

REPUBLIC OF MACEDONIA

Written submission for consideration of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights for his Thematic report to the UN General assembly, 73<sup>rd</sup> session

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Written contribution on the impact of the economic reform policies on women's human rights by  
Association for Emancipation, Solidarity and Equality of Women - ESE, Republic of Macedonia



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**Association for Emancipation, Solidarity and equality of Women- ESE is pleased to make this contribution on to the Independent Expert on Foreign Debt on the Impact of economic reform policies on women’s human rights. In this contribution we provide an overview of the work of the Association and reasons why we engage ourselves in analyzing the impact of the economic refers on women’s human rights; thematic issue on which we have conducted the analysis; and specific example of analysis how macroeconomic policies influence implementation in our case on the preventive health services, including lessons learned.**

1. Association ESE is a civil society organization that works on improving exercise of social and economic rights by vulnerable groups of citizens, by means of their empowerment, mobilization and engagement in creation, implementation and evaluation of public policies and services in the Republic of Macedonia. ESE’s driving force is its commitment to resolution of problems. By promoting and improving the human rights, we improve social and economic justice, having in mind that human rights are an invaluable collection of standards that should be enjoyed by all. We are particularly devoted to work in the field of promotion and improvement of health rights and women rights. Therefore, we are focused on two goals, those being: to address urgent needs of citizens, in particular the needs of vulnerable groups of citizens, and to influence creation of sustainable and long-term changes. We do much more than documenting, reporting and publicly condemning injustices in the society. We provide legal and paralegal assistance, allowing citizens to exercise their rights and change their living conditions. Moreover, we advocate for changes of legislation and policies that affect exercise of health rights and women rights. We advocate at national and at international level. We draft and submit “shadow reports” and other types of documents to competent international bodies concerning the degree of implementation of international treaties on human rights.

2. Our priorities are: to engage citizens in the processes on planning, implementation and evaluation of legal regulations, budgets and services in the field of social and economic rights; to ensure equal access to justice in the field of social and economic rights; and to promote fiscal transparency of institutions in the field of social and economic rights. These three strategic priorities reflects our beliefs that social and economic rights should be placed on highest priority of the country and that their implementation should be based on the citizens interest and needs, following the principle of allocation of maximum available resources, progressive realization and non-discrimination.

3. Since 2005 ESE has introduced a practice of regular monitoring of the implementation of the women’s human at a national level and as result we have drafted and submitted shadow reports to the Convention of the Elimination of All Forms of Discrimination of Women (CEDAW, 2005, 2013, 2015 and 2018); International Covenant on Economic, Social and Cultural Rights (ICESCR, 2006 and 2016); International Covenant on Civil and Political Rights (ICCPR, 2007); Convention against Torture and other cruel, inhumane or degrading punishment or treatment (CAT, 2008) and Universal Periodic Review (UPR, 2013).

4. In preparation of the Shadow reports we usually assess the de jure and de facto situation. Namely the legal framework is assessed from perspective of its compliance with the human rights treaty bodies provision and implementation of the laws; while de facto situation refers to the factual situation in relation to the everyday enjoyment of the women's human rights. In all reports three global conclusions may be drawn from the conducted legal analysis and revealed factual situation: there is a great extent of harmonization between the existing legislation with the provisions in the respective human rights treaties standards; the situation is somehow less favorable in relation to the implementation of the harmonized legal acts, and the least favorable assessment is the one on the factual situation of the position of women in the family and society, i.e. there is a significant discrepancy between the legal and factual situation regarding the position of women.

5. Working on improvement of the women human rights that are of interest of ESE, often times when we drafted and proposed certain laws and policies for adoption by the relevant responsible state institutions we were told that in order Parliament to adopt them we should not state that there are financial implications attached to their implementation, or if there was amount stated than it didn't represent the real amount needed for implementation. Consequently, the laws and gender policies were not implemented or their implementation was largely dependent from foreign donor assistance. However the foreign donor assistance was not always used adequately, effectively and efficiently.

