

THROUGH
DIALOGUE

TO
EU



Case study

THE EFFECTS OF NATIONAL MEASURES IN COVID-19 CONDITIONS AND THEIR IMPACT ON THE HEALTH SECTOR ON LOCAL LEVEL



The project is financed
by European Union



REAC-IOR
research in action

Center for Civil Communications
Центар за граѓански комуникации



**THE EFFECTS OF NATIONAL
MEASURES IN COVID-19
CONDITIONS AND THEIR
IMPACT ON THE HEALTH
SECTOR ON LOCAL LEVEL**



Vesna Shapkoski

CASE STUDY- The effects of national measures in COVID-19 conditions and their impact on the health sector on local level

PUBLISHER:

Foundation Open Society – Macedonia

FOR THE PUBLISHER:

Fani Karanfilova – Panovska, executive director

AUTHOR:

Vesna Sapkoski

EDITORS:

Nada Naumovska

Danche Danilovska – Bajdevska

Sandra Anastasovska Kuzmanovski

GRAPHIC DESIGN:

Brigada Design

PROOFREADING & TRANSLATION: Abakus

CIP - Каталогизација во публикација

Национална и универзитетска библиотека «Св. Климент Охридски», Скопје

616.98:578.834]-036.31:614.4(497.775)»2020»

SHAPKOSKI, Vesna

The effects of national measures in Covid-19 conditions and their impact on the health sector on local level [Електронски извор] : [case study] / Vesna Shapkoski. - Skopje : Foundation Open Society – Macedonia, 2021

Начин на пристапување (URL): <https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dijalogkoneu.mk%2F&data=04%7C01%7C%7C1d9e52efa6924c24928808d94c24dc22%7C6dd6692964ee4888a65ab847baf12c47%7C0%7C0%7C637624544497882171%7CUnknown%7CTWFpbGZsb3d8eyJWljoic4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C2000&data=HH5TUXWMa9qR7K2uD9mjLD23zp53haNrk%2FRtG5IFeg%3D&reserved=0.> - Текст во PDF формат, содржи 37 стр., илустр. - Наслов преземен од екранот. - Опис на изворот на ден 19.07.2021. - Фусноти кон текстот. - Библиографија: стр.

23-24. - Содржи и: Annex 1-2

ISBN 978-608-218-325-1

а) КОВИД-19 -- Пандемија -- Превентивни мерки за заштита -- Прилеп -- 2020

COBISS.MK-ID 54417669

This publication was produced with financial support of the European Union. Its contents are the sole responsibility of the author and do not necessarily reflect the view of the European Union.

The fight against COVID-19 will last for years and will necessitate a coherent systemic approach. What had started as public health crisis inevitably triggered educational and socio-economic implications in the society. Hence the need to develop reports on measures adopted to tackle the crisis caused by COVID-19 and their impact on health and education sectors and socio-economic policies at national and local level, which will not focus on one sector, but will contribute to development of comprehensive systemic solutions.

Even at times of declared state of emergency, citizens should be in the centre of crisis management actions, while adequate solutions must be designed at community level. By the nature of their work, CSOs are very close to their communities, especially to marginalized groups. In order to create the most adequate response to emerging conditions due to the pandemic, CSOs are encouraged to network their capacity and to self-mobilize within the structural dialogue at local and national level. On that account, the EU-funded project “CSO Dialogue – Platform for Structural Participation in EU Integrations” announced an open call for development of 6 reports concerning measures adopted to tackle the COVID-19 crisis and their impact on health and education sectors and socio-economic policies at national and local level. The purpose of these research papers is to identify and to assess adequacy of measures adopted by the Government of RNM during the declared state of emergency, to support researchers and civil society organizations operating at local and national level, to increase the pool of evidence-based information and to strengthen capacity of civil society organizations for participation in sector policies at times of crisis, but also to strengthen and to promote the structural dialogue between institutions and the civil society.

We believe that reliable institutions and informed, consulted and conscious citizens and civil society organizations are able to re-design the approach, to evaluate the crisis and to anticipate the recovery. Through the prism of impacts from implemented policies, this publication contributes to mitigation of consequences from the COVID-19 crisis for citizens.

The project “CSO Dialogue – Platform for Structural Participation in EU Integrations” is implemented by the Foundation Open Society – Macedonia, in partnership with the Center for Civil Communications (CCC), Eurothink – Center for European Strategies and Reactor – Research in Action, and is financially supported by the European Union.

One of the project’s overall objectives is to increase the civil society impact in the country’s accession to the EU, by means of evidence-based policy creation and development of policy briefs on key sector and reform policies within the EU accession process. For more information about the project, visit the website: www.dijalogkoneu.mk.

TABLE OF CONTENTS

Summary	5
1. Introduction	6
2. Problem statement	7
3. Goals of the research	9
4. Time and space span	9
5. Research issues	9
6. Methodological framework	10
7. Results	11
7.1 Desk research	11
7.2 Field research	14
8. Conclusions	22
Bibliography	23
ANNEX 1: Decisions adopted by the Municipal Crisis Management Committee – Decisions published on the official website of Municipality Prilep	26
ANNEX 2: Field research questionnaire	32



SUMMARY

Covid-19 pandemic brought about a large number of registered infected cases and a high mortality rate. Like never before, it stressed the importance of promoting public health and healthcare, showing that all other measures and policies fail if this area is dysfunctional and not available for all. States have a general obligation to protect their citizens and provide adequate healthcare when required. The pandemic affects the operation of the healthcare sector and the scope and manner in which the citizens receive healthcare services not related to Covid-19 (diagnostic, analysis, and treatment). Citizens also face problems in providing Covid-19 related healthcare (testing, analysis, treatment). On the other hand, part of the citizens, especially members of marginalized communities such as the Roma community, face series of challenges in exercising their healthcare and other related rights. Consequently, the challenges in the application of Covid-19 preventive measures becomes inevitable such as to what extent are they adapted to the needs of the community and what kind of impact did they make for the community to successfully handle the pandemic. The research presented below reviews the issues of scope and manner in which Covid-19 preventive and protection measures adopted on national and local level provided the necessary positive impact to deal with the pandemic within the Roma community in Prilep, was the community consulted when the measures were adopted on local level and to what extent were they adapted to the specific living conditions of this community. The research also reflects on the issue of receiving timely, adequate, and good quality healthcare related to Covid-19, as well as healthcare on issues not related to Covid-19.

