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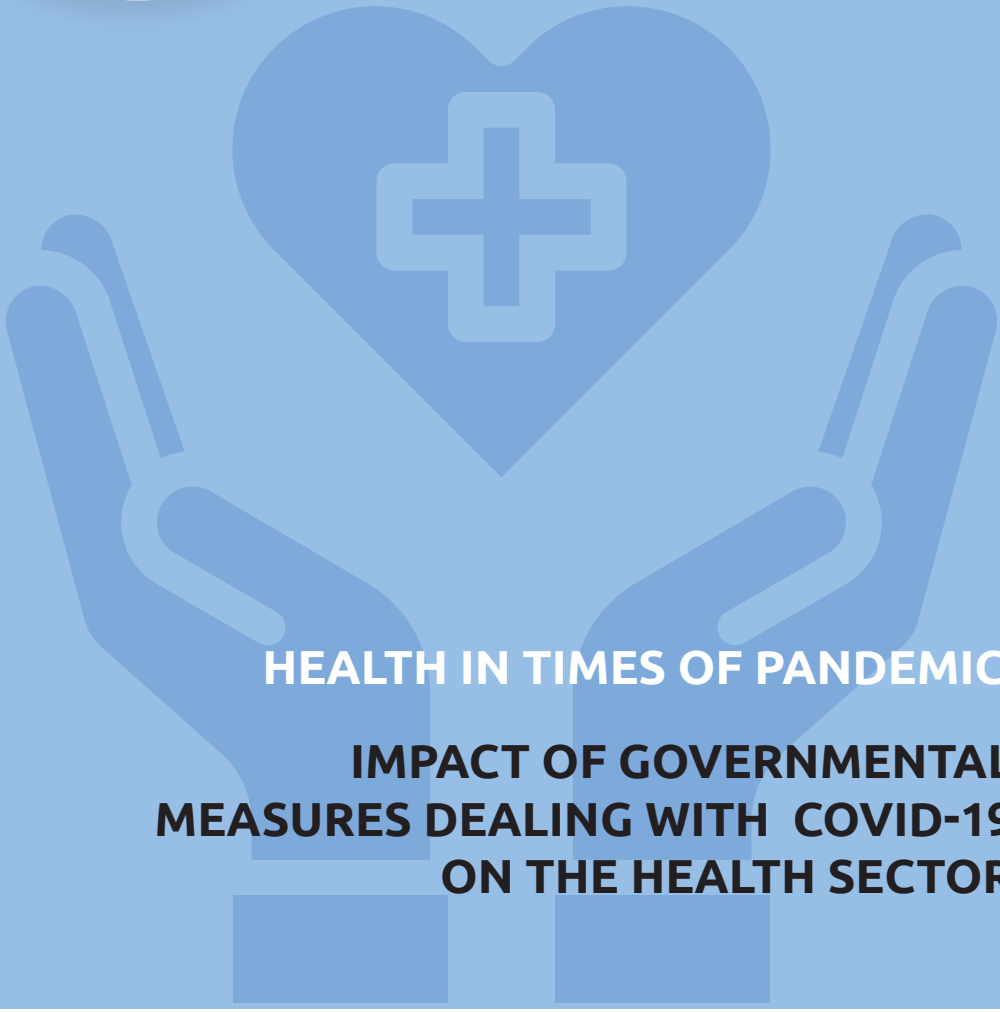

HEALTH IN TIMES OF PANDEMIC

IMPACT OF GOVERNMENTAL MEASURES DEALING WITH COVID-19 ON THE HEALTH SECTOR

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IMPACT OF GOVERNMENTAL MEASURES DEALING WITH COVID-19 ON THE HEALTH SECTOR

Natasha Boshkova

HEALTH IN TIMES OF PANDEMIC- Impact of Governmental Measures Dealing with Covid–19 on the Health Sector

PUBLISHER:

Foundation Open Society – Macedonia

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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(497.7)»2020»

BOSHKOVA, Natasha

Health in times of pandemic [Електронски извор] : impact of governmental measures dealing with Covid-19 on the health sector / Natasha Boshkova. - 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%7C48341c53b9f140f35df708d94c25a20c%7C6dd6692964ee4888a65ab847baf12c47%7C0%7C0%7C637624546778498503%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C2000&sdata=lu7RDFUS2y2iVfpXHvkJkYPPNt1YxEYTBhGOcRmGQ6w%3D&reserved=0. - Текст во PDF формат, содржи 80 стр. - Наслов преземен од екранот. - Опис на изворот на ден 19.07.2021. - Фусноти кон текстот

ISBN 978-608-218-328-2

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

COBISS.MK-ID 54418181

„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.

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ACKNOWLEDGEMENT

I would like to express my gratitude to all stakeholders who contributed to the development of this analysis that, for the very first time, looks evidence-based at the impact of the measures of the Government of the Republic of North Macedonia on the healthcare sector during the Covid–19 pandemic. The pressure on the healthcare system increases on daily basis due to the increased number of patients thereby intensifying the needs for health services for treating Covid–19, including the treatment of other health conditions. Such a predicament creates an even more imbalanced environment for the vulnerable categories of citizens and this issue is covered in the analysis. Firstly, I would like to thank the Foundation Open Society – Macedonia for the idea and funding this analysis. This report would not have been possible without the cooperation of civic associations that monitor the fulfilment of patient rights and access to healthcare. For the needs of this study the following CSOs enabled access to their data and expertise: Association for Emancipation, Solidarity and Equality ESE, the Association HOPS – Healthy Options Project Skopje, Association for Support of People with HIV STRONGER TOGETHER and the Association of Parents of Children with Rare Neurological Diseases “Kokicinja” (“Snowdrops”). The family and specialist doctors interviewed played a significant role in the development of this report. Their experience in the course of last year proved an extremely valuable source of information that fed into the recommendations of the analysis. I am especially thankful to Borjan Pavlovski whose public health expertise came in handy when designing the instruments for data collection and interpretation of the findings. I hope that the conclusions of this research will contribute to raising public, professional and institutional awareness about the challenges faced by the health sector during the pandemic, including the challenges encountered by the patients who required healthcare services. As a result of initiated policy and practical changes significant improvements of access to healthcare in pandemic conditions occurred for the citizens.

ABBREVIATIONS

WHO	World Health Organization
EU	European Union
HIFRNM	Health Insurance Fund of the Republic of North Macedonia
PCR	Polymerase Chain Reaction for testing Covid–19

1 INTRODUCTION

The appearance of the Coranavirus Covid–19 in China at the end of 2019 and it fast spreading all over the World resulted with a global pandemic declared by WHO.[1] In the Republic of North Macedonia, the first Covid–19 case was registered 26th February[2]. Until 30th November 2020, a total of 62,995 ill people were confirmed along with 1,792 people deceased from Covid–19.[3] From the ill people, 49 percent were women, 51 percent men and most of the ill patients belong to the age group over 60 years old, as well as to the group 30–39 years of age. The largest number of sick people was notified in the capital city of the country, Skopje.[4]

In the meantime, the Government of the Republic of North Macedonia adopted a series of measures to deal with the health crisis and mitigate the ramifications spilled over to other sectors. State of emergency was declared 18th March 2020, and subsequently the Government of the RNM acquired the competence to adopt decrees with legal force.[5] The state of emergency lasted until 22nd June 2020, after which Parliamentary Elections were organized, followed by the establishment of a Government and yet another state of emergency declared 20th November 2020.[6] The measures to prevent spreading Covid–19 were in compliance with WHO-recommendations regarding the use of masks, regularly hand washing and disinfecting, keeping physical distance, but also other measures pertaining to the organization of work in all sectors. The public opinion polls from that period indicated that the citizens show high regard for Covid–19 and 43% thought that Covid–19 was manufactured in a laboratory, out of who 37% thought it was intentional, while 6% deemed that it was a mistake that "escaped" from the laboratory.[7] Divided per ethnic background, the Macedonians are more inclined to believe that the virus was manufactured in a laboratory, while the Albanians think that the virus does not exist.[8]

1 World Health Organization (WHO), 2020. WHO Timeline – COVID–19, available at https://bit.ly/384QSmm (accessed 15.02.2021)
2 https://vlada.mk/node/20329 (accessed 15.02.2021).
3 Government of Republic of North Macedonia, 2020. Official info on Coronavirus in North Macedonia, accessible on https://koronavirus.gov.mk/stat (accessed 26.01.2021)
4 Ibid.
5 Official Gazette of RNM No.: 68/2020. Decision on Determining the Existence of State of Emergency, 18.03.2020 of the President of the Republic of North Macedonia.
6 Government of RNM, 23rd Session: Decision for State of Emergency for 30 days, starting from today. Accessible at: https://vlada.mk/node/23294 (accessed 16.02.2021).
7 Covid–19 crisis, public opinion, Macedonian Centre for International Cooperation, June 2020.
8 Ibid.

The purpose of this research is to identify and estimate the appropriateness of the measures adopted by the Government of RNM during state of emergency in Covid–19 conditions and to determine their influence on national level on the health sector in the period March–November 2020. The measures of the Government were changing daily and weekly, while the number of newly infected kept rising. With the increased number of people infected with Covid–19 and the widespread of the virus, pressure on the healthcare system was inflicted as an attempt to respond to the needs of citizens. Most resources of the health system were directed for dealing with Covid–19 consequences, resulting with a decrease or full termination of some preventive and healthcare curative measures that impacted the health of the citizens. Every fourth respondent, according to the public opinion polls, regarding Covid–19, postponed his/her medical examination or visit to the doctor's due to the pandemic.[9]

North Macedonia is not different from many EU Member States who focused their healthcare services to patients infected with Covid–19, whereas all other non-essential interventions were cancelled and hospital capacities were freed up in order to have sufficient capacity to accommodate and treat Covid–19 patients.[10] This situation significantly resulted with seriously aggravated access to healthcare services for people with chronic illnesses and newly created health conditions. The situation with the healthcare system during pandemic and the impact of Government measures on healthcare professionals and their work is presented by analysis of data received in interviews with family doctors and specialists from the three regions in the country: Polog Region, Skopje Region and Eastern Region. The workload of healthcare workers limited the access to planned number of doctors, but those who unselfishly found time for an interview, especially family doctors, shared information and opinion of valuable importance in formulating conclusions and recommendations of the analysis.

The main challenge in dealing with the pandemic was to maintain capacity of the healthcare system to deal with increased number of newly infected people, at the same time protecting healthcare workers from Covid–19. In context of public health, the State is required to develop regulations that will force hospitals - public or private - to adopt measures to protect the life of patients and staff.[11] Positive responsibilities of States in this situation must respond to the changed contexts, in line with information and data available to them. Part of the research was focused on transparency in the process of preparation and adoption of measures to deal with the pandemic and assessment of their impact on health sector and certain categories of patients. Action dynamic of civic organizations participation in dealing with the pandemic, as well as whether

9 Covid–19 Crisis, public opinion. Macedonian Center for International Cooperation, June 2020.

10 Cvetanovska A. Comparative experience on policies and practices for human rights protection under declared state of emergency in EU Member-States 2020.