6. Facing this situation, ESE in 2011 has started to apply different types of social accountability methodologies, including community monitoring, budget monitoring and analysis and social audit. Applying these methodological approaches, we have started to build the evidence body that provides the perspectives of the women that are intended users of the public services provided and what is the state of financial planning and implementation of the gender policies. We have also started to conduct different costing and cost benefit analysis in order to estimate the costs needed for the real needs of women and present the benefits of the services provided by CSO's to the women and other poor and marginalized groups. The findings from application were reported to the CEDAW Committee in the Shadow reports and written submissions prepared and submitted by ESE<sup>1</sup>.

7. Some of the above mentioned methodological approaches were applied on the following issues: unpaid care work; active employment measures; eradication and prevention of domestic violence and access to justice. In the text below we will briefly describe our efforts and where possible links to the full versions of the findings will be provided.

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<sup>1</sup> Shadow report on the implementation of the CEDAW convention, prepared by ESE in cooperation with Akcija Združenska, 2012 available at: [http://esem.org.mk/en/pdf/Voved/Monitoring%20na%20chovekovi%20prava/Izveshtai%20vo%20senka/CEDAW/5.%20Shadow%20Report%20CEDAW,%202013%20\(ENG\).pdf](http://esem.org.mk/en/pdf/Voved/Monitoring%20na%20chovekovi%20prava/Izveshtai%20vo%20senka/CEDAW/5.%20Shadow%20Report%20CEDAW,%202013%20(ENG).pdf) and Written submission for the CEDAW Committee pre session, 2018 available at: [http://esem.org.mk/pdf/Voved/Monitoring%20na%20chovekovi%20prava/Izveshtai%20vo%20senka/CEDAW/Written%20submission%20for%20pre%20session%20WG\\_71%20session%20on%20CEDAW\\_12-16%20March%202018%20-%20ASSOCIATION%20ESE.pdf](http://esem.org.mk/pdf/Voved/Monitoring%20na%20chovekovi%20prava/Izveshtai%20vo%20senka/CEDAW/Written%20submission%20for%20pre%20session%20WG_71%20session%20on%20CEDAW_12-16%20March%202018%20-%20ASSOCIATION%20ESE.pdf)

**a) Unpaid care work.** In the period 2014 – 2015 ESE with assistance from international expert on Gender budgeting has prepared analysis of: the usage of time of the family members for care of the seriously ill family member in their household (elderly people, terminally ill people, people with chronic progressive diseases etc.) and of the average amount of money that the family is actually spending for all the necessities directly connected with the care for the family member. The analysis showed that the money spent and the time allocated by the family members (mostly women) is much higher than the financial support provided by the Government to the families that have seriously ill member who is unable to take care of himself/herself. This analysis referred only to Roma. Having in mind the results from the analysis in 2016-2017 ESE has decided to conduct a nationwide research on this issue. The analysis is in a phase of preparation.

**b) Labour market i.e. active employment measures.** From 2007 onwards the state institutions started with the planning, design and implementation of the active labour market programs as a key solution aimed at decreasing the rate of unemployment. Only recently (in 2015) the first impact evaluation study was conducted on the implementation of these measures. The main study findings showed that some of the programs/measures are effective and should be further implemented (such as internship programs and training for known employer); some were evaluated as programs that bring some positive effects, but need to be improved (such as self-employment programs and training in advanced IT skills); and some such as wages subsidy program and training in deficient occupations were evaluated as programs that call for major revisions or need to be discontinued. ESE in partnership with CSO Akcija Zdruzenska and four other local CSO's led by the idea that the end users voice should be heard and taken into account, is in the process of initiation of the first cycle of community monitoring in four municipalities and budget monitoring and analysis of the measures on national level. So far, the initial findings showed that the responsible state institutions are not having the needed comprehensive data on the active employment programs/measures funds spent; the implementation of these programs largely depends on the foreign donors and creditors; most decisions for the way how these programs are implemented in the country are led by the UNDP which is also involved as implementing agency of these measures with public funds. At the end of the 2018 we will have the first analysis from the community and budget monitoring and analysis of the active employment measures on national and local level.

**c) Eradication and prevention of domestic violence.** Insufficient state funds are allocated from the state for preventing and combating domestic violence. This was the case of the implementation of the first National Strategy for protection Against Domestic Violence for the period 2008-2011. For implementation of this strategy, the UN agencies in the country created their own Joint Program "Strengthening National capacities to Prevent Domestic Violence 2008-2011" and have implemented UN Trust Fund Project with the same title as the UN Joint Program, that allegedly were in compliance with the National Strategy and were supposed to contribute towards its implementation. However our analysis has shown that UN Joint program and UN Trust

Fund Project have ignored the National Strategy. Situation is much more warring due to the fact that secured foreign assistance; i.e. financial means allocated by the UN agencies in the country were not spent adequately, thus non-contributing towards overcoming the detected deficiencies. Activities which were foreseen 10 years ago aimed for overcoming main shortages in the system of protection were not conducted and institutions did not improved their response in the cases of domestic violence<sup>2</sup>. The most apparent and alarming example is the situation with funds spent for the “unified central data collection system for monitoring incidences and trends of domestic violence”<sup>3</sup>. Namely UN agencies have spent 120.000 EUR for this purpose without even imposing the obligation for data collection for all relevant institutions. This fact can be confirmed with the second National Strategy 2012-2015, where it is noted that only Ministry of Labor and Social Policy and Ministry of Interior are collecting data on domestic violence cases.

**d) Access to justice for poor and marginalized.** In 2016, ESE partnered with other organizations providing primary legal aid to poor clients to calculate the cost to the organizations of providing these services. The analysis<sup>4</sup> was done in respect of three modalities – preliminary free legal aid provided by organizations authorized under the Law on Free Legal Aid (LFLA); free legal aid provided by non-LFLA authorized organisations, and community-based paralegal services. In 2017, ESE again partnered with these organizations in follow-up research costs of the clients. Information on benefits to clients was collected as well. The analysis findings showed that the cost to the client is 14% of the cost to the NGO for LFLA-authorized organisations, 36% of the NGO cost for the other Free Legal Aid organizations, and 47% for paralegal services. For benefits, Free Legal Aid organizations operating outside of the LFLA are scored 97%, paralegal services 93%, and LFLA services much lower, at 69%. This clearly shows that the need of existence of the CSO’s provided legal services is absolutely needed, which is confirmed by the benefits estimated. In addition, shows that the costs that clients have are also very high, which indicated needs of undertaking certain measures that will not restrain them for accessing justice.

**e) Access to justice for women that suffered domestic violence.** Alike the cost-benefit for the legal services for poor and marginalized, we are in a process of preparation of the cost-benefit analysis only for the pro bono legal services provided by ESE’s legal Aid Center. The analysis findings will be used to support the case of state financing the services to women by the CSO’s. In addition this year we will also engage in analyzing whether the women who have suffered domestic violence were exempted from the court procedure costs. Namely the party that according to its general material condition is not able to cover the costs without harming its necessary support and the necessary support of its family shall be exempt from payment of costs. The data will

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<sup>2</sup> Analysis: Did the UN Joint Programme and UN Trust Fund contribute to implementation of the National strategy for protection against DV 2008- 2011. Available on: <http://esem.org.mk/pdf/Publikacii/2017/National%20Strategy%20for%20Protection%20Against%20DV%202008-2011.pdf>

<sup>3</sup> UN Joint Program Strengthening National Capacities to Prevent Domestic Violence, Output 2.

<sup>4</sup> The analysis is not yet published and therefore we cannot provide the link to it. However we can provide it in electronic version upon a request.

be collected by the biggest Basic civil court in the country in cooperation with the judges working on so called family disputes. Beside the court data, interviews with people that have used the right to exemption will be interviewed as well in order to have the user's perspective. The analysis findings will be used for improving the conditions for using this right which is essential for access to justice.

**8. Specific example of assessing how macroeconomic policies influence the implementation on the Preventive health services.** In a context where economic inequality has deepened the question of whether and how existing macroeconomic policies affect<sup>5</sup> the ability of citizens to enjoy their economic and social rights, with a particular focus on the right to health, becomes an urgent matter in ESEs line of work. Hence, in order to reduce the impact of macroeconomic policies<sup>6</sup> on the enjoyment of the right to health, our work has focused on: the improvement of the taxation/revenue collection systems in Macedonia and the creation of taxation/revenue collection policies and practices based on the real needs of citizens; ensuring the existence of long-term health policies and reducing their dependence on foreign funds; improving revenue allocation based on the real needs of citizens; improving public expenditures in terms of planning and execution. Since 2008, ESE has included budget analysis, as a significant and strategic component of its advocacy work on improvement of women's and Roma health status. Specifically, ESE has used the work on budget analysis to promote the access to preventive health services and demand the rights of marginalized groups with policies and budgets that meet the health needs of these marginalized groups, while being efficient and effective when it comes to their implementation. Recently, ESE realizes that focusing only on budget analysis, without taking in consideration of the effect/impact of the macroeconomic policies and practices on the public health budget and enjoyment of health rights, limits the opportunities of CSOs to achieve their advocacy objectives. Particularly, we have realized that our current strategy of demanding more resources without having a clear understanding of how the whole macroeconomic context and practices have impact on the budget and without clear understanding of how the whole budget is composed was not as strategic or effective as we would like when it comes to advancing our advocacy objectives. This is because ESE lacked elements that would allow development of concrete recommendations in terms of how resources could be reallocated and from which sources. Also we lacked elements of how the external factors like donors, creditors, private sector etc. are influencing the enforcement of health rights.

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<sup>5</sup> The work of ESE on this filed is presented in the paper Why Macroeconomics matters for realizing the Right to Health, Radhika Balakrishnan and Monette Zard, November 5, 2017 available at: <http://www.cwgl.rutgers.edu/docman/economic-and-social-rights-publications/823-why-macroeconomics-matters-for-realizing-the-right-to-health/file>

<sup>6</sup> How Macroeconomic Policies and Practices in the Republic of Macedonia limit and negatively impact the access to health services, Darko Antik and Simona Mitkovska, ESE, 2018 available at: <http://esem.org.mk/pdf/Publikacii/2018/How%20macroeconomic%20policies%20and%20practices.pdf>

Based on the data analysis ESE has identified a list of indicators related to Revenues, Debt and Expenditures, that need to be monitored throughout the year. To monitor these indicators numerous documents must be consulted. It's worth noting that ESE has also identified all possible challenges related to indicators monitoring.

For example some of the indicators are:

- Total revenue: Enacted vs. Observed and variations;
- Main sources of revenue
- Social security benefits and links to the HIF;
- Variations in debt, installments and payments;
- Portfolio of Grant and Donations –those earmarked revenue for health projects.
- The conditionality's from each loan, grant or donation agreement post on the health sector etc.

Monitoring of the chosen indicators allowed ESE to:

- Map the government's main sources of income and priorities in terms of budget allocations;
- Identify any possible changes that might affect the health's budget;
- Detect wasteful spending programs or policies from where resources could be reallocated to the health sector;
- Use them to evaluate the progressive realization of human rights; and,
- Evaluate if the government is allocating the maximum resources available to the health sector and human rights.

All led to drafting more specific recommendations on how the government could increase the budget allocation for marginalized in general.

#### **9. Lessons learnt from the budget monitoring analysis and analysis of the impact of the macroeconomic policies over implementation of the health preventive services.**

In all the analysis conducted by ESE, based on the above elaborated indicators, we can withdraw few conclusions: public institutions lack capacities for budget revenues planning and projection; the variations between the projected and executed revenues are continuously increasing; public institutions lack capacities to collect revenues; the way the government shaped the domestic tax system and regime put huge burden on the citizens, especially those who are most marginalized; all the changes in the tax system are made without consultations and without assessment of the effects that each new tax or change to the fiscal regime would have on citizens; lack of efficiency and transparency in using the funds specifically collected and allocated for improvement of citizens health status; constant increase in the amount of public debt, including in the health sector; continues cuts in the expenditures for health; not existence of program budgeting; continues misuse of the funds allocated to health; discrimination in the allocation and spending of the public resources for health; retrogression in allocation and spending of funds from the health budget; and lack of fiscal transparency.