1

INTRODUCTION

The right to health and healthcare is a global human right. In a narrow sense, it is understood as right to healthcare and access to health centers. In a broader sense, it includes other factors which determine this right as one of the basic human rights. Those are the social determinants of health, such as: education, employment, living conditions, environment, social protection, food safety and potable water and the remaining factors from the environment in which people live. Healthcare is of crucial importance for several aspects of individual and collective development. It has direct impact on:

- ▶ The quality of life (family, social, professional);
- ▶ Personal happiness as an objective feeling of welfare which occurs when people are healthy and in good health condition;
- ▶ Development of country's economy – occurrence of various diseases, especially infectious, directly affects economic development, hampers trade and market freedom, including economic flows in general.
- ▶ Birth rate/mortality – health disruption directly affects the increase and decrease of total world population, thereby defining demographic development of the regions.

The COVID-19 pandemic is the largest pandemic in the last 100 years, since the Spanish Flu at the beginning of the 20th Century. It has a huge number of registered cases and mortality rate. The importance of enhancing public health and healthcare is emphasized as never before, showing that other measures and policies fail if this area is not functional and accessible to all.

2

PROBLEM STATEMENT

States have general obligation to protect their citizens and provide adequate healthcare when needed. The International Covenant on Economic, Social and Cultural Rights from 1966 stipulates that signatory states are obliged to undertake efforts to provide sufficient resources to exercise all rights guaranteed with the Covenant, among which the right to health and healthcare, as well as to enable international assistance and cooperation when required.¹

The UN Committee on Economic, Social and Cultural Rights interprets the right to health - defined in Article 12.1 - as an inclusive right extending not only to timely and appropriate healthcare but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making issues at community, national and international levels.²

In the Republic of North Macedonia health protection is a right guaranteed by the Constitution. Article 39 states that *“The right to healthcare is guaranteed to each citizen. The citizen has the right and duty to protect and promote his/her own health and the health of others.”*

As a result of the Covid-19 pandemic, the World Health Organisation (WHO) recommended numerous preventive measures to stop the spreading of the virus.

The Government of the Republic of North Macedonia, upon recommendation of the Ministry of Health, recommended the following preventive measures to

¹ UN General Assembly, International Covenant on Economic, Social and Cultural Rights (Article 12), Resolution 2200A (XXI) dated 16 December 1966, available at: <https://www.ohchr.org/documents/professionalinterest/cescr.pdf> [accessed March, 2021]

² Committee on Economic, Social and Cultural Rights, Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 (2000), p.11, available: <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPM.J2c7ey6PAz2qaojTzD.JmCOy%2B9t%2BAtGDNzdEqA6SuP2rOw%2F6sVBGTpvTSCbiOr4XVFtqhQY65auTFbQRPWNDxL#:~:text=The%20Committee%20inte rprets%20the%20right,of%20safe%20food%2C%20nut rition%20and,> [accessed March 2021]

protect the population from spreading the virus:

- ▶ Wearing a mask,
- ▶ Frequent washing/disinfection of hands,
- ▶ 2-metre distance indoors and outdoors
- ▶ 14-day self-isolation in case of contact with people with COVID-19³
- ▶ 14-day self-isolation when returning to the RN Macedonia from abroad.

These measures are in compliance with WHO recommendations and applied worldwide as the most efficient to prevent the spreading of the virus. Although they might seem simple to use, they are especially challenging for the marginalized communities facing difficulties to secure basic living conditions.

The Roma community is one of the most marginalized communities in our country. It continuously faces numerous challenges, such as: poverty, housing, exercising the right to education and social protection, but also healthcare. The negative impact of social determinants on Roma health had an even greater negative effect on their health during the Covid-19 pandemic. Life in poverty and unfavourable conditions makes it difficult for them to comply with the basic Covid-19 preventive measures - to wash hands regularly and frequently, to buy good quality protection masks, disinfectants etc. Unfavourable housing conditions where the majority lives in small and improvised dwellings makes it impossible for Covid-19 positive people to adequately self-isolate themselves, thus exposing other household members to an increased risk of infection. Concerning Roma health, research shows that compared to the majority population, their health status is unfavourable. The health of this population is characterized by higher rate of chronic illnesses and 10-year shorter life expectancy compared to the other population⁴.

Furthermore, the pandemic affects the operation of the health sector and the scope and manner in which healthcare services not related to Covid-19 diagnostics, referral and treatment are provided, also face problems in providing Covid-19 related healthcare services (testing, analysis, treatment).

Hence, the issue of challenges in the application of Covid-19 preventive measures is inevitable - to what extent are they adapted for this community and how they influence this community to successfully deal with the pandemic.

3 Government of RNM (2020). How to protect yourself from COVID-19?. <https://koronavirus.gov.mk/pocetna/zashhita> [accessed December 2020]

4 Association ESE, Roma Health, <http://www.esem.org.mk/index.php/10-voved/88-zdravieto-na-romite.html> [accessed December 2020]

3

GOALS OF THE RESEARCH

The goal of the research is to assess the impact of Covid-19 prevention and protection measures on the Roma community, the existence of conditions to comply with the measures and to what extent they were applicable to this community. The research will show whether the Roma community in Prilep faced problems with healthcare diagnostics and treatment of Covid-19. Further, it will establish whether the Roma community in Prilep was consulted by the local authorities when developing local policies on Covid-19 prevention and protection, how was it consulted and to what extent.

4

TIME AND SPACE SPAN

The research covers the period from 11th March until 30th November 2020. It refers to the municipality Prilep, and is focused on the Roma community living in this municipality.

5

RESEARCH ISSUES

General issue: Did Covid-19 prevention and protection measures on national and local level provide the required positive impact to deal with the pandemic among the Roma community in Prilep?

Special question 1: Did Covid-19 prevention and protection measures adopted on national level have a positive impact in dealing with the illness among the Roma community in Prilep and to what extent?

Special question 2: Were Covid-19 prevention and protection measures on

local level adopted in sufficient consultation with the Roma community and sufficiently adapted to the specific living conditions of this community, and to what extent?

Special question 3: Were the Roma able to receive timely, adequate, and good quality healthcare related to Covid-19, and to what extent?

Special question 4: As a result of the Covid-19 pandemic situation, were the Roma able to receive timely, adequate, and good quality healthcare for health issues not related to Covid-19, and to what extent?



6

METHODOLOGICAL FRAMEWORK

The methodological framework of the research is based on two methods:

Desk-research of the manner and procedure of adoption and implementation of local measures by the local self-government of Prilep and the Municipal Crisis Management Committee. *Desk research* includes collection and analysis of secondary data sources. It covers gathering and reviewing decisions adopted by the Municipal Crisis Management Committee in Prilep (ANNEX 1).

Field-research – survey to measure the impact of national preventive measures on the Roma ethnic community. Research subject population are Roma people in Prilep. The research was carried out on a representative sample which covered the Municipality of Prilep. According to the 2002 census, 4433 Roma people live in Prilep. The survey included 100 respondents, 50 women and 50 men, proportionally to the sex representation in the Municipality of Prilep from the aforementioned census. Out of them, 18 respondents were formally employed, 51 were part of the informal economy, and 31 were unemployed. The survey was conducted through a questionnaire designed in advance (ANNEX 2).



7 RESULTS

7.1 Desk research

Desk research analyzes the manner and procedure of adoption as well as implementation of local measures by the local self-government Prilep and the Municipal Crisis Management Committee. It includes collection and analysis of secondary data sources and covers gathering and reviewing the following aspects: decrees adopted on national level and decrees and decisions adopted on local level. The decisions adopted by the Municipal Crisis Management Committee in Prilep are analyzed as decrees adopted on local level. The decisions on measures for prevention or introduction and spreading of Coronavirus Covid-19 and the decisions banning and introducing a special regime on movement on the territory of the Republic of North Macedonia were analyzed as national decisions.⁵ The research covers the period from 11th March until 30th November 2020, and it refers to the Municipality Prilep, focusing on the Roma community living therein.

Numerous decisions to restrict the movement of people were adopted on national level. The major issue was the measure banning movement between 11 a.m. and 5 a.m. for people over 67 years of age, and between 9 p.m. and 12 noon for people under 18 years of age. It was supposed to prevent communication among different age groups - youth as virus transmitters and elderly as a high-risk category of citizens.

However, these special restrictions did not result in a decreased number of people infected with the virus. On the contrary, it created greater disorder and crowds in front of the banks, supermarkets, and institutions. Elderly citizens believed that time was not enough to do their daily activities before 11 a.m., thus putting them at risk having in mind the short time period of only three hours to do their chores. This period of three hours was reduced to two hours by means of a Decision, thereby additionally increasing the crowds queuing in front of the banks and supermarkets and failed to produce the desired outcome.

⁵ Official Gazette of RNM No. 72/20; 74/20; 78/20; 92/20; 100/20; 107/20; 111/20; 119/20; 134/20, 136/20 and 147/20.

Self-isolation measure (quarantine) at home (home isolation) for 14 days was applied to people who had been or are suspected to have been in immediate contact with a sick or person infected with Coronavirus Covid-19. People in extended households, which are typical for the Roma community, did not have the space to isolate themselves from the other household members in a separate room, and could not comply with these measures.

Decisions on local level were adopted by the Municipal Crisis Management Committee and published on the official website of the Municipality of Prilep. Members of the Municipal Crisis Management Committee are the Mayor of the Municipality Prilep, Chairperson of the Municipal Council, the Secretary and Members of the Municipal Council, the directors of health centres, institutions, and public municipal enterprises in Prilep. Notably, there are no Roma community members in this body, although two Municipal Councilors are part of the members of this body. The Decisions adopted by this body apply equally to all citizens in the Municipality Prilep. The Roma community was not consulted when decisions were adopted despite its size and special needs and characteristics.

Part of the local offices of state and public institutions such as JUM Center for social work, Revenue administration department (tax department) in the Municipality Prilep, regional offices of FZO, FPIOM, UVMK etc., completely stopped working with clients on several occasions or worked with clients for limited time of only few hours per day, most often only on one counter or even outside the building. In a health and economic crisis, this situation had most unfavourable effects on marginalized communities, and in this case, it is the Roma community in Prilep. In August 2020, Eurostandard Bank was closed, and it created an additional problem for the majority Roma families because they received social welfare through this bank. Subsequently, they were forced to open accounts in other banks. Those procedures created additional difficulties in the social protection process and increased the economic crisis, resulting with more crowds in front of the banks and institutions, disrespect of order and increased risk of catching the infectious disease.

The introduction of the Municipal Volunteer Service was announced 15th March 2020. The Volunteer Service provided logistical support to elderly and weak citizens, single parents, people with chronic illness, families with people with disabilities and other citizens from the socially vulnerable categories⁶. According to the announcement they will provide the following services: buy

⁶ Prilep Municipality (March 2020), Volunteers from the Municipality Prilep will buy and deliver food and medicines to the elderly, sick and weak citizens – new municipal measure in dealing with the Coronavirus, available at: <https://www.prilep.gov.mk/volonteri-od-opshтина-prilep-ke-nabavuvaaat-dostavuvaaat-hrana-i-leko-vi-na-stari-bolni-i-iznemosh-teni-gragani-nova-merka-na-opshтина-ta-vo-spravuvaneto-so-koronavirusot/> [accessed March 2021]

food, personal hygiene items, medicines and medical items, administrative services, paying bills, taking doctor's prescriptions etc. They were available every day from 8 a.m. until 6 p.m. The telephone number of the Volunteer Service was announced that same day - 048/401-700. The next day, the additional free-of-charge telephone line was announced. By the end of the research period, the free-of-charge telephone line was never mentioned again while the available landline telephone number was poorly promoted and a large number of citizens, especially the Roma community, were not aware of its existence. The fact is that landline prices are higher, and socially deprived citizens often cannot use it. The renewal of the Voluntary Service was announced 26th November 2020, in cooperation with Rescue Service "Zlatovrv" and this time it was available on two mobile phone lines 073 333 800 and 073 333 900⁷.

Since the beginning of the pandemic, disinfection of streets and public spaces was a measure adopted on almost all meetings of the Municipal Crisis Management Committee. Yet, streets and public spaces in Trizla, settlement where predominantly Roma people live, were disinfected only twice. 16th May 2020, an online meeting was held between the Mayor of the Municipality, Ilija Jovanoski, a Roma-member of the Prilep Municipal Council and members of the Roma community who live in different parts of the Trizla settlement in Prilep⁸. Community needs and challenges were presented to the Municipal Crisis Management Committee on the meeting, for further review and for finding solutions in the interest of the Roma population during the crisis situation. The mayor said that the Municipality had a sufficient quantity of face masks that will be distributed to the citizens of Municipality Prilep, including the Roma community. He also announced disinfection of all streets (main and secondary) in all parts of the settlement, which did take place.

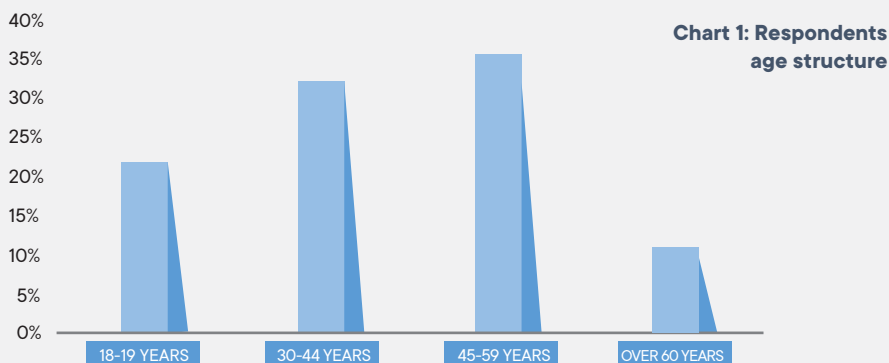
Complying with the measures in the Municipality Prilep was mainly controlled by the Police, such as wearing masks and keeping distance in the central town area. Controls in the periphery were rare, almost did not happen. This was noticed when some citizens asked the association STATION L.E.T. in Prilep for help for paying the fines for not wearing a mask. All fines were issued in the central town area. It resulted with the perception that citizens were obliged to wear masks and keep distance in the town center only, and that they did not have to do that in their own neighborhood.

7 Prilep Municipality (November 2020), Jovanoski: The situation with coronavirus is alarming, additional measures to deal with infectious disease are introduced, available at: <https://www.prilep.gov.mk/jovanoski-sostojbata-so-koronavirusot-e-alarmantna-voveduvame-dopolnitelni-merki-za-spravuvane-so-zaraznata-bolest/>, [accessed March 2021]

8 Ilija Jovanoski Facebook page (May, 2020), available at: <https://www.facebook.com/ilija.jovanoski.1/posts/3026494524103817>, [accessed March 2021]

7.2 Field research

The survey was carried out on 100 respondents, 50 women and 50 men, proportionally represented in the Municipality Prilep, in accordance with the 2002 census. Out of them, 18 respondents were formally employed, 51 were part of the informal economy, and 31 were unemployed. According to the age structure, 22% of the respondents were in the age range of 18 to 29 years, 32% at the age range of 33 to 44 years, while the largest percentage of 35% were of the age range of 45 to 59 years, and 11% of the respondents were over 60 years of age.



The answers present a situation where majority of the respondents comply with mask mandate measure, usually when they go to work or go out in the central town area. Notably, there are answers according to which respondents rarely wear a mask and comply with the measures in the neighbourhood where they live. Part of the respondents would wear a mask if it were donated to them, otherwise they are forced to cover themselves with shawl or scarf because they cannot afford to buy masks. Those wearing a mask, most often choose cloth masks for multiple use, rarely do they choose disposable masks. Very rarely disposable masks are used only once, i.e. the majority using disposable masks, wear the same mask several times. The majority knew that proper use of masks meant to cover the nose and mouth, whereas a smaller part understood that to avoid being fined they can wear a mask on the chin or cover the mouth. Mask maintenance varied from daily washing to monthly, i.e. 46% regularly replaced or washed the mask daily. The remaining 54% replaced the mask sometimes, once a month/week or did not have mask or did not wear a mask for different reasons (cannot afford to buy, receive as donation, or do not believe in Covid-19 and think that everything is politics).

“We had masks when non-governmental organizations were giving them to us, now we use a scarf or a shawl.”

“I have to wear it, otherwise I will be fined. I wash the mask once a week.”

“Yes, I apply this measure. I always wear a mask when I go out and I regularly wash the mask.”

“I wear a mask, but it’s difficult to breathe, so I lower it down and wear it around the neck. I put it over the nose and mouth only then I have to. I wash it along with the clothes in the washing machine sometimes.”

“We don’t have a lot of money in the family to use disposable masks every day, so I use cloth masks. I wash them and they can be used longer. I know how to properly wear a mask, but since this is a cloth mask, and because of the material it slips from the nose. It’s not very practical.”

“I don’t have a mask, so I don’t wear it. Once I was given a mask, but after a while it got dirty, and I had to throw it away. Since then, I don’t have another one. Of course, I would wear a mask if someone gave it to me. And I think I know how to properly wear a mask.”

The majority respondents, more than 90%, regularly wash their hands, but less than 10% of them use disinfectants. Others cannot afford disinfectants; they know what it is and have used when donated by civic organizations. There are people who do not have regular and uninterrupted access to water, the example of “Tri Bagremi” neighbourhood mentioned in the survey where citizens cannot regularly wash their hands even.

“My hands are soaked in water all the time - I wash by hand, we don’t have a washing machine. Sometimes we don’t even have water, it happens, so we can’t wash our hands regularly. We don’t have money to buy disinfectants.”

“We wash hands regularly when we have water, and we don’t use disinfectants.”

“I wash my hands regularly, but I can’t afford to use disinfectants all the time.”

“I wash hands regularly, as I did before the Corona. I use disinfectants rarely, only when I go to institutions and there are disinfectants at the entrance.”

More than half of the respondents comply with the measure of keeping 2 metre-distance outdoors, whereas the others think that everybody else do not comply and therefore they cannot do that. However, certain more detailed answers point out the fact that many Roma people are not informed that this measure is needed and how to apply it:

“I don’t have much money, and I believe I have a strong immune system and I can’t get ill of Covid.”

“I comply with keeping distance measure, therefore I often go out without a mask and I cover my nose and mouth with the collars of the jacket.”

“I work alone, people are passing by, they don’t stop, so I believe I fully comply with the maintaining distance measure.”

“We can keep distance at certain places, but sometimes we can’t because some people don’t comply with the measures.”

“We comply with the measures as much as we can, but it’s difficult to keep distance in the park and at the market, for example.”

As to whether and how much citizens had an opportunity to comply with the measure of keeping 2-metre distance in healthcare facilities, banks, post offices, supermarkets, social work centres etc., only 20% of the respondents said that they had an opportunity and did comply with the measures. The remaining believe that there are no conditions in these institutions for something like that and distance is rarely kept:

“There are no conditions in the institutions to comply with this measure. If I keep a distance, my turn will never come.”

“I try to comply with this measure when I am in these institutions, but sometimes the space is not adequate to keep a 2-metre distance.”

“That is not possible because of the crowd. People are usually standing in a circle or next to each other. I think it is mostly because of people’s negligence.”

“I don’t go to the bank because of the crowd. I use my card at the ATM machine. I think keeping a distance doesn’t play a role in dealing with COVID-19.”

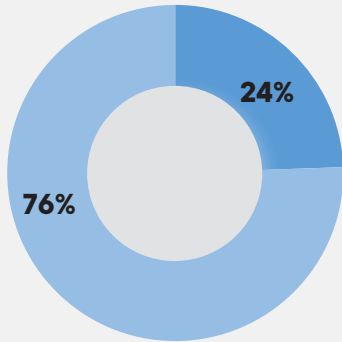


Chart 2: Mandatory self-isolation
100 respondents

- Citizens who used the measure of mandatory self-isolation
- Citizens who did not use the measure of mandatory self-isolation

Since the beginning of the pandemic, 24% of respondents said that they went through a mandatory self-isolation (Chart 2). Half of them, i.e., 12 respondents were able to comply to the measure and completely isolate themselves from other family members, whereas the other half, i.e., 12 respondents were able to comply only partially or not at all because they did not have many rooms in the house – sometimes only one – and have limited resources (heating, furniture etc.):

“I wasn’t able to self-isolate because our family has six members, and we all live in one room.”

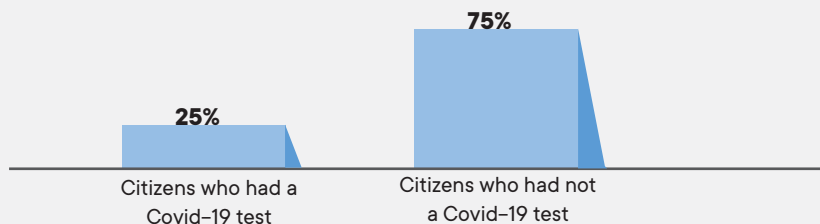
“I slept in another room, but during the day we were all together.”

“I couldn’t stay in another room because we have heating only in one room. I was alone only when my husband was at work.”

“I believe I had sufficient conditions to isolate from the family members, I was in another room. We used the same bathroom, same cutlery which we washed and disinfected.”

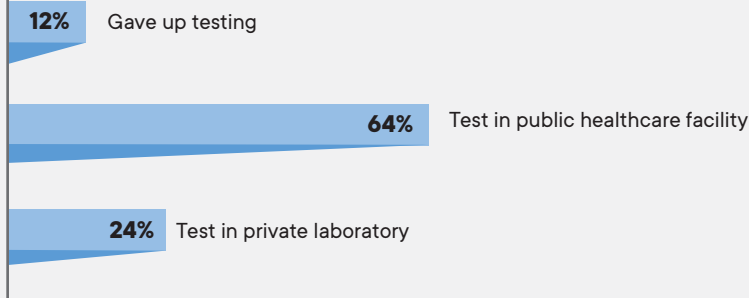
During the pandemic, in the period from 11th March until 30th November 2020, 25% of the respondents answered that they needed to do a Covid-19 test (any type of test – PCR, rapid test, antigen test etc.). (Chart 3).

Chart 3: COVID-19 testing



The half of 25% of respondents answered that they needed to do a Covid-19 test. Half of them (or a total of 13 respondents) did not face any problem during this procedure, whereas the remaining listed several issues. Most frequently repeated problems are waiting too long from making an appointment until the day of the test, and problems with the results (waiting too long to receive the results, lost results etc.). Other problems were listed as well, such as communication with family doctors, not approved referrals to test, poorly explained procedure to the patient etc. As a result of these problems, 6 out of 25 respondents decided to do the test in a private institution, whereas 3 respondents did not do the test at all. Still, 16 respondents (64% of those who needed to do the test) decided to do the test in public healthcare centre (Chart 4).

Chart 4: COVID-19 testing centres of 25 respondents



Out of 22 tested respondents (in public or private healthcare facility), 65% (14 respondents) were diagnosed as Covid-19 positive, whereas 35% (8 respondents) had negative results. All 14 diagnosed positive spent partial or full

medical treatment at home, whereas 7 of them experienced medical treatment in hospital (including hospitalization, but also out-patient treatment).

In cases of medical treatment at home, 10 respondents or 68% did not face major problems, whereas 32% or 4 respondents faced major problems when family doctors refused medical check-ups in doctor's clinic and when they were not able to buy the necessary medicines and supplements (Chart 5). Seven respondents received medical treatment at the hospital, 4 of them (63%) did not face any problem, and 3 respondents (37%) faced problems such as waiting in front of the hospital for a medical check-up too long, lack of medicines and medical means in the medical facility, fearing the medical treatment at hospital because of the daily information about patients dying in the hospitals (Chart 6).

Two out of 14 respondents said that although they needed medical treatment in hospital, they did not go because they were afraid.

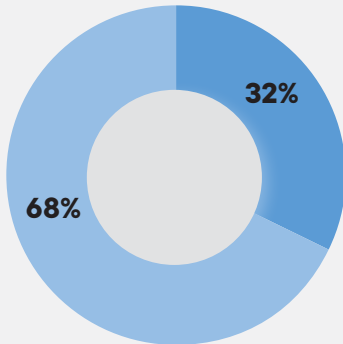


Chart 5: Problems with medical treatment at home for 14 respondents

- Faced obstacles
- Did not face obstacles

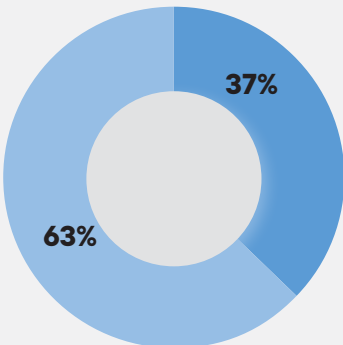


Chart 6: Problems with medical treatment at hospital for 7 respondents

- Faced obstacles
- Did not face obstacles

The most frequent problem stated by 9 out of 22 respondents who used healthcare services related to Covid-19 was the behaviour of healthcare workers (family doctor, staff at the Covid-19 smear point, diagnostics staff, specialist doctor at hospital, nurse, and other medical staff), as if they were afraid of patients, they were not polite to them compared to other patients (who do not have Covid-19). Thirteen out of 22 answers of the respondents show that they did not encounter such problems.

There were 9 respondents with negative experience, most of them were from nurses (38%). The remaining were proportionally distributed among family doctors, medical staff at Covid-19 smear points, specialist doctors and other medical staff.

Regarding the need of other healthcare services in public facilities not related to Covid-19, 46% said that they needed such services, whereas 54% said they didn't need services.

Out of 46 respondents who needed healthcare services, 38 respondents or 83% received healthcare services without major problems, 6 stated that healthcare services were not complete and were received with difficulties, and 2 respondents answered that they did not receive the service at all (Chart 7).

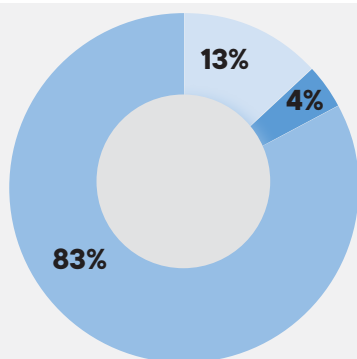


Chart 7: Obstacles in receiving healthcare services not related to Covid-19, for 46 respondents

- Did not receive healthcare services
- Received healthcare services with difficulties
- Received healthcare services without difficulties

The most frequent services which were not received by respondents were medical check-ups by family doctors and medical check-ups by specialist doctors (30% each), followed by diagnostic examination and surgical intervention (20% each). As a result of these limitations in receiving healthcare services, the health condition of 2 respondents deteriorated, whereas that did not happen to 4 respondents.

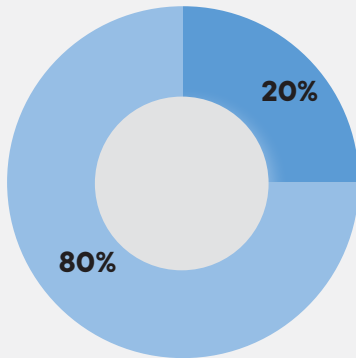


Chart 8: Consequences from obstacles in receiving healthcare services not related to COVID-19 for 8 respondents

- Deteriorated condition
- Condition did not change

Furthermore, the research proved Roma citizens in Prilep believe that the healthcare system was setup in a manner that it created panic among people during the pandemic, and therefore people did not take the test and undergo treatment at home. They believed this situation often led towards deterioration of health and once they asked for healthcare service it was already too late. Citizens believe that the state and the institutions should pay more attention and protect informal workers, considering the fact that they were not included in the economic measures of the Government. Formal workers, especially those in factories and larger production facilities, were also pointed out as people at exceptional risk. Since the beginning of the pandemic, they worked all the time and were continuously exposed to risk when going to work with crowded buses, and at work where they spent 8 hours indoors with many people. Citizens believe that the State should subsidize them so that they could buy hygienic products for Covid-19 protection. They thought the level of public awareness was very low because nobody went to the doctor when they first noticed Covid-19 symptoms. That was why greater attention should have been given to informing the community and the people so that they can learn about the protection measures and properly apply them.

8

CONCLUSIONS

The COVID-19 pandemic seriously affected citizens from marginalized communities as it transformed from a health crisis into an economic and social crisis, thus increasing the severe living conditions of these people. The Roma community in Prilep is one such example, where consequences of the pandemic were very strongly felt. The community faced difficulties in dealing with the disease in several aspects.

The given local research points out specific shortcomings referring to measures adopted on local level, but also to national prevention measures from the viewpoint of their applicability considering the specific context and conditions in which Roma people live.

- ▶ Covid-19 preventive and protection measures were adopted on local level without sufficient consultation with the Roma community.

They were adopted in general for the entire municipal population and were not sufficiently adapted to the specific living conditions of the Roma community.

- ▶ Covid-19 prevention and protection measures adopted on national level had only a partial positive impact in dealing with the disease among the Roma community in Prilep.

Part of the Roma citizens were not able to comply and protect themselves adequately due to the specific conditions in which they live in such as poor infrastructure, inadequate housing, and absence of uninterrupted access to clean water.

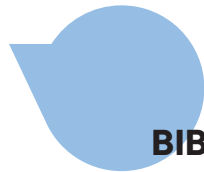
- ▶ More than 30% of the Roma citizens were not able to receive timely, adequate, and good quality Covid-19 related healthcare services, meaning they faced obstacles in receiving healthcare.

These obstacles mainly refer to lack of medicines and medical means, waiting too long for medical check-ups and treatment, but also inadequate behaviour of medical staff.

- ▶ As a result of the situation related to Covid-19 pandemic, 17% of the Roma citizens who needed healthcare services not related to Covid-19 were not

able to receive timely, adequate, and quality healthcare, which resulted with health deterioration in ¼ of them.

All these conclusions provide the answer to the general research question - Covid-19 prevention and protection measures on national and local level did not secure the necessary positive affect in dealing with the pandemic among the Roma community in Prilep.



BIBLIOGRAPHY

- ▶ Government of RNM (2020), How to protect yourself from COVID-19?, <https://koronavirus.gov.mk/pocetna/zashtita> [accessed December 2020]
- ▶ UN General Assembly, International Covenant on Economic, Social and Cultural Rights (Article 12), Resolution 2200A (XXI) dated 16 December 1966, available at: <https://www.ohchr.org/documents/professionalinterest/cescr.pdf> [accessed March, 2021]
- ▶ Association ESE, *Roma Health*, available at: <http://www.esem.org.mk/index.php/10-voved/8-8-zdravjeto-na-romite.html> [accessed December 2020]
- ▶ Committee on Economic, Social and Cultural Rights, Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 (2000), p.11, available at: http://docstore.ohchr.org/SelfService/FilesHandler.ashx?enc=4slQ6QSm-IBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPMJ2c7ey6PAz2qaojTzDJm-C0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTp_vTSCbiOr4XVFTqhQY65auTFbQRPWNDxL#~:text=The%20Committee%20interprets%20the%20right,of%20safe%20food%2C%20nutrition%20and , [accessed March 2021]
- ▶ Municipality Prilep (March 2020), Volunteers from Municipality Prilep will buy and deliver food and medicines to elderly, sick and exhausted citizens – new measure of the Municipality to deal with Coronavirus, available at: <https://www.prilep.gov.mk/volonteriodopshtinaprilepkenabavuvaatidostavuvaathranaiilekovi-nastaribolni-iznemoshteniragani-nova-merka-naopshtinatavospravuvaneto-so-koronavirusot> [accessed March 2021]
- ▶ Municipality Prilep (November 2020), *Jovanoski: The situation with Coronavirus is alarming, additional measures to deal with infectious*

disease are introduced, available at: <https://www.pril ep.gov. mk/jovanoski-sostojbata-so-koronavirusot- e-alarmantna -voveduvame- dopolnitelni-merki-za - spravuvane-so -zaraznata-bolest/>, [accessed March 2021]

- ▶ Official Gazette of RNM no.72/20; 74/20; 78/20; 92/20; 100/20; 107/20; 111/20; 119/20; 134/20, 136/20 and 147/20
- ▶ Facebook page of Ilija Jovanoski (May, 2020), available at: <https://www.facebook.com/ilija.jovanoski.1/posts/3026494524103817>, [accessed March 2021]

ANNEX 1

**Decisions of the Municipal Crisis Management
Committee – Decisions published on the official
website of the Municipality of Prilep**



21.03.2020

- ▶ Social gathering above five people is banned, especially young people, in town parks, picnic areas and weekend houses in the vicinity of the town.
- ▶ Increased control at town entry from all (four) directions, and each vehicle entering town will be disinfected.
- ▶ Public transportation is canceled.

28.03.2020

- ▶ All operational plans of local and national institutions shall be translated in adequate procedures for operation in an environment of possible Covid-19 progression.
- ▶ We appeal to the representatives of all religious communities of the territory of the Municipality Prilep to comply with the Government decisions and the Ministry of Health recommendations, in order to reduce the risk of progression and spreading Coronavirus in the Municipality Prilep.
- ▶ Intensifying of local measures and activities in dealing with Covid-19, by means of increased disinfection of main and peripheral streets in the town and the surrounding settlements.
- ▶ Owners of supermarkets and grocery shops must comply and improve the que-keeping services in order to avoid crowds in front and inside their shops.
- ▶ According to the Decision of the Ministry of Health, family dentist offices will be shut down. All emergency cases will be referred to the Emergency Dental Care located in the Emergency Healthcare Facility.

01.04.2020

- ▶ Decision to open City Market – Starting tomorrow the market will operate under stricter criteria, every working day from Monday to Friday, from 8 a.m. until 3 p.m.
- ▶ Protective masks, gloves and face shields will be distributed to all people selling products on the market as Coronavirus protection. Disinfectants will be placed at market entrances and additional staff will be hired to help maintain order at the market.

09.04.2020

- ▶ Pharmacy working hours during lockdown and upcoming weekend – Pharmacy “Karakas 2” will be available 24h, only for phone calls by family doctor and Emergency healthcare.
- ▶ Municipality Prilep volunteers will deliver medicines to citizens.
- ▶ Five grocery shops will remain open on Saturday and Sunday from 7 a.m. until 3 p.m. and they will deliver food to citizens using their own vehicles.
- ▶ Other companies and firms who have permits from the Ministry of Information Society and Administration will remain open during lockdown.
- ▶ The Municipal Voluntary Service Prilep provides logistical support to the elderly and weak citizens, single parents, people with chronic illnesses, families with disabled persons and other socially vulnerable categories. Volunteers will assist in buying food, personal hygiene items, medicines and medical supplies, counter services, paying bills and taking medical prescriptions. All bills and other costs for buying products and medicines will be covered by the citizens themselves. Municipal volunteers only buy and deliver them. On Saturdays and Sundays, the volunteers will deliver only medicines.
- ▶ During the weekend lockdown, all farmers who are residents of Prilep and whose land is on the territory of the town may go and work on the field without a permit or registering with the Police. Permits are required for farmers whose land is in another cadaster such as Malo Konjari, Stavica etc. For some reason, if they did not manage to get a permit, they can announce their movement on the following telephone number 192 and go to work on the field.
- ▶ During weekends, movement is banned starting from tomorrow Friday at 4 p.m. until Monday 5 a.m.

12.04.2020

- ▶ Marking spots for citizens to maintain 2-metre recommended distance.
- ▶ Members of the Army of the Republic of North Macedonia will maintain order in front of the banks and supermarkets.

16.04.2020

- ▶ Cleaning town streets. In the course of tomorrow and Saturday all streets, public spaces, parks and building entrances will be disinfected.
- ▶ 60.000 face masks are provided and part of them will be distributed tomorrow by volunteers. The volunteers will be stationed in all parts of the town, where

increased presence of people is expected – in front of bigger supermarkets, groceries, butcher shops and town markets.

21.04.2020

- ▶ Starting tomorrow, 22nd April, Wednesday, a new measure is introduced – citizens are not allowed on the territory of the Municipality Prilep without wearing adequate protective gear – mask, shawl, scarf or similar, outside their homes, on all public spaces, supermarkets, shops etc. The Municipality recommends citizens to cut down on leaving their homes. Leave home only when necessary, for work for example, or only one member of the family to go out and buy food and medicines from supermarkets and pharmacies.
- ▶ Special operational plan is drafted together with Police Prilep, based on the new measures applied in the Municipality Prilep which enters into force tomorrow. The plan includes Police presence and action on the territory of the Municipality by intensifying patrols and Police presence on the streets, using megaphones from police vehicles in public spaces and areas to make sure that Government decisions, measures and recommendations are applied.

15.05.2020

- ▶ Disinfection of streets, public space and town buildings will be carried out during the weekend.

04.06.2020

- ▶ In cooperation with JKP Markets, Saturday Market Day will be implemented in compliance with all Coronavirus protection protocols. Working hours are from 7 a.m. until 2 p.m. On each of the five entrances, disinfectants will be placed, order will be maintained and anyone without a mask will be given one at the entrance. Not a single citizen will be allowed inside the town market without a mask.
- ▶ Undertaking activities in coordination with Police Office Prilep and the utility company JKP Komunalec for full compliance and implementation of Government decision banning visits to cemeteries in the country, which enters into force today at 9 p.m. and ends on Monday at 5 a.m.
- ▶ Movement is allowed within the village area, solely for agricultural purposes.
- ▶ Ban of movement does not apply to Police service, Army, healthcare workers in public and private healthcare facilities and institutions, as well as for family doctors, supermarkets and restaurants that deliver food.

- ▶ All movement permits issued during previously introduced movement bans are valid, especially for economic operators and work in shifts.
- ▶ Movement ban does not apply to people with disabilities and their companions if they have proper documents.

13.07.2020

- ▶ Tomorrow 14th July, Tuesday – disinfection of streets, pavements, public spaces and all accesses to polling stations in town, in cooperation with the utility enterprises and Firefighting Unit.
- ▶ The action will include the settlements where volunteers with own agricultural equipment will disinfect the streets leading to the building where citizens can exercise their right to vote.
- ▶ Compliance with the recommendations of the Commission for Infectious Diseases, the Ministry of Health and the Government for Coronavirus protection, wearing masks, keeping distance and avoid gatherings.

26.08.2020

- ▶ Taking measures for full protection and safety of students and faculty, regardless of when the school year will start and the manner in which teaching will be delivered.
- ▶ Banks and big supermarkets in town to increase the services maintaining order in front of their buildings, to prevent bigger gatherings.
- ▶ Town Market will continue its work with stricter protocols for Covid-19 protection, disinfection will be intensified, and no one will be allowed inside without a mask.
- ▶ Police presence will be increased inside the Market and in front of the bigger supermarkets and banks, and they will be stricter in issuing fines.

24.09.2020

- ▶ Police controls are intensified and the number of fines for not wearing masks is increased. However, cases of people gathering are still frequent.
- ▶ Increased controls of Market Surveillance.
- ▶ Local self-government committee will perform increased control on the implementation of Coronavirus protection measures over the institutions.

22.10.2020

- ▶ Catering businesses will limit their working hours until 11 p.m. Passenger capacity in public transportation is limited to 50%. This measure will be strictly adhered to in the Municipality Prilep. Companies whose employees have organised transportation to and from work will also comply with the measure.
- ▶ The Police will implement strict control of vehicles, strict sanctions and fines will be issued for every violation of measures.
- ▶ The entire state and public administration, including courts, will organize their work in shifts or online from home or introduce a rotation system at work, depending on the work specifics.
- ▶ The management of JKP Markets will perform strict control of all market entrances, and not a single person will be allowed inside without a mask and hands disinfection. At the same time people selling on the market are obliged to wear protective gear, face masks and shields, and at the end of the working day full disinfection is applied. Market working hours are shortened, hence starting tomorrow, Friday 23rd October, the Market will work from 7 a.m. until 3 p.m.

02.11.2020

- ▶ The number of doctors and medical staff at the Infective Department in Prilep Hospital increased. They will work in two shifts in order to reduce the crowd.
- ▶ Disinfection of the main and most frequent streets in town's settlements.
- ▶ Disinfection of main entrances of General Hospital "Borka Taleski", Public Healthcare Center, Healthcare Center and Service for Emergency Medical Aid.
- ▶ Thorough disinfection of working premises in schools and kindergartens in the town and surrounding settlements.
- ▶ Strict and consequent adherence to stipulated protection measures. Citizens are not allowed to group, organizing parties at weekend houses near the town, maintaining physical distance in daily contacts, regularly wearing protection masks, as well as frequent disinfection of hands and work surfaces.

26.11.2020

- ▶ Starting from tomorrow, the Association of Family Doctors in our town, will provide two teams of a doctor and nurse to volunteer, using the rotation system, in second and third shift at the Infection Department.

- ▶ In cooperation with the rescue service “Zlatovrv”, thirty of their volunteers will be included in providing order and maintaining distance in front of the healthcare centres, banks, bigger supermarkets, and town market, and they will be assisted by the Police. Rescue service volunteers will be engaged in purchasing and delivery of medicines and supplies to the elderly and weak citizens to their homes.
- ▶ Disinfection of streets, public space, local and state institutions in the town and surrounding settlements will continue in the following days with increased intensity.

ANNEX 2

Field research questionnaire



Part A: Selection of respondent group

- ▶ Sex
- ▶ Employment status
- ▶ Age

Part B: Influence of national level preventive measures

- ▶ Do you think that wearing a mask is a measure you are able to adhere to? How often do you replace/wash your mask? Are you familiar with the correct instructions for wearing a mask and do you apply them?
- ▶ Do you wash your hands regularly and disinfect your hands during the day? Do you have conditions to comply with this measure?
- ▶ Did you have a possibility, and to what extent, to comply with the measure of keeping 2-metre distance outdoors?
- ▶ Did you have a possibility to comply with the measure of keeping 2-metre distance in healthcare facilities, banks, post offices, supermarkets, social work centre etc.? To what extent?
- ▶ Have you been in mandatory self-isolation since the beginning of the pandemic? If yes, have you really been able to comply with it? If NOT, what were the reasons for not being able to comply with self-isolation? In case you have been in self-isolation, were you able to isolate yourself in your home away from the other members of the family (separate room, separate tableware, sheets, separate toilet etc.)

Part C (related to hypothesis 3)

1. **Did you need to do Covid-19 test during the pandemic, in the period from 11th March until 30th November 2020 (any type of test – PCR, rapid antigen test etc.)**
 - 1) Yes
 - 2) No
 - 3) Refuses to answer
2. **Did you face any problems when you wanted to test for Covid-19 in the public healthcare system?**
 - 1) Problems in communication with the family doctor
 - 2) The questionnaire by my family doctor did not approve referral for testing
 - 3) I waited too long from the moment of making the appointment until the day of testing

- 4) Problems at the testing point
 - 5) Problems with receiving the results (waiting too long for the results, lost results, unclear results)
 - 6) Other problems, please specify: _____
 - 7) No problems
- 3. Were you forced to do the test privately or not do it at all due to the problems you faced?**
- 1) Yes, I did the test privately
 - 2) No, I did the test in the public healthcare system
 - 3) I did not do a test
 - 4) Other: _____
- 4. Were you diagnosed with Covid-19 in the period from 11th March until 30th November 2020?**
- 1) Yes
 - 2) No
 - 3) Refuses to answer
- 5. If you were treated at home, did you face any problems with your family doctor and other healthcare facilities about the Covid-19 treatment? (several possible answers)**
- 1) I was denied medical check-up in my doctor's clinic
 - 2) Problems with issuing referrals for the needed diagnostic examinations (laboratory, X-ray etc.)
 - 3) Problems with issuing referral to examination by specialist doctor
 - 4) Problems with prescribing prescription therapy
 - 5) Problems with providing necessary medicines and supplements (vitamins, minerals etc.)
 - 6) Problems in contacts with the epidemiologist in the Public Health Centre
 - 7) Other problems, please specify:
 - 8) I did not face any problem
 - 9) I cannot determine
 - 10) Other: _____

6. If you needed hospital treatment related to Covid-19, did you face any problems?

- 1) I waited too long from the day of referral to the day of admission to hospital
- 2) Once I arrived to hospital I waited too long to be admitted
- 3) Problems with providing transportation to the hospital
- 4) Lack of medicines, medical means in the hospital
- 5) I did not go to hospital because I was afraid
- 6) Other, please specify: _____
- 7) I did not face any problem

7. During the healthcare services related to your Covid-19 treatment, did you face any of the experience listed below with the healthcare staff? (several possible answers)

- 1) They were less kind to you than to other people
- 2) They respected you less than other people
- 3) You received service of lower quality compared to other people
- 4) Doctor, nurse or other health worker acted as if they thought you were not smart
- 5) Doctor, nurse or other health worker acted as if they were afraid of you
- 6) Doctor, nurse or other health worker acted as if they were better than you
- 7) You feel as the doctor, nurse or other health worker did not listen to what you were saying
- 8) Nothing of the above-mentioned
- 9) Other: _____

8. If you had at least one such experience, with whom was it?

- 1) Family doctor
- 2) Covid-19 smears point staff
- 3) Personnel at diagnostic center (laboratory, X-ray etc.)
- 4) Specialist doctor in outpatient care
- 5) Specialist doctor in hospital

- 6) Nurse
- 7) Other medical staff
- 8) I cannot determine
- 9) Other: _____

Part D (related to hypothesis 4)

9. During the Covid-19 pandemic, in the period from 11th March until 30th November 2020, did you need healthcare service for health issues not related to Covid-19?

- 1) Yes
- 2) No (skip the entire set of questions)
- 3) Refuses to answer

10. Did you receive all needed healthcare services in the public healthcare centre or by family doctor during the Covid-19 pandemic?

- 1) Yes, all (skip the remaining questions)
- 2) Partially, only part of the healthcare services needed (go to the next question)
- 3) No, not a single one (go to the next question)
- 4) Refuses to answer
- 5) Other: _____

11. What type of healthcare service was not provided to you during the pandemic, in public healthcare centre or by family doctor? (several possible answers)

- 1) Medical check-up with family doctor
- 2) Gynecological examination
- 3) Medical examination with specialist doctor (outpatient care)
- 4) Diagnostic examinations such as: Echo, X-ray, computer tomography, MRI
- 5) Laboratory services (blood tests, urine tests, microbiology analysis)
- 6) Surgical intervention/ surgery
- 7) Therapy treatment in public healthcare centre
- 8) Hospital treatment (not related to surgery or delivery)