11 Calvelli and Ciglio v. Italy, Court Judgement dated 17th January 2002, No. 32967/96.

they had impact on the measures adopted by the Government of RNM in the period March-November 2020 and to which extent, is also presented in the analysis of the action of part of civic originations, the Council for cooperation and development of civil society sector and Sectoral Working Group on Healthcare.

Despite the fact that vaccination started in most parts of the World, at the moment of writing this analysis it was still uncertain how many more people will be affected by the virus and for how long States will have to deal with the consequences. The analysis aims at presenting the effects of measures adopted by the Government of RNM on the health sector and to identify challenges faced by healthcare workers and patients, based on which conclusions and recommendations were formulated how to better manage crisis of this proportion in the future.

History taught us that marginalized communities suffer disproportionately more compared to the general population in times of crisis. For that reason, a case study presenting the effects of Covid–19 virus, governmental measures and their implementation in the Roma community in Prilep was part of this reach.

Negative impact of social determinants on health of vulnerable and marginalized communities is even greater in Covid–19 pandemic conditions. Life in poverty and unfavourable housing conditions (improvised dwellings, no access to water supply and sewage etc.) affects these people and they are not able to adequately follow basic Covid–19 protection measures such as: to wash hands regularly and frequently, buy quality masks to protect them from infection, buy disinfectants etc. Unfavourable living conditions in cases where larger numbers of people live in small or improvised dwellings affect people tested positive for Covid–19 because they do not have conditions to self-isolate and all household members are exposed to increased risk of infection. Further, people who live in poverty are at greater risk of suffering from chronic illnesses, which most often they are not able to control because of the poverty and absence of education even adequately. The research of the Association ESE[12] shows that 55% of the Roma have some chronic illness, with high blood pressure being dominant. At the same time, smaller percentage of Roma with chronic illness regularly receive needed therapy and receive healthcare services of lower quality compared to other ethnic groups with the same illness[13]. Scientific medical knowledge shows that people with chronic illnesses

12 Pavlovski B. Health and healthcare and the impact on health on Roma people in R. Macedonia. Association for Emancipation, Solidarity and Equality of Women, 2008. Available at: https://bit.ly/3sXYf8V (accessed 05.04.2021).

13 Pavlovski B., Antikj D., Friscikj J., Gelevska M., Misev S., Kasapinov B. We are all people: Healthcare for everyone regardless of ethnicity - Conditions regarding health, healthcare and the right to health among the Roma in the Republic of Macedonia. Foundation Open Society - Macedonia. 2014. Available at: https://bit.ly/39PI33f (visited: 05.04.2021).

have significantly greater risk to develop a more serious form of Covid–19 and are at greater risk of death. All these show that people from vulnerable and marginalized communities are at greater risk of becoming ill from Covid–19, are at greater risk to develop more serious forms of illness and are at greater risk to die from Covid–19.

2 METHODOLOGY

The assessment comprises of *de jure* and *de facto* insights of the situation in the healthcare system and the impact of adopted Covid–19 related measures. The analysis includes current laws, policies, and decrees with legal force adopted during the state of emergency and healthcare measures adopted by the Government in the period March-November 2020 to deal with Covid–19. *De facto* indicators refer to what happens in practice and in daily processes of planning, preparation, adoption, announcement and implementation of measures to deal with Covid–19 consequences and their impact on the healthcare sector. The following are the methodological tools used in the research:

1. Desk research – collecting secondary information sources;
2. In-depth interviews – field research to collect primary data and
3. Case study of the impact of governmental measures to deal with Covid–19 on Roma people in Prilep.

Relevant international and regional documents related to Covid–19 measures, case law of the European Court of Human Rights in conditions of state of emergency, as well as national legal framework, i.e. Regulations and laws adopted to deal with the pandemic in the healthcare sector in the period March - November 2020, were reviewed during the preparation of the analysis. The presentation of secondary data that can be found in reports published by various institutions and civic organizations, analyses and monitoring of measure implementation, provides an overview of the effects of the measures in dealing with Covid–19 in the different aspects of society.

In order to receive administrative information from relevant national institutions playing key role in dealing with the consequences from Covid–19 in the healthcare sector, requests to access public information were submitted during the research. In the second half of January 2021, requests to access public information were filed to the Ministry of Health, the HIFRNM and the Public Health Institute. Up until the completion of the analysis, requested information was partially delivered.

Having in mind that this assessment does not include direct involvement in the process of preparation of indicators and analyses of communities most directly affected by the efficiency of measures dealing with Covid–19, desk-research provides an insight into the citizens' experience, problems and needs in using Governmental measures, by means of collecting secondary data already available in reports, assessments and research of national and international organizations. Reports, Minutes and other documents from the work of the Council for Cooperation and Development of Civil Society in the period 11th March–30th November 2020 and the Sectoral Working Group of Healthcare were analyzed to make better assessment of the degree of involvement of civic organizations in the adoption of measures.

In the period 1–20 February 2021, in-depth interviews were carried out with five family doctors from the Polog Region, Skopje Region and the Eastern Region, and data on the impact of governmental measures to deal with Covid–19 on primary healthcare were collected. Furthermore, family doctors provided data on the problems their patients faced in their access to secondary and tertiary healthcare, and in exercising other healthcare rights. Data on the impact of measures on secondary and tertiary healthcare were provided by interviews with two specialist doctors who do not work directly on providing healthcare services for treatment of Covid–19 patients - one of them works in Skopje, at the Gynecology and Obstetrics Clinic, and the other one works at the Clinical Hospital in Stip. Responses of healthcare workers are a measurement of the degree of adequacy and compliance of Covid–19 measures with citizens' needs, with special focus on transparency and coordination of competent institutions in pandemic conditions.

The Association Station L.E.T. carried out local field-research on the impact of governmental preventive measures to stop the spread of Covid–19 among Roma people, in parallel with the national research of the impact of governmental measures on the healthcare sector. A case study was prepared based on the local research, representing the modern phenomenon of Covid–19 in the context of real life of the Roma community in Municipality Prilep.

2.1 Limitations of the analysis

The analysis was carried out in a specific period with the health crisis underway and enormous pressure on healthcare workers to provide services to patients, which resulted in limitations to provide clear and comprehensive data to present the real situation in the healthcare sector. Healthcare workers were overburdened and exhausted from work, so researchers faced challenges in finding healthcare workers on all levels who would have time and be able to take part in the research. Therefore, we tried to adjust to the time and needs of the healthcare workers, and as a result part of the respondents provided their answers in writing or by sharing documents reflecting challenges and problems they faced at work in the period subject to the analysis. We believe all these information was relevant and valuable in analyzing the situation in the healthcare sector during Covid–19 crisis. It needs to be mentioned that the number of interviews with family doctors is smaller than planned because of the abovementioned reasons. However, family doctors who were interviewed provided exhaustive and comprehensive information. Healthcare workers on secondary and tertiary level provided a significantly smaller scope of information, but complementary to the findings of the family doctors, which confirms that identified problems and challenges reflected all healthcare levels.

The problem of collecting and publishing data by the institutions was noted by several international and national organizations. Lack of response on the part of the institutions in this research made it impossible to analyze the impact of governmental measures to deal with Covid–19 on the remaining healthcare services such as vaccination and medical checkup for children, the organization of healthcare services in healthcare centers, healthcare services in specialist and consulting activities and healthcare services of hospital treatment on secondary and tertiary level in general hospitals, clinical hospitals, University clinics and in private healthcare centers who have signed a contract with the HIFRNM. In addition, these data were to enable insight and possible budget reduction for preventive and curative programmes, budget reduction foreseen for public health institutions regarding healthcare services not related to healthcare of Covid–19 patients and other information important for the comprehensive determination of the situation in the healthcare sector.

3 ANALYSIS OF THE GOVERNMENTAL MEASURES DEALING WITH THE PANDEMIC IN THE HEALTH SECTOR

Key factor affecting a country's vulnerability to Covid–19 is the resilience of the economy and the quality of the healthcare system. The analysis of economic vulnerability index of countries to Covid–19 by the European Investment Bank shows that half of the low-income countries and 25% of middle- income countries faced a major risk of Covid–19 pandemic.[14] Western Balkan countries faced challenges in the healthcare sector that put them in the group of high or intermediate vulnerability to the pandemic. According to Global Health Security Index assessing the level of global health security in 195 countries, North Macedonia is 90th with 39,1 points, lowest in the region.[15] Data show that the country is not prepared to face Covid–19 consequences. Slovenia is the best ranked country in the region on the 12th place, followed by Croatia, Albania, Turkey and Serbia. According to the list, Bulgaria is 61st, Montenegro 68th, and Bosnia and Herzegovina 79th. North Macedonia is a middle-income country similar with Serbia, Montenegro, Bosnia and Herzegovina, however certain healthcare system indicators showed challenges in prevention, healthcare system operation, and identification of situation in real time and reporting, compliance with international standards even before the pandemic.[16]

Furthermore, the paper offers analysis of documents adopted in the period between 11th March and 30th November 2020, and with the chronology of measures adopted by the Government of RNM in line with the epidemiological situation in certain periods, the impact these measures made on increasing or reducing the number of newly infected Covid–19 patients. For the entire period WHO continuously publishes recommendations for preventing the spread of the virus, and competent authorities translate these recommendations into national measures and policies.[17] Key guidelines valid during the entire crisis are regularly and thoroughly washing hands and using disinfectants; maintaining at

14 European Investment Bank. The EIB Covid–19 Economic Vulnerability Index, 2020.
15 John Hopkins Centre for Health Security. Global Health Security Index, Building Collective Action and Accountability, 2019. Available at: https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf (accessed on 27.04.2021).
16 https://www.ghsindex.org/country/north-macedonia/
17 For more information, please visit the World Health Organisation website:https://www.who.int/

least one meter distance; avoiding places with many people; evading to touch eyes, nose and mouth; maintaining good respiratory hygiene; self-isolation in case of symptoms; and regularly informing yourself from official information sources from the national authorities.

The presentation of measures and their effects on the prevention of virus spreading is organized in several parts, that being as follows: measures for organizing the work of healthcare institutions; preventive measures of wearing protective equipment; physical distancing measures and isolation and measures to organize testing.

The first Covid–19 prevention measures were introduced by the Government before the first case in North Macedonia was identified. On the session held 25th February 2020, the Government adopted a Conclusion and tasked the Ministry of Health to establish a permanent Public Information Centre and include experts who will decide the prime-time and the frequency of presenting information; intensify control of air and land border crossings along with other institutions to reduce the risk of spreading Covid–19 and procurement of sufficient quantities of protection means (masks, gloves, disinfectants and protective clothes) for the institutions included in the Integrated Border Management.[18]

With the first Covid–19 cases identified in the country, the alarm in the Government was activated to take more serious measures to prevent the spread of the infection. 14th March 2020, the Crisis Coordination Headquarters was established with a Governmental Decision, to provide full coordination of government bodies, legal entities established by the state and local self-government units related to cross-border prevention and spreading of Covid–19 in the country.[19] Immediately after the Crisis Coordination Headquarters was established, the Minister of Health created the Commission for Infectious Diseases, professional advisory body dealing with Covid–19, as provided in the Law on Healthcare, Article 249 and the Law on Protection of the Population against Communicable Diseases, Article 59.[20] The Commission consisted of professionals in the field of epidemiology, infectology, microbiology, pediatrics, veterinary and other specialty fields that, in accordance with scientific knowledge about Covid–19 in the country and the global Covid–19 situation, recommend to the Government to adopt decrees with legal force, measures and other documents focused on dealing with the pandemic.

18 Government of the Republic of North Macedonia No. 44–17/11 dated 25th February 2020. Excerpt from the draft-minutes of the Eleventh session of the Government of the Republic of North Macedonia from25th February 2020. Avaiable at: https://vlada.mk/sites/default/files/dokumenti/covid/zaklucok_11_vrsm-25.2.2020_godina.pdf (accessed 27.01.2021).

19 https://koronavirus.gov.mk/glave-koord-shtab (accessed 26 January 2021).

20 https://koronavirus.gov.mk/komisija-zarazni-bolesti (accessed 26 January 2021).

3.1 Measures for organizing the operation of healthcare institutions in Covid–19 conditions

The number of ill persons was rising since the first diagnosed case 26th February 2020, and it reached 48 sick people on 18th March 2020. The President of the Republic of North Macedonia declared state of emergency and, according to the Constitution; the Government of RNM is competent to adopt Decrees with legal force that are immediately applicable. Shortly after state of emergency was declared, the Government decided to derogate the obligations from the European Convention on Human Rights,[21] without public debate and information, and without the need for such action. North Macedonia may derogate the obligation to provide protection of the remaining rights from ECHR only to the strictly necessary considering the emergency. ECHR emphasizes that States remain obliged to protect democratic societal values such as pluralism, tolerance and generosity, even in state of emergency.[22]

As for the right to health, North Macedonia has the responsibility to introduce and implement the legal framework to protect health, prevent suffering, and force hospitals to adopt adequate measures to protect patients' and employees' lives. Measures and regulations introduced by the State with the aim of protecting the health related to the Covid–19 pandemic should not have discriminatory effect, either because they have more serious effect on members of certain groups or because they do not take into account and do not adjust satisfactory to the needs of various groups and the differences between them.[23] Pursuant to the Constitution of the Republic of North Macedonia, every citizen has the right to healthcare,[24] implying available and accessible healthcare services with acceptable price and quality. Adequacy of measures is assessed by whether, and to what extent, they are adjusted to the needs of the most vulnerable categories of citizens, who often have the least conditions to access healthcare. Therefore, the Decree with legal force whereby the Government provided private hospitals to treat patients tested positive to Covid–19, was to meet this need.[25] With Government Decision dated 18 March 2020, the Ministry of Health was tasked to contact private healthcare centres to free part of their

21 Government of the Republic of North Macedonia, Information on the need to report to the Secretary General of the Council of Europe on the derogations from certain articles of the European Convention of Human Rights by the Republic of North Macedonia, in accordance with Article 15 of the Convention, as consequence of Covid–19 Pandemic. 30 session of the Government of Republic of North Macedonia, 27 March 2020. Available at: https://vlada.mk/sednica/2020–30 (accessed 24.03.2021).

22 Mehmet Hasan v. Turkey, Judgement dated 20 March 2018, No. 13237/17, par. 210; Sahin Alpay v. Turkey, Judgement dated 20 March 2018, No. 166538/17, par. 180.

23 Enver Sahin v Turkey, Judgement dated 30 January 2018, No. 23065/12, par. 67–69; Cam v Turkey, Judgement dated 23 February 2016, No. 51500/08, par. 65–67 where ECHM determines obligation for the State to ensure "reasonable adjustment" in order to provide people with disabilities to fully exercise their rights, when failing to do so leads to discrimination.

24 Constitution of the Republic of North Macedonia, Article 39, Paragraph 1.

25 Decree with legal force on the application of the Law on Healthcare during State of Emergency, Official Gazette of the Republic of North Macedonia, No. 76 dated 24.3.2020.

healthcare capacities in line with their possibilities to meet the needs of the Ministry of Health, specifying the manner, conditions, criteria and obligations of both parties in a Cooperation Agreement or Memorandum.[26] Consequently, the Government adopted a Decree with legal force for application of the Law on Healthcare during State of Emergency dated 24th March 2020, whereby private healthcare centres that were not part of the network of healthcare institutions providing intensive care and therapy acquired the right to provide these services within the network of healthcare institutions providing healthcare services to Covid–19 patients. The scope and type of healthcare services performed by the private healthcare centres during the emergency state shall be defined by an Agreement signed with the Health Insurance Fund of the Republic of North Macedonia.[27] Health Insurance Fund of Republic of North Macedonia did not sign any contract with private healthcare centres during the emergency state, and as a result citizens had to pay the costs for intensive care and treatment services in private healthcare centres.

The number of sick people was increasing and so was the pressure on the healthcare system. First, Covid–19 related death cases were being recorded. 4th April 2020, the total number of ill people was 483, with 17 death cases. The same day the Government adopted a Decree with legal force for interventional procurement of 200 ventilators.[28] The healthcare system in the Republic of North Macedonia, as in other Western Balkan countries, was facing critical challenges related to funding and realization of services even before the Covid-19.[29] Providing sufficient funding for healthcare, modernization of services and delivery of effective and efficient care are long-term challenges. Further, healthcare worker migration and lack of workforce also make healthcare systems vulnerable in pandemic conditions.[30] The Covid–19 crisis emphasized the problem with shortage of healthcare workers who will respond to the needs of the citizens with Covid–19. 13th April 2020, the Government adopted a Decree with legal force thereby postponing the termination of employment contracts or contracts for continuation of employment of healthcare workers due to age during state of emergency.[31]

12th June 2020, the Government adopted a Decree by means of which the Minister of Health may, if required, refer healthcare workers, health aids and support and technical staff employed in public healthcare institution in the

26 https://vlada.mk/node/20588 (visited 30.03.2021).
27 Official Gazette of RNM No. 76/2020, Decree with legal force on application of the Law on Healthcare during State of Emergency, Article 2.
28 Official Gazette of RNM No. 90/2020, Decree with legal force on interventional procurement of ventilators during state of emergency.
29 World Bank Group. Economic and Social Impact of Covid–19 –Healthcare Systems, Western Balkans Regular Economic Report No.17, spring 2020.
30 Ibid.
31 Official Gazette of RNM No. 100/2020. Decree with legal force on Amending the Decree with legal force for application of the Law on Healthcare during State of Emergency, Article 2.

network to work in another healthcare institution in the network, in the course of the existence of Covid–19 infectious disease, for the purpose of efficient, effective and timely diagnosing, treatment, curing, care and rehabilitation of people with this disease.[32] The same day the Decree on application of the Law on Protection of Population against Communicable Diseases during State of Emergency was amended, according to which a doctor was obliged, after defining clinical diagnose, to immediately report to the competent public health centre cases of illness or death from the infectious disease Covid–19.[33] It was not clear from the materials published on the Government of RNM's website, or from the announcements of the competent institutions to inform the public about the adopted measure whether an assessment of the measure was done prior to its adoption and based on which analyses and data the Decree adopted.[34]

Covid–19 pandemic created crisis not only on the healthcare sector, but also serious consequences on the economy, including redundancies of many workers. According to the data from the Employment Agency of the Republic of North Macedonia, only in the period March-April in North Macedonia, 9000 workers lost their jobs.[35] Some of the employers were late with payment of salaries and payroll contributions, meaning that a significant number of people were left without healthcare services. Therefore, 6th April, the Government adopted a Decree with legal force on the application of the Law on Health Insurance during State of Emergency. With this, health insurance beneficiaries whose rights from mandatory health insurance were withheld due to irregularly paid contributions or late payment of more than 60 days, i.e., have a debt because of unpaid contributions, and citizens of the Republic of North Macedonia who do not have mandatory health insurance on any basis, may use healthcare services related to diagnosis and treatment of Covid–19 on the burden of the Health Insurance Fund of the Republic of North Macedonia.[36]

This Decree was amended in May 2020 to include health insurance beneficiaries paying cost-share fees for healthcare services, and beneficiaries who are entitled to drugs from the list of drugs determined by the Fund with a General Act.[37] The rights of citizens of neighbouring countries found on the territory of our country and the countries with which the Republic of North

32 Official Gazette of RNM No. 156/20. Decree with legal force on Amending the Decree with legal force for application of the Law on Healthcare during State of Emergency.

33 Official Gazette of RNM No. 156/20. Decree with legal force on Amending the Decree with legal force for application of the Law on Protection of Population against Communicable Diseases during State of Emergency.

34 Government of the Republic of North Macedonia No. 4401–17/65. Minutes of the Sixty-fifth session of the Government of the Republic of North Macedonia from 12th June 2020, available at: file:///Users/natasha/Downloads/2020–65_sednica_na_vlada.pdf (visited 05.04.2021).

35 https://faktor.mk/bez-rabota-ostanaa–9000–lugje-za-dva-meseci—loshi-brojki-za-mart-i-april

36 Official Gazette of RNM No. 92/2020. Decree with legal force on the application of the Law on Health Insurance during State of Emergency, Article 2.

37 Official Gazette of RNM No. 140/20. Decree with legal force on he Amendment of the decree with legal force on the application of the Law on Health Insurance during State of Emergency.

Macedonia has not signed or inherited Social Insurance Agreement could benefit from healthcare services in healthcare institutions with the undertaken amendments. Health insurance beneficiaries and citizens of neighbouring countries found on the territory of our country do not have to pay cost-share fees when using healthcare services in healthcare institutions related to diagnosing and treatment of illness caused by Coronavirus Sars-cov–2. In order to reduce the number of visits to family doctors, amendments were made whereby a family doctor could write a prescription via the Health Insurance Fund of the RNM web service and the patient could take the drug in any pharmacy by presenting his/her ID card or passport.[38]

29th May 2020, the Government adopted a Decree enabling secondary and tertiary level public healthcare institutions with spatial conditions, equipment and personnel, to provide healthcare service in the field of molecular diagnostics within the network of healthcare institutions.[39] Similar with the previous cases of adoption of measures, no information was available on the impact assessment of the Decree, nor an analysis of the effects of previously adopted measures, and impact on reducing the number of ill people and the need for the amendments.[40]

With the last amendments to the Law on Protection of Population against Communicable Diseases dated 29th October 2020, new rules were introduced in regards of the treatment of people ill from Covid–19.[41] In addition to the treatment in public institutions, ill people could be isolated and treated in private hospitals with previous consent by the Ministry of Health. People ill from Covid–19, apart from public healthcare institutions, may also be treated and isolated in private healthcare institution licensed to provide intensive care and therapy or at home if the conditions exist. The Ministry of Health will issue consent for people to be treated in private healthcare institutions licensed to provide intensive care and therapy in case of no vacancies in public healthcare institutions for people with Covid–19; people admitted to private healthcare institution identified with Sars-cov–2 while providing healthcare services of diagnosis, cure, treatment, care and rehabilitation in hospital and in other cases. According to the amendments, reason for treatment in private healthcare institution can also be lack of healthcare workers, health aids and other staff in public healthcare institution.

38 Ibid, Article 2–c.

39 Official Gazette of RNM No. 140/20. Decree with legal force on the application of the Law on Healthcare during State of Emergency, Article 2.

40 Government of the Republic of North Macedonia No. 4401–17/58. Minutes of the fifty-eight session of the Government of Republic of North Macedonia from 29th May 2021, available at: file:///Users/natasha/Downloads/58–zapisnik_29_maj_2020_godina.pdf (visite 05.04.2021).

41 Official Gazette of RNM No. 257/20. Law on amendment to the Law on Protection of Population from Communicable Diseases.

3.2 Manner of undertaking Covid–19 tests

As of 23rd March, appointments for PCR smear tests were also made through family doctors and citizens were directed to go to their family doctor for an appointment for a Covid–19 test.[42] According to the Guidelines, if citizens had dry cough, high temperature, fever or difficulty in breathing, first they had to phone their family doctor. The Guidelines provided for a telephone communication with your doctor only, to protect one's own health and the health of other people. If test was needed, the family doctor would make an appointment using the application "Moj Termin" (My Term), depending on the place where the patient lived. Before making the appointment, the family doctor would ask the patient questions from the epidemiological survey and depending on the answers the electronic algorithm would show if the test was required or not, and if yes, to what degree of urgency.

It was important citizens to trust institutions in such conditions and be sure that proposed measures were adequate to the seriousness of the situation. Recognizing the importance of their role in dealing with the virus was of key importance because the spreading of the virus would be reduced if accurate and prompt information about their contacts was provided. Public opinion survey related to Covid–19 conducted in May 2020 showed that high percentage (43%) believed that Covid–19 was created in a laboratory, and 37% of them thought it was intentional, while 6% trusted it "escaped" from the laboratory by mistake.[43] From the aspect of ethnicity, Macedonians were more inclined to believe that the virus was lab-created, whereas Albanians believed it did not exist.[44] Such a belief was the reason not to adhere to the adopted measures thus not contributing to the prevention of the spread of the virus. Furthermore, not believing the existence of the virus presented a serious problem for the future vaccination process. Even if the State provided sufficient quantities of vaccines, people who did not believe in the virus would refuse vaccination. Hence, the basic goal of vaccination - collective immunity - thereby normalizing the situation in the country, would be endangered.

Testing is one of the preventive measures against spreading Covid–19. At the beginning of the pandemic the only reference laboratory to diagnose Covid–19 was the Public Health Institute laboratory. This laboratory had adequately trained staff, but they lacked testing equipment in sufficient quantities and personal protection gear. The testing need was bigger than expected and the donation from WHO Europe was spent quickly.[45] To prevent spreading the virus to other healthcare institutions, the Commission for Infectious Diseases

42 http://zdravstvo.gov.mk/upatstvo-za-gragjanite-za-zakazhuvanje-na-testiranje-za-koronavirus-kaj-matichen-lekar/ (visited 27.01.2020).
43 Situation with Covid–19 crisis, public opinion. Macedonian Center for International Cooperation, June 2020.
44 Ibid.
45 Source WHO available at:https://bit.ly/2MrxLMz (visited 27.01.2021).

recommended to the Government not to increase testing capacities.[46] 30th March 2020, however, the Government adopted a Decree by which private healthcare institutions outside the network of healthcare institutions that provided healthcare services including the detection of Covid–19 with PCR method of smear in microbiological laboratory would provide this service within the network of healthcare institutions.[47]

3.3 Measure for securing physical distance and isolation

Physical distance, evening curfew and further movement limitations of citizens were gradually introduced - from closing schools and kindergartens to several-day long curfew during weekends. Due to a significant increase of ill people in certain parts of the country, areas were fully closed, such as Debar and Centar Zupa (starting 13th March) and Kumanovo (starting 26th March), where citizens' movement was not allowed within and outside these areas without justifiable reasons. Decision was made to ban all public and private gatherings irrespective of the number of people on the territory of the entire country.[48]

The measure of strict self-isolation (quarantine) was applied in the treatment of people infected with Covid–19, or if after assessment of the austerity of the clinical condition, the healthcare worker decided the patient to be treated in a healthcare institution. People who had been in immediate contact with persons ill or infected with Covid–19 or even those suspected, were in strict self-isolation (quarantine) or isolation at home (domestic isolation) for 14 days, signing a written statement for assuming full moral, material and criminal liability to adhere to the measure, and the State Sanitary and Health Inspectorate issued a Decision.[49] According to the Decree, if people quarantined at home did not adhere to the measure, strict isolation (quarantine) for 14 days will be issued in facilities identified by the Government of the Republic of North Macedonia. The same Decree stipulated strict isolation (quarantine) for 14 days for citizens of the Republic of North Macedonia entering the country on border-crossing points.[50] The measure was in force until 26th June 2020 when the border-crossings in the Republic of North Macedonia were opened for passengers and vehicles without PCR-test medical certificates, mandatory state quarantine or isolation at home measures.[51]

46 Ibid.

47 Official Gazette of RNM No. 84/2020. Decree on amendment of the Decree with legal force on the application of the Law on Healthcare Services during State of Emergency, Article 2.

48 Official Gazette of RNM No. 71/20. Decree with legal force on the application of the Law on Public Gatherings during State of Emergency.

49 Official Gazette of RNM No. 72/2020. Decree with legal force on the application of the Law on Protection of the Population against Communicable Diseases during State of Emergency, Article 2.

50 Official Gazette of RNM No. 72/2020. Decree with legal force on the application of the Law on Protection of the Population against Communicable Diseases during State of Emergency, Article 2.

51 Government of the Republic of North Macedonia No.4401–17/72. Minutes of the seventy-second session of the Government of the Republic of North Macedonia from 23rd June 2020 available at: file:///Users/natasha/Downloads/2020–72_sednica_na_vlada.pdf (visited 05.04.2021).

In the absence of a clear protocol for diagnostic, treatment and referral of Covid–19 patients, in March 2020, the Ministry of Health published on its website the Guidelines for home-treatment of patients with easier symptoms of Covid–19 infection.[52] The Guidelines were intended for suspected and infected people with Covid–19 confirmed by a laboratory on home treatment, not for healthcare workers. The Ministry of Health also issued Temporary Recommendations for working with pregnant patients during Covid–19 pandemic to inform healthcare workers and make their work easier in case of work or contact with patients suspected or infected with Covid–19.[53]

At the beginning of April 2020, North Macedonia entered in a new phase of the epidemic, although there were few more weeks until the expected peak. The Minister of Health called upon the citizens to comply with the restrictions as to reduce the number of cases and maintain the stability of the healthcare system.[54] The increasing number of infections and death cases in the first half of April - 13th April was 854 ill and 38 deceased[55]– led to the introduction of stricter quarantine measure. In accordance with the Decree dated 13th April 2020, citizens of the Republic of North Macedonia entering border-crossings after 13th April 2020 coming from Covid–19 high-risk countries from the WHO list, were subject to strict self-isolation measure (quarantine) for at least 21 days from the date of arrival in the Republic of North Macedonia.[56]

22nd April 2020, the Government adopted a Decree with legal force regulating the implementation of mandatory self-isolation in cases of Covid–19 testing and supervision of self-isolation during state of emergency.[57] According to the Decree, all national and foreign natural persons, both symptomatic and asymptomatic, tested for Covid–19 were placed in mandatory self-isolation from the moment of taking samples (throat swab, nasal swab, blood etc.) until the receipt of negative results. Self-isolation would be done at home or in an apartment or house where the person can be fully isolated from the people they live with (weekend house, empty apartment etc.) During self-isolation people were not allowed to go out, contacts with the people they live had to be reduced to minimum if full separation was not possible.[58]

52 http://zdravstvo.gov.mk/wp-content/uploads/2020/03/Upatstva-za-licata-na-domasna-nega-Covid19.pdf (visited 15.02.2021).
53 Ministry of Health. Temporary recommendations for work with pregnant patients during Covid–19 pandemic, October 2020: http://zdravstvo.gov.mk/wp-content/uploads/2020/11/11.11–Bremenost-Kovid–2–verzija-MK.pdf (visited 15.02.2021)
54 http://zdravstvo.gov.mk/filipche–31–zabolen-na-koronaviris-pozitivni-na-virusot-i-zdravstveni-rabotnici/ (visited 15.02.2021).
55 https://koronavirus.gov.mk/stat (visited 28.01.2021).
56 Official Gazette of RNM No. 100/2020. Decree with legal force to amend Decree with legal force for application of the Law on Protection of Populaton against Communicable Diseases during State of Emergency, Article 1.
57 Official Gazette of RNM No. 107/2020. Decree with legal force on Mandatory Self-isolation when Testing for Coronavirus Covid–19 during State of Emergency.
58 Ibid, Article 4.

Despite Government efforts to adopt measures preventing the spread of the virus, the number of ill people was constantly increasing. 9th June 2020, the numbers were 3,242 ill people, 1,658 cured and 157 deceased. At the beginning of June 2020, the number of infected cases was significantly higher than the forecasts made at the beginning of the crisis, according to which maximum 2,000 cases were expected in the first wave.[59] In this period, the resistance to comply with the measures by part of the population was evident, especially for restricted movement due to self-isolation or quarantine. The increased number of people refusing to accept Decisions for self-isolation led to the introduction of a stricter measure where people who refused to accept self-isolation decisions were placed in state quarantine, or people who provided false personal data and false information about the people they had contacted in recent days or who did not comply with strict self-isolation at home (self-isolation at home).[60]

22.04.2020, the Government adopted a Decree with legal force on wearing face protection to prevent spreading, suppressing infectious disease caused by Covid–19 and protecting the population, as well as supervising wearing face protection during state of emergency.[61] According to the Decree, all natural persons on the territory of the country were obliged to wear face protection covering their nose and mouth when leaving their home, i.e. in public spaces indoors and outdoors, markets, shops, public transportation and in closed spaces where more people gathered due to the nature of the industry (state institutions, supermarkets, shops, banks, post offices, waiting rooms, healthcare institutions etc.). There were exemptions from the obligation of wearing face protection in cases of wearing special face gear during work, staying in the garden of a family house, riding bicycle or individual sport activities outdoors, motor vehicle traveling with members of the same household or movement in public spaces outdoors and full compliance with minimum two meters distance from other persons.[62]

Although North Macedonia was at the top of countries most affected by the pandemic worldwide regarding registered and death cases, the state of emergency ended 22nd June 2020.[63] By the end of June, the total number of ill people was 6,350, cured 2,476 and 302 deceased.[64] During the summer the numbers of ill and deceased were rising, and the Government started

59 Center for Investigative Journalism. Unprepared for the second wave of Coronavirus: We have beds, but not doctors: https://bit.ly/2OwxngK (visited 15.02.2021).

60 Official Gazette of RNM No. 153/20. Decree with legal force on amendment of the Decree with legal force on the application of the Law on Protection of Population against Communicable Diseases during State of Emergency.

61 Official Gazette of RNM No. 107/2020. Decree with legal force on wearing personal face protection for prevention of spreading, suppressing infectious disease caused by Coronavirus Covid–19 and protection of population during state of emergency.

62 Ibid, Article 2.

63 Coronavirus: North Macedonia at the European and World Peak, available at: https://bit.ly/2YHGNb0 (visited 04.02.2021)

64 https://koronavirus.gov.mk/stat (visited 03.02.2021).

implementing a plan for relaxing Covid–19 measures. Shopping centre working hours were changed to the previous relation before the state of emergency, except on Sunday (12th June 2020), protocol for operation of hotels and accommodation facilities was adopted (16th June 2020); swimming pools were allowed to open (19th June 2020), and starting from 29th June organizing public events with a limited number of people with protection gear was allowed.

Parliamentary elections took place 15th July and at the end of August 2020, the new Government of the Republic of North Macedonia was established. The Government continued to adopt decisions, measures and laws focused on dealing with health and economic consequences of Covid–19. The obligation of wearing face protection covering both nose and mouth (respiratory mask, disposable surgical masks, multi-purpose textile mask, silk scarf or shawl, cotton scarf or shawl, bandanna etc.) was imposed for prevention and suppression of infectious disease caused by Sars-cov–2 and population protection in case of leaving home, i.e. in public places and spaces indoors and outdoors, marketplaces, public transportation and in closed spaces of operators where more people gather due to the nature of the industry.[65] The obligation for wearing personal protection gear did not apply in cases of sport activities, driving private motor vehicle, at home with people from the household or use of other type of protective equipment specific for a certain workplace.

On the 23rd Session from 20th November 2020, the Government of the Republic of North Macedonia adopted a Decision declaring Crisis Situation on the territory of the Republic of North Macedonia, due to public health protection and prevention of increased spread of the virus that threatened health safety of population.[66] 1st December 2020, the Government adopted the Decision to accept the recommendation of the Coordination and Management of Crisis System Committee and extended the crisis situation to 30th June 2021. During the crisis situation, the Government had a broader scope for deploying Army support to healthcare institutions, but also to use private hospital resources to reduce the pressure from public health. Despite the fact that hospitals were overburdened with Covid–19 patients, including patients with other health conditions, by the time this analysis was completed the Government did not use private hospital facilities.

On several occasions, during the emergency state, the Government amended the Laws on Healthcare Services and Protection of Population against Communicable Diseases by Decree. Last amendments on the Law on Protection of Population against Communicable Diseases authorized the Government to adopt restrictive measures in different fields even without state of emergency, without the use of any mechanism to check if the introduced

65 Official Gazette of RNM 257/20. Law on amendment of the Law on Protection of Population against Communicable Diseases.

66 https://vlada.mk/node/23294

restrictions were justified at all.[67] Frequent law amendments by Governmental Decision were emphasized in the Progress Report for North Macedonia by the European Commission as a risk of violating legal security of the citizens.[68] The Constitution stipulates that human rights and freedoms and civil rights and freedoms can only be restricted in case of state of Marshal Law or emergency state;[69] therefore it is essential for the Constitution and the laws to provide mechanisms for Parliamentary and Judicial control over the executive power – to prevent abuse of power by national authorities in crisis situations. National courts must have full authority to monitor restrictive and derogatory measures, in terms of their justification and relevant provisions of ECHR and the judicial system must provide the right to fair trial.[70] Similar opinion was published by the Macedonian Academy of Sciences and Arts, stating that legal force of decrees ends with the end of the state of emergency.[71] Therefore, prior to the adoption of a certain measure, competent authorities were obliged to analyze the reasons for introducing specific measures, identifying possible solutions to the problem or achieving the goal, in order to understand the consequences of the proposed measures, and involve stakeholders in all phases of policymaking. Analysis of documents adopted in the period March – November 2020 showed that the adoption of measures was not done in a transparent and clear manner, comprehensive to all stakeholders, nor were the reasons for the adoption of a certain measure explained to the public. Neither analysis of the situation, evaluation of existing policies and need for changes existed, nor was there rationale on how proposed and adopted measure would achieve the goal for which they were adopted. The degree of stakeholder involvement and their impact in policymaking in the research period covered in chapter Transparency in the adoption of measures and degree of involvement of civic organizations.

67 Official Gazette of RNM 257/20. Law on amendment of the Law on Protection of Population against Communicable Diseases.

68 European Comission. North Macedonia 2020 Report. Available at: https://nkeu.mk/mk/2020/10/27/izveshtaj-za-severna-makedonija-za-2020-godina/ (visited 05.04.2021).

69 Constitution of the Republic of North Macedonia, Article 54.

70 European Commission for Democracy through Law (Venice Commission), Compilation of Venice Commission Opinions and Reports on States of Emergency, 16 April 2020. Available at: https://www.venice.coe.int/webforms/documents/?pdf=CDL-PI(2020)003-e (accesses 05.04.2021).

71 Macedonian Academy of Sciences and Arts – Centre for Strategic Research "Ksente Bogoev", "Legal Aspects of the State of Emergency", 4th May 2020. Available at: https://www.researchgate.net/publication/344044925_PRAVNI_ASPEKTI_NA_VONREDNATA_SOSTOJBA (visited 05.04.2021).

4 THE IMPACT OF THE PANDEMIC ON THE HEALTHCARE SYSTEM

4.1. The impact of the pandemic on primary healthcare

4.1.1. Family doctors

Interviews were conducted with family doctors who had treated Covid–19 patients on home treatment in the period March – November 2020. Having in mind that doctors have different number of patients, the number of Covid–19 patients on home treatment in this period was from 80 to 400 patients per doctor or approximately 7%–15% from the total number of patients were Covid–19 positive and on home treatment. Family doctors stated that the real number was higher because a certain number of Covid-like patients or patients with confirmed contact with positively tested persons did not do the test.

Subject of the analysis was to determine **whether family doctors had sufficient resources available at the given period** to be able to provide adequate treatment of Covid–19 positive patients on home treatment. Available resources included treatment protocol, protective gear, spatial conditions, possibility to refer to diagnostic check-ups and analysis and other resources. Family doctors stated that they faced significant problems regarding resources required for administration and treatment of Covid–19 patients on home treatment. During the entire period they did not receive protocol or Guidelines on administration and treatment of Covid–19 patients on home treatment by the Ministry of Health or any other national competent institution. This represented a serious problem in their work with Covid–19 patients, especially having in mind that family doctors were dealing with a new disease that they had never faced before. Aiming to provide quality treatment for Covid–19 patients, family doctors were forced to single-handedly manage and find protocols from other countries, foreign sources or consult mutually via informal communication channels. The lack of official protocols, especially at the beginning of the pandemic, negatively affected the quality of healthcare provided by the family doctors.

"Everything was confusing in the beginning... no protocols, non-stop watching TV, reading portals, foreign ones, some understand, some don't, most of them were on English, reacts this way, reacts that way... At the beginning, our findings on whether somebody was ill or not was a bit slow, because I had a case where I treated one patient with infusions for three days - inconclusive symptoms, no temperature, and no coughing, only severe exhaustion. And when I thought this might be a sign, I immediately referred the patient to do the test." (Family doctor from Stip)[72]

"There was no official protocol. All protocols were according to what we learned by ourselves, what we had received from world associations... We guided ourselves by doctor fora, but we had no official protocols." (Family doctor from Karpos Municipality, Skopje)[73]

"As family doctors, we did not have clear Guidelines and protocols how to treat patients at home. We had no Guidelines or protocols from the Ministry to act upon them, and that was a major problem in our work." (Family doctor from Gostivar)[74]

Family doctors believe that by not receiving work protocols, unnecessary use of already limited healthcare resources during the pandemic happened. Namely, in the first months of the pandemic, when fear and panic were dominant due to the lack of information how to act with patients, very often family doctors were referring patients to do Covid–19 test, but - as they say - sometimes was completely unnecessary. On the other hand, they stated that the protocols would not only guide them how to act with positive or suspected Covid–19 patients, but also protect them as doctors. In the absence of protocols, they were all forced to act according to what they had learned or read from different sources, exposing themselves to the risk of being liable to fines and sanctions.

"Because of the lack of Guidelines (protocols), and especially at the beginning when we were faced with the first cases, it was standard procedure for a Commission to be sent in case of death. We know from practice that commissions are most unpleasant for those who work in private practice, and in the entire process, family doctors are those who worked in private practice, thus family doctors will suffer due to inspection. Therefore, for the family doctor to be covered, he/she acts that way – do you cough, is your nose running, go and do the test... Why? Because of inspection... to avoid a lawsuit for such things... The lack of Guidelines, official instructions that could help justify actions in

72 Interview No. 2 conducted 8th February 2021 with family doctor from Stip.
73 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
74 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

court tomorrow or someday, lead us to give in to panic and chaos thereby using unnecessary resources. Literally unnecessary! Patients with suspected contact, unconfirmed contact were demanding to be tested. They were in panic... looking for symptoms. It would have been very useful to have the support from somewhere, from the competent people, on paper... One cannot act just like that." (Family doctor from Karpos Municipality, Skopje)[75]

The only protocols family doctors received were those for patient administration in the electronic system "Moj Termin", for patient reporting to the Public Health Centres and protocols for coming out of self-isolation. One of the interviewed family doctors said that although they did not receive official protocols, certain help in their work with Covid–19 patients came in the form of daily monitoring of patients on home treatment algorithm, introduced in the electronic system "Moj Termin". This algorithm enabled timely and more adequate communication with infectious disease specialists, i.e. determined whether the patient needed referring to a doctor-specialist if the situation worsened or he/she needed sending for in-patient treatment.

"Entering patients' answers to the questions on daily basis (in the electronic algorithm) were very helpful to us... to get to know more about the situation, how was it and was there any deterioration... The algorithm helped us a lot, because every time bodily temperature changed to a certain level and the patient started coughing, the cough type or any other symptom pointed out a possibility or relation, although with a little delay. Having in mind the overall situation, we cooperated very well, and if the patient's condition got worse, infectious disease specialists were immediately informed, electronically, that patient's condition is not good. Initially, our communication with them was by telephone and if a patient's conditions were getting worse, we organized transportation with the ambulance directly to the Infectious Disease Department. We were managing that way, referring patients whose condition was deteriorating while on home treatment. The cooperation with each patient was during the day. They were isolated from the family and the algorithm helped us relatively, especially the questionnaire from the Ministry" (Family doctor from Stip)[76].

Covid–19 crisis was a financial burden to the Budget. The Government adopted a Decree with legal force by which establishing and financing a Fund regulating the assistance and support to deal with the crisis caused by the Coronavirus COVID–19.[77] Funds were pooled in this Fund and intended for financial support of economic measures to assist and support micro,

75 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
76 Interview No. 3 conducted 09th February 2021 with family doctor from Stip.
77 Official Gazette of RNM No. 106/2020. Decree with legal force to establish a fund to assist and support dealing with the crisis caused by Coronavirus Covid–19, leading to the establishment of a Fund.

medium and large-sized enterprises in overcoming the economic crisis caused by Covid–19. On the other hand, governmental support to ease **financial implications of pandemic on family doctors** who were spending their own funds to purchase protective gear necessary to work with patients was lacking. According to data analysis, family doctors faced serious problems in purchasing personal protective gear, including masks, gloves, face shields, protective suits, disinfectants etc. The problem was particular serious in the period March-June 2020 when lack of personal protective equipment was noticed on the market in the entire country. Although they were part of the healthcare system and responsible for the treatment of Covid–19 patients, family doctors were forced to manage personal protective equipment for these three months, just like the citizens. An additionally aggravating fact was that each private practice purchased protective equipment individually. Large quantity of personal protection equipment was needed for all family doctors, compared to the relatively small quantity required per private practice. Therefore, wholesale suppliers of personal protection gear were not interested to supply smaller quantities to individual private practices, i.e. doctors were contacting them personally, but suppliers were focused on larger quantities to big consumers. Hence, the limited equipment available on the market was not available to the family doctors. Not only were they exposed to additional expenses, but they were also forced to waste valuable time going to pharmacies and other shops trying to find protective equipment, not easily available in that period. The limited time available due to the curfew was yet another difficulty for family doctors. Some family doctors had to use personal contacts in certain companies to buy personal protection gear. They also needed to purchase additional protective equipment to be able to maintain continuity in their work with Covid–19 patients such as UV lamps for disinfection of premises, which created additional costs. As a result, family doctors were not adequately protected in the first months of the pandemic, risking their own health and the health of their patients. In the period March-November 2020, costs for personal protection equipment amounted to 30,000–60,000 denars in average. They received one-time donations of personal protection equipment in insignificant quantities from the Ministry of Health, and felt they were in an unfavourable position because the Ministry of Health was providing personal protection equipment to medical personnel in public health institutions all the time, whereas family doctors although part of the healthcare system, did not receive such protection gear. They did not receive financial support, nor was logistical support provided to them to be able to purchase personal protection equipment at their own expense.

> *"The State did not provide any protective equipment, disinfectants, masks, gloves... We had to buy it all. On top of that, the problem wasn't that we had to purchase the equipment, but where to purchase them from. The lack of these items made the problem even bigger." (Family doctor from Gostivar)*[78]

78 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

"In this period, at the beginning of the pandemic, we were given gloves and masks (by the Ministry of Health). 1–2 boxes of gloves and several masks. I don't remember, but I'm sure it was not a box of masks, 2–3 masks maybe. The problem was the biggest at the beginning of the pandemic. Equipment was nowhere to be found. All places where one could buy the equipment were empty and we as firms, especially healthcare institutions, could not purchase protective equipment that was more than necessary." (Family doctor from Karpos Municipality, Skopje)[79]

"We were managing somehow... we cooperated. We are a municipality where we know the owners, we know each other, and we collaborated with the pharmacists and other family doctors, so those who had more supplies shared with others. We were united in dealing with the problem. We asked: "Can you give us now and later we will pay back? It was called "pay-back" (once we receive, we will give it back). That is how we operated... Also, we cooperated with the pharmacies and with our peers, so we managed... somehow... We had to protect ourselves." (Family doctor from Stip)[80]

The situation was significantly different among family doctors regarding the **spatial working conditions during the pandemic**. Family doctors, who had more than one available room, reserved one room for Covid–19 positive or suspected patients. Family doctors who operate in limited spatial conditions and did not have a spare room, had to make short breaks between two appointments or issued documents over the counter in case patients needed administrative services only (chronic therapy prescriptions, certificates for temporary incapacity for work etc.) without entering the doctor's office. Information received from family doctors led to the conclusion that the Ministry of Health did not consider the different spatial conditions of the family doctors, nor did it provide adequate Guidelines how they should act to minimize possibilities for spreading Covid–19 in their premises. After introducing electronic prescription for chronic therapy, they stressed their work became significantly easier, because the need of people with chronic illnesses to go to doctor was reduced, thus their risk of Covid–19 infection. Still, electronic prescriptions were introduced in June 2020, three months after the beginning of the pandemic. Subsequently, their remark was that electronic prescriptions should have been introduced from the very beginning of the pandemic to reduce the risk of people with chronic illness to be infected with Covid–19.

79 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
80 Interview No. 3 conducted 09th February 2021 with family doctor from Stip.

"Our premises are large. Three doctor's clinics work in one shift! We cleared one clinic and called it "Covid room". All suspected patients with temperature... coughing... were sent to the Covid room where the nurse did triage and measured their temperature, to avoid mixing them with other patients. The recommendation was that we should be free from Covid patients, but Covid ambulances were not created at the infectious diseases departments". (Family doctor from Stip)[81]

"As for the space, we have one waiting room for all incoming patients. When they called to inform that they were coming, a doctor and nurse would meet them at the entrance and measure their temperature. According to the symptoms we would separate them, because we have two General Practice clinics. We organized our work in a way that we can always have one room free for check-ups, blood tests if required. We have a laboratory as part of the facility, so we managed to isolate patients, and later to disinfect the room with a lamp." (Family doctor from Stip)[82]

"Those of us who work with contracts with the Healthcare Centre Gostivar have spatial limitations because several doctor's clinics are at the same place in the building, so we made the patients announce their visits. Covid patients were checked on daily basis in doctor's clinics, I mean before being tested for Covid or Covid-like symptoms. We were in contact with patients every day." (Family doctor from Gostivar)[83]

"It was extremely difficult (referring to spatial conditions to check patients suspected or Covid–19 positive) having in mind that a large proportion of our work can be administrative in the sense of issuing prescriptions and referrals, and all these were issued over the counter. Patients who didn't feel major difficulties called on the phone and didn't want to come... they avoided coming to the office. For those who had to come, we made 15–minute breaks between appointments. It was not possible otherwise to separate patients physically because of the limited space. So, we had to make time separation." (Family doctor from Karpos Municipality, Skopje)[84]

"The possibility to prescribe therapy to the chronicly ill electronically made our work much easier. There was no need for patients to come to the office, and they were taking their therapy directly." (Family doctor from Gostivar)[85]

81 Ibid.
82 Interview No. 3 conducted 09th February 2021 with family doctor from Stip.
83 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.
84 Interview No. 4 conducted 10 February 2021 with family doctor from Skopje.
85 Interview No. 1 conducted 1 February 2021 with family doctor from Gostivar.

"What made our work much easier and most probably could have been done earlier than June, is introducing the electronic prescription for chronic illness, so we wouldn't have to write by hand but directly into the system, which realistically is an excellent thing. Still, I think it could have been done 2 months earlier. Introducing electronic prescriptions is the best thing in all this." (Family doctor from Karpos Municipality, Skopje)[86]

Concerning the referrals of patients suspected or ill with Covid–19 to diagnostics and specialist check-up, **family doctors provided data on referrals made for PCR tests to diagnose Covid–19**, referrals to other laboratory tests necessary to monitor Covid–19 patients, and referrals to specialist check-ups related to Covid–19 conditions. Family doctors also stated that in the analysis period, they faced serious problems when issuing PCR test referrals to diagnose if the person was Covid–19 positive. Very often no appointment slots were available or they had to wait for more days to book PCR testing. Waiting a long time for the results, which in that period was two to three days, was also a problem. Family doctors witnessed absurd situations when patients suspected of Covid–19 due to waiting long time to test and acquire results, receive negative PCR results. Test validity was questioned due to the long time between the first symptoms and receiving test results. Hence, many patients with symptoms suspected of Covid–19 did the test privately, and that was a burden to the family budget. Very often when a family member had symptoms suspected of Covid–19, all members of the family who lived together wanted a PCR test. The algorithm does not allow family doctors to refer them, and very often three, four or five family members did PCR tests in private healthcare institutions. Unable to make PCR test appointments, some family doctors in the beginning of the pandemic resolved this issue by referring patients to infectious diseases specialists who could issue PCR test referral to MASA and the overall procedure was much shorter. Very soon family doctors were not allowed to refer Covid–19 suspected people to infectious diseases specialists, only people confirmed to be Covid–19 positive. With the introduction of the rapid tests for Covid–19 in November 2020, the situation with PCR testing improved to a certain degree. After that, it became easier for family doctors to make PCR test appointments for their patients.

"In the beginning, before rapid tests were introduced, testing opportunities were very limited. That was in November, I could say. But, including November, i.e. from March until November, it was very difficult to make an appointment for a test. There was a case when the patient had symptoms and I couldn't make an appointment for a test for her six days in a row. There was no available slot to book. After that, we waited for the PCR-test results for four days, and while we were waiting she already recovered and I had to keep her administratively

86 Interview No. 4 conducted 10 February 2021 with family doctor from Skopje.

healthy in the records." (Family doctor from Stip)[87]

"PCR test appointment slots were insufficient, especially in Autumn when over 200 people a day were coming and it was impossible to book until mid-Autumn when rapid tests were introduced, which resolved the problem at least in Skopje, when three days waiting was the maximum. Many patients, especially my patients, were afraid and not willing to wait that long, so they did the test privately." (Family doctor from Karpos Municipality, Skopje)[88]

"Patients were waiting for several days to be tested, and then they had to wait 4–5 days for the results. It was a long time to monitor a patient. The entire burden was on the family doctor." (Family doctor from Gostivar)[89]

X-ray chest-screening was one of the basic diagnostic methods for Covid ill people to evaluate if the lungs were affected by the illness, which was of special importance for further patient treatment. Family doctors stated that they faced certain problems when referring Covid–19 diagnosed patients. In Skopje, by an appointment made through "Moj Termin" system, the usual waiting period for chest X-ray screening was 2–3 weeks, and Covid–19 patients needed this screening immediately, without any delay. The Ministry of Health did not provide clear Guidelines for healthcare institutions where family doctors should refer Covid–19 patients for X-ray screening. Hence, they were forced to issue priority referrals for X-ray screening in the healthcare institution closest to the patient's place of living. Patients faced problems in the healthcare institutions because there were no special screening appointments for Covid–19 patients and they were mixed with other patients who needed X-ray screening for other health purposes. This way, the resistance was not only by the healthcare personnel, but the risk of spreading the virus also increased.

"X-ray referrals can be made, but it is a regular procedure like all other patients. I can make an appointment for my patient. In Skopje, in past years, patients usually wait 2–3 weeks for X-ray screening, which is nonsense in acute infection cases. I have to issue priority referrals. On several occasions we issue priority referrals not to be too late for the patient and the patient usually asks for referrals to the closest healthcare institution. We try to make an appointment at the closest location. And then, normally and completely justified, the employees are angry why these patients are send there. They don't have conditions to work separately with other patients who are not suspected of Covid, because after 10 minutes another person will come for X-ray screening on the same machine. "Moj Termin" shows three X-ray screening machines in the hospital "8 Septemvri". It would have been useful is one of them was reserved or partially reserved in the morning and afternoon few hours only for patients with Covid.

87 Interview No. 2 conducted 08th February 2021 with family doctor from Stip.
88 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
89 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

And, they will be sending with priority referral. They will finish faster that way and there won't be any major problems. Yes, to say at least - it would have been useful. We send patients to Bukurest Hospital and they tell them: "Sorry, at the moment we are screening someone's spinal column. It is not all right to mix you with other patients". No, they were not telling them, they were blaming them, but I also don't have where to send the patients. What should I do?" (Family doctor from Karpos Municipality, Skopje)[90]

Regular **monitoring certain blood parameters (CRP**[91]**, LDH**[92]**, D-dimer**[93] **and other analyses**) is required to properly follow the situation of Covid–19 patients. These analyses are needed to see whether patient's condition is worsening, and if there is a need for adequate therapy. In the first two months of the pandemic, family doctors did not receive Guidelines on what additional test were necessary for the patients, mostly because of the fact that the disease was new and very limited information was available at the time. However, even when family doctors knew which analyses were required, for most of them only specialist doctors could issue referrals (CRO, D-dimer etc.). It was almost impossible for family doctors to make an appointment with specialist doctors to refer their patents until November 2020. Consequently, patients did all the analyses privately and paid for them. Additional burden to the patients was that these analyses were not done only once, but needed to be repeated after several days, as to monitor the condition. Lack of separate premises or hours to take blood samples from Covid–19 patients was a serious problem. Covid–19 patients went to the same laboratories as other patients with other diseases and it was a serious risk of spreading the infection.

"Laboratory referral was a problem. Family doctors can issue only one referral, basic laboratory referral, and that is a major problem with Covid patients because many different laboratory analyses were necessary and those can be requested only by a specialist doctor. "Moj Termin" was not operational for specialist- doctors. There were no available time slots until November, so we couldn't get tested. Patients had to find other ways, either to be admitted to hospital or to do the tests privately." (Family doctor from Gostivar)[94]

"Considering the fact that for a long time nobody knew what exactly should happen... in the first 2 months, we didn't know for sure what needed to be monitored according to the regulations. Eventually, if laboratory tests were done... not just once, but repeatedly... So, blood sample should be taken from the patient at least twice a week... either the patient will go to the laboratory for

90 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
91 C-reactive protein – test identifying the degree of inflammation in the organism.
92 Lactate dehydrogenase – specific enzyme in human body. Elevated levels point to cell damage in different organs and tissues.
93 D-dimers are specific analysis to determine potential risk of blood clots forming in blood vessels. Patients with elevated D-dimer levels need to receive adequate therapy.
94 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

blood count or somebody will come to the patient. And, there were omissions in this respect. Patients go to the laboratory for other tests as well, maybe to check blood sugar levels, urea or creatinine due to chronic kidney conditions. There are many unknowns and lack of clarity in that part. Anyway, until January 2021, patients were paying CRP and LDH tests by themselves." (Family doctor from Karpos Municipality, Skopje)[95]

> *"At the beginning of the pandemic, there was some kind of order with the full lockdown. Patients were transferred from home to Covid centres by special vehicles. But then, November-December, with the peak, each patient could go out and do laboratory tests and mixed with other patients with other conditions. In my opinion, that led to spreading the illness." (Family doctor from Gostivar)*[96]

As for the referrals and **cooperation of family doctors with infectious diseases departments** and other Covid centres, the situation varied in different parts of the country. Family doctors in Stip did not face major problems when referring patients to infectious diseases departments, nor did they encounter certain inconsistencies in the way secondary health operations were organized. Family doctors in Skopje faced a series of problems, in terms of referring patients to Covid centres as well as difficulties in the communication with infectious diseases departments. They witnessed inadequate organization of operation of secondary and tertiary healthcare institutions in admission and referral of suspected and confirmed Covid patients, seriously affecting the risk of additional spreading of the pandemic. From the case identified in Skopje, the following problems were stressed – **problems with transportation of Covid–19 positive patients** to healthcare institutions, inadequate shift work in infectious diseases departments, and hospitals did not do PCR-tests to patients suspected of Covid–19 admitted to outpatient check-up. Further, the previously noted problem of **lack of appointment time-slots for chest X-ray screening** and the inability of family doctors to issue referrals for most of the blood tests necessary in this period, contributed to additional difficulties in the overall monitoring process, diagnostics and referral of patients suspected of Covid–19. In the period March – November, a patient suspected of Covid–19 was referred by a family doctor to infectious diseases specialist with basic blood test only. Instead of going to specialist-doctor in Covid centre with all necessary medical tests, the patient had to go first to the specialist-doctor and do all the required tests referred to by specialist-doctor, and then come back to the specialist-doctor with all the necessary analyses. In such cases Covid centres capacities were overburdened, and at the same time patients were exposed to additional waiting time and the risk of transferring the virus increased.

In Gostivar **family doctors faced a problem where patients suspected of Covid–19 were not admitted to infectious diseases departments without**

95 Interview No. 04 conducted 10th February 2021 with family doctor from Skopje.
96 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

a PCR test. While waiting for the PCR test results, all patients with symptoms of Covid–19 were treated by their family doctors. Due to the fact that they did not have Guidelines how to treat these patients, nor recommendations from specialists, family doctors were left to treat these patients the best that they could. They used all available resources, consulted familiar specialist doctors, created groups on social media to exchange experience etc.

> *"With reference to referrals to infectious diseases departments, I only have words of praise since not a single patient was sent back – whether positive or negative, easy condition, serious condition, all serious cases were hospitalized, treated or referred to tertiary healthcare... It is up to them, not us! In the beginning, there were cases when we had to call them to tell that we are sending suspected patients, so that they can prepare. Sometimes it worked, sometimes it didn't, depending on whether we managed to contact them or not because – I mean – they have to change, to visit their patients. It depended on whether there was someone to answer the call, but nobody was sent back, at least those that I sent were not.*

> *We had no problems with referrals for COVID patients, unlike other specialties in secondary healthcare. We had infinite number of priority referrals and it was never a problem to refer somebody. The system always allowed it." (Family doctor from Stip)*[97]

> *"For referrals, we called on the phone. An infectious disease specialist was always available. We sent referrals electronically, they received them, the patients need not come, they (infectious diseases specialist) opened, took, downloaded. We did what we could. And, we were always understood, so far." (Family doctor from Stip).*[98]

> *"We had problem with the transportation when making appointments with infectious disease specialist. For a while there was a protocol how to treat patients in isolation. The rule was that we had to call the ambulance because it is the only service that should transport these patients. But, before that we had to call COVID centres to arrange with them so the patient can be transported. It was extremely difficult to find the telephone numbers, because they were not communicated officially to us family doctors, so we had to ask in forum groups. This entire procedure was never practiced. Eventually, ambulance service agreed and transported patients with deteriorating conditions. Patients were aware of that, so they were going to COVID centres on their own and that created unnecessary crowds." (Family doctor from Karpos Municipality, Skopje)*[99]

97 Interview No. 2 conducted 08th February2021 with family doctor from Stip.
98 Interview No. 3, conducted 09th February 2021 with family doctor from Stip.
99 Interview No. 4, conducted 10th February 2021 with family doctor from Skopje.

"For a while we had problems with the infectious disease departments. The closest one for us is "8 September" (PHI General City Hospital "8 September"). Infectious disease departments didn't have second shift for a certain period, so people went for medical services and complained that they sat together with other people who were not ill. Actually, they wanted medical service, not infectious disease department. We also had a problem with the Clinic (PHI University clinic for infectious disease and febrile conditions) because they received only Covid-positive patients, and we had to send suspected patients to "8 September". The only thing I could do was send patients for basic laboratory tests, because we had to schedule appointments again for X-ray screenings and I needed at least one X-ray image showing pneumonia to be able to send the patient to the Clinic. Once we sent patients there, they were not isolated; they were with all other patients together. When the patients found out, they were saying: "Maybe it is something else and not Covid, since I still haven't been tested and I have to be with other people who might have COVID 19." So, patients with mild symptoms refused to go. It is worrying that "8 September" never had any type of rapid tests for patients. Practically, they were saying that they tested only in-patients. Patients would go there, receive medical check-up, have X-ray screening and send home because PCR test was not available to them. They would be given a therapy, but still would not know if they had to stay at home or not." (Family doctor from Karpos Municipality, Skopje)[100]

"I would like to mention that check-up by the specialists in secondary healthcare was not allowed for patients without a test and this was a problem. In order to get tested, patients had to wait several days and then wait for the results. Initially, they waited for 4–5 days for the results. This is too long a period for a patient. The burden was entirely on the family doctors. To overcome this problem, we were using everything available - we consulted other specialists, family doctors, cooperated, opened Facebook groups with different doctors, some working in COVID centres in other countries, so their experience was also available to us, and we tried to use evidence-based medicine as support and prescribe adequate therapy. This meant that we did not prescribe therapy for the illness, for COVID–19, but complications had to be resolved, so we took measures for all the conditions and complications of a patient." (Family doctor from Gostivar)[101]

The impact of the pandemic significantly changed family doctors' work and **possibility for patients with other conditions to have adequate access to healthcare**. Obligations related to following Covid–19 out-patient treatment presented a serious burden to family doctors, as they had to contact them by phone every day and fill in forms. Furthermore, family doctors were overburdened with phone calls from both, patients suspected of Covid–19 and

100 Interview No. 4, conducted 10th February 2021 with family doctor from Skopje.
101 Interview No. 1, conducted 01st February 2021 with family doctor from Gostivar.

other patients who were afraid to go to the doctor's, so they wanted service or advice over the phone. All these affected family doctors had to work overtime and the quality of services provided to their patients was lower. They were aware that overburdening led to inability to pay sufficient attention to other patients with acute conditions, new conditions and chronic illnesses not properly regulated. During the pandemic, family doctors worked with patients with chronic illnesses that were properly regulated, but overtime hours and overburdening had a negative impact on their health.

> *"I have to say, the working environment changed. We were more nervous than usual... before COVID appeared. The phone was ringing the entire time, non-stop, pick up the phone, put it down, pick up the phone, put it down..... I couldn't work; I had to turn off the phone to be able to pay attention to my patient. Hardly anyone came. They all wanted to communicate by phone. And it was very difficult to check the patients who came. One nurse was on the phone all the time..., so, she can hear the patient or she can't, she can understand them or not.... We were 4 doctors and in a certain period of time each of us had 25 patients to monitor... I had 25 patients; the second doctor had 25 patients, the third doctor..... We had to contact them every day, you can just imagine! If the patient had symptoms, you have to call him/her every day for 20 days. And make notes of the conversation and feed the system with information. There was a special part in "Moj Termin" to write down patient's symptoms. And, how much time it takes to call 25 patients a day and how much time you will have left for other patients who needed to talk to you. For a while we responded immediately when they called. Now we write down their phone numbers and contact them when we have free time or in the next shift. Our working hours were prolonged and it was very tense at work. We didn't have time for anything and it reflected on our health. We became stressed, tense, we had ill peers and we had to take their patients as well. Three of our peers were in hospital seriously ill." (Family doctor from Stip)*[102]

> *"Our primary daily concern is monitoring out-patients. However, we have patients coming for regular check-ups. People have other health issues and need to call us. In the period from March to November, we had patients with heart-attacks, brain stroke, hypertension crisis.... Patients with laryngotracheobronchitis with high temperature, but no Covid were a major problem... Big problems because these patients are urgent, these are acute conditions; they enter our office and must be taken care of. In the beginning we always faced problems. Still, we were engaged in monitoring COVID, maybe... I'm not saying we didn't help them, but maybe we didn't pay sufficient attention to patients with chronic illnesses or those with acute conditions. Maybe those are our omissions as family doctors, and I cannot say it is subjective, but considering the overall objective situation, we tried as much as we can to monitor also the patients with acute and other*

102 Interview No. 2 conducted 8th February 2021 with family doctor from Stip.

chronic conditions and at the same time to monitor COVID positive patients. Patients with chronic illness were willing to cooperate. We talked on the phone and made appointments, so we can see them immediately so they don't have to sit in the waiting room with other patients who have new health issue etc. This is how we tried to meet the needs of these patients as well." (Family doctor from Stip)[103]

During the pandemic, family doctors witnessed problems in **secondary**[104] **and tertiary healthcare**[105] not related to treatment of Covid–19 patients and how it reflected their work and patient's health, especially the regular check-ups of patients with chronic illness. Most patients were forced to use secondary healthcare services in private healthcare institutions and pay for them, because they could not receive healthcare services in public health institutions. An additional problem was the fact that therapy recommended by specialist doctor in private healthcare institution could not be prescribed by family doctors and paid by HIFRNM. So, patients who went to private healthcare institution for medical checkup were asking for appointments in public healthcare institutions. This situation was an additional burden, not only for family doctors, but for the patients with chronic illness as well. It created additional costs for them, unnecessary visits to healthcare institutions, and additional risk of Covid–19 infection. Even more worrying was for patients in need of acute healthcare service in secondary or tertiary level or surgical intervention. All surgical interventions that were not life-threatening were postponed multiple times, resulting with deterioration of patients' health. There were cases when their life was threatened because of the postponed surgical intervention. Another problem was the patients who needed to be admitted to hospital for treatment with increased bodily temperature. These patients were not hospitalized according to their health needs, but referred to the Infectious Diseases Department to check whether they have Covid–19. Due to the referral and postponed hospitalization, their health deteriorated. The situation with access to specialist doctors during the pandemic especially worsened, considering that even before the pandemic they were deficient in the country, in particular urologists.

> *"Patients with chronic illness were affected, and can be divided into two groups. Patients with regular therapy for chronic illness were less affected because we were able to prescribe to them 6 months therapy, because if – God forbid - something happened to them, they had to be immediately referred to hospital.*

103 Interview No. 3 conducted 9th February 2021 with family doctor from Stip.

104 Secondary healthcare covers healthcare services and measures, which due to the severity of illnesses need special professional diagnostic and treatment, professional and technological complexity and multidisciplinary approach, i.e. need for hospital treatment, and is not possible to be carried out at primary level. Secondary healthcare includes specialist consultative and hospital healthcare services.

105 Tertiary healthcare is provided by University Clinic, University Institute and the University Clinical Centre. Certain healthcare sevices can be provided by scientific reseach and educational institutions.

The problem was with chronic illness patients who were not regulated, i.e. irregularly took their therapy or their therapy was not regulated. They had to go to a specialist. There were no specialist appointments vacant, so we had to issue priority referrals, and if admitted to hospital, some of them were not able to receive secondary healthcare service because many of neurology or internal medicine departments were transformed into COVID centres. So, some patients were forced to go to private healthcare for therapy. However, the Fund does not cover these prescriptions... the therapy prescribed by private healthcare... and they had to go back to public healthcare, and have a report generated in "Moj Termin" for family doctors to be able to prescribe therapy. Honestly, that was a major burden on the family doctors in pandemic conditions." (Family doctor from Gostivar)[106]

"We had a problem with patients who needed surgical interventions. Having in mind the acute conditions, surgical interventions had to be better organized, because the lives of patients were at stake. Also, there was a problem with postponed regular surgical interventions, some even multiple times, and patients were losing their strength. Interventions were really needed because further delay could cost patient's life. These interventions were very late, and that is why they were a huge problem to us. For some patients, the intervention was literally a question of time for saving their lives - day or two, and for some only a few hours. And, that was a very big problem! For some patients with acute conditions, intervention was needed immediately, within 6 hours, otherwise we could have lost the patient (patient could die). And we had situations where the patient was not admitted to hospital or was admitted but had high temperature, therefore not allowed to stay. Then, we had to refer the patient directly to Infectious Diseases Clinic, where he/she will receive triage and only then be referred where he/she should be. Precious time was lost. All other patients had a lot of problems during the pandemic. They were affected and suffered damages." (Family doctor from Gostivar)[107]

"Patients with chronic illnesses could not go for specialist check-ups and that was a major problem. Practically, we had nowhere to send them. Specialist services were cancelled... many of them" (Family doctor from Karpos Municipality, Skopje)[108]

Especially discerning data shared by family doctors was that since the beginning of the pandemic the University Clinic of Cardiology, **the pacemaker reading centre did not work**. As family doctors said, pacemakers needed to be read by cardiologist specialist – subspecialist ariyhmologist every six months, otherwise there was a serious risk for the health and life of the patient with inserted pacemaker.

106 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar
107 Ibid.
108 Interview No. 4 conducted 10th February2021 with family doctor from Skopje.

"We have patients whose pacemaker started to fail in that time. Pacemaker is read in 6 months... and that can be done only by the Cardiology Clinic and nowhere else in the city. Cardiology doesn't, so who will read the pacemaker? The pacemaker, if not done well, can have the patient leave this world in two seconds. Really bad things... I'm not talking about surgeries; I'm talking about a service that is not available." (Family doctor from Karpos Municipality, Skopje)[109]

Family doctors faced an additional problem regarding referral of patients with chronic illnesses to specialist doctors for therapy prescription, which was caused by the untimely and unclear information provided by the HIFRNM about the **time of validity of chronic illness therapy prescribed by specialist doctor**. Before the pandemic, family doctors were authorized to prescribe therapy for chronic illnesses maximum 12 months from the recommendation made by the specialist doctor. With the pandemic, in September they were informed by the HIFRNM that their authorization to prescribe the therapy was continued beyond 12 months. However, they never received clear information for how long; instead they were receiving information by the HIFRNM every month. Family doctors found themselves in a situation where they did not know whether to make appointments with specialist doctors for patients with chronic illness for continuation of their therapy and use the limited and not easily accessible time of specialist doctors or not. In addition, patients with chronic illnesses were partly afraid to go to healthcare institutions because of the pandemic, especially in the beginning. Therefore, family doctors had to make an assessment which patient really needed an appointment with specialist doctor and tried their best to find time-slots available and to identify cases where specialist's check-ups may be postponed and patient can continue with the prescribed therapy. Evidently, they were not guided by evidence-based medicine in these cases, but forced to work according to individual patient's needs and possibilities.

"As for the chronic illness prescriptions, late reports became valid only in September...I have to send them to specialist doctors to continue therapy for high levels of fat. We were convincing patients that nothing will happen if they can afford to pay for the drugs themselves for a month or two, or that lipids (blood fats) won't create an acute problem if they can't take therapy during that period. Of course, we were careful about who must be treated and cannot miss anything, etc. Things were semi-operational and I cannot say that was properly applied medical science. Simply, we had to manage the check-ups of the patients. We had a problem - patients didn't call, although the recommendation was to call since the beginning of the pandemic, especially those who wanted to come for check-ups." (Family doctor from Karpos Municipality, Skopje)[110]

109 Ibid.
110 Ibid.

"We didn't know whether chronic illness therapy will be continued and for how long - a month, three months or not at all. There were situations when on the 31st day of the month the information would have been released for us about what to do the next day, the 1st of next month. We didn't know whether prescriptions will be valid, or our reports for that matter. Patients created additional burden asking whether they should be able to receive therapy, and we didn't know what to tell them. Information was late, and definitely we could have been more adequately informed." (Family doctor from Gostivar)[111]

Public Health Centres and Public Health Institute played a key role in monitoring Covid–19 infected persons and patients, and issuing isolation decisions, and decisions for removal from isolation. Therefore, the **communication and cooperation of family doctors with the Public Health Centres and the Public Health Institute** was subject of this research. All family doctors stated they had adequate communication and cooperation with epidemiologists in the Public Health Centres and the Public Health Institute. The only problem in Skopje was the busy telephone lines, but when communicated by email or SMS messages by family doctors, epidemiologists responded in a timely manner. The only problem noted in Skopje was the significant delay in issuing isolation decisions, which represented a serious problem in regulating sick-leave to people in isolation.

"We had good cooperation with our PHC... I have to say something good about our colleagues there. They were receiving information at any time and willing to share them with us, to cooperate - what should we do... how... I think it went well! We were organized." (Family doctor from Stip)[112]

"Employees in the Public Health Centre were always nice to us, and I can say we had impeccable communication. Because of the situation, they came forward to help us. They always helped us and were always nice to us. Our communication was impeccable." (Family doctor from Gostivar)[113]

"In general, the cooperation with the PHI and the PHC was good, once we could reach them. When we were in contact with an expert, they acted professionally, there was no problem. The only problem was that there were no telephone lines to communicate. So, everybody was calling and there was only one number. We were calling; patients were calling...That was the problem! More lines were needed. At least ten... if possible. In practice, we still have that problem, they are unavailable. We write SMS messages, write emails... It has to be said officially - to be able to tell the patients...and here epidemiological services were excellent... if they are late on certain issue, you have to write to them an email and they will

111 Interview No. 1, conducted 01st February 2021 with family doctor from Gostivar.
112 Ibid.
113 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.

contact you the same day, in general. Yes, they can't be reached by phone, but they