital entered the patient's room with protective suits, protective masks, gloves, and disinfectant solution, indicating a lack of general and professional knowledge on the characteristics of HIV. The patient was informed that his hospital clothes would be kept in disinfectant solution for 24 hours. The medical instruments used by the doctors and nurses during the patient's intervention and examinations were thrown in a medical waste container and the medical waste from the patient's room was not allowed to be mixed with the other medical waste from the health facility. During the hospitalisation in the health institution, the patient's room was never cleaned by the cleaning personnel, they only emptied the trash in the room, and the patient changed his hospital clothes only once in 4 days. During a standard and routine application of a venous needle by one of the nurses, the venous needle cap fell off and the patient asked for it to be changed because he could have been exposed to bacteria. The nurse refused to change the needle replying that *"you are already infected"*. For several days, the patient was referred to as "the one with AIDS".

This created panic among other patients and medical staff, who learned about the HIV+ status of the patient. As a result of such violations of the patient's rights, the information about his HIV+ status spread outside the hospital and reached the patient's mother, his friends, neighbours, and close family, which contributed to irreparable damage to the patient's privacy and personal integrity.

The association Stronger Together initiated procedures before the Commission Against Discrimination, the Ombudsman and the State Sanitary and Health Inspectorate.

The Commission Against Discrimination reached a decision that the hospital committed indirect discrimination towards the patient. However, this decision came with a questionable reasoning that only focused on the breach of confidentiality: *"[...] the patient was treated in seemingly neutral practice, equal for every patient and the anonymity of the HIV status was not kept confidential. With this practice, indirect discrimination was caused."*

The Ombudsman also reached a decision that the behaviour of the staff of the hospital was discriminatory and sent a recommendation that the hospital change the discriminatory practice, especially regarding the confidentiality and protection of privacy of the patients.

The State Sanitary and Health Inspectorate adopted quite contrary decision in the same case. Namely, it concluded that no discriminatory behaviour by the hospital was observed, because: *"the patient was provided with healthcare, and according to the law, he was obliged to give true and correct info regarding his condition, which he did not do."*

Psychological evaluation for diagnostic purposes

When undergoing a psychological evaluation for diagnostic purposes a patient disclosed that he was a homosexual and HIV+. The psychologist proceeded to make homophobic and demeaning remarks throughout the evaluation. Moreover, the psychologist reflected her views on the matter in the results of the evaluation stating that the patient suffered from "psychosexual inconsistency".

The association Stronger Together filed complaints with the hospital, the Commission for Protection against Discrimination, the Ombudsman, the State Sanitary and Health Inspectorate, as well as to the Chamber of Psychologists. The Commission concluded that no discrimination was found. The State Sanitary and Health Inspectorate declared it did not have mandate to handle this matter (contrary to Article 4(1) of the Law on State

Sanitary and Health Inspection¹⁵⁴). The Chamber of Psychologists responded that there was no internal act for conducting disciplinary procedures at the time. When such internal act was enacted and the disciplinary procedure was conducted, the Chamber of Psychologists reached the conclusion that no discrimination took place. When the disciplinary procedure was questioned by the association Stronger Together and later by the Ombudsman, the Chamber declared that it did not have mandate to supervise psychologists employed in public health institutions.

Good practices in the national context

Adoption of soft-law instruments and allocation of sufficient funding from the state

The Government of the Republic of North Macedonia enacts a special Programme for Protection of the Population from HIV Infection in the Republic of Macedonia (hereinafter "National HIV Programme") on an annual basis. It provides that the Ministry of Health allocate funding for treatment, prevention, as well as support and care for PLHIV.

The funding comes partially from the general state budget, as well as from a separate branch of funding secured from the consumption tax on alcohol and tobacco (until the end of 2017 the main portion of the National HIV Programme's funding used to come from the Global Fund to fight AIDS, Tuberculosis and Malaria).

Issues and bad practices in the national context

Disclosure of HIV+ status on medical certificates submitted to the employer in case of work absences longer than 14 days

A commonly occurring bad practice takes place when PLHIV need to obtain a medical certificate from the hospital for the purposes of requiring sick leave from their employer. According to the North Macedonian law, in order to obtain the right to sick leave longer than 14 days, a patient must file specific documentation and undergo an assessment by a health commission formed by three doctors.

When patients need this kind of longer-lasting leave of absence due to conditions that occur as a result of HIV complications, the diagnosis B.20 (Human immunodeficiency virus [HIV]) is written in all patient documentation, including the certificate that should be submitted to the patients' employer.

In order to obtain certificates in which the B.20 diagnosis will not be specified, the patients usually need to send a special request to the commissions. There are positive outcomes from such requests. However, in general, specific rules shall be adopted in order to guarantee that the HIV+ status of a patient remains private and non-disclosed to their employer.

COVID-19 impact on PLHIV

Due to the COVID-19 pandemic, a state of emergency was declared in the country. The Government of the Republic of North of Macedonia (hereinafter "Government") has issued multiple decrees enacting public health

¹⁵⁴ Article 4, paragraph 1, line 1 of the Law on State Sanitary and Health Inspection (Official Gazette of the R. of North Macedonia No.71/06, as amended). Available at: <http://zdravstvo.gov.mk/zakon-za-sanitarnata-i-zdravstvenata-inspekcija/>

measures which affected the exercising of human rights. When adopting these measures, the Government failed to analyse their impact on the most vulnerable communities, including PLHIV.

Restrictions of movement

Restrictions of movement and public transport directly influenced PLHIV, especially those who live outside the capital city. In North Macedonia, the healthcare for PLHIV is centralized and can be obtained only in the State Clinic for Infectious Diseases and Febrile Conditions, where PLHIV also obtain their antiretroviral therapy. The organizations for support of PLHIV did find a way to help in this matter and offered free distribution of ART medication to all the people that needed it; however, this was solely the initiative of those organizations.

Employment

Due to measures that imposed the closure of entire business sectors, e.g. the gastronomy sector, some PLHIV lost their jobs which also resulted in the loss of public health insurance and access to free antiretroviral therapy. More obstacles were faced due to limitations of working hours of public administrative offices. PLHIV with low-income or with limited capacity to work struggled with the opening hours of the Centres for Social Protection. For some of them, this resulted in the loss of some social security benefits during the pandemic.

Non-inclusion of PLHIV in the recommendation for granting leave of absence

At the beginning of the pandemic, when the knowledge of the risks and consequences of COVID-19 were limited, the Government issued a recommendation for employers to grant leave from work and work activities for people with chronic diseases, among other categories. HIV was not included in the list.

Non-inclusion in the priority vaccination groups

PLHIV were not included by the Ministry of Health among the categories of citizens with priority for COVID-19 vaccination, despite a written request from civil society organizations. Requests from the University Clinic for Infectious Diseases to be supplied with a certain quantity of vaccines in order to immunize its patients were likewise not responded to by the Ministry of Health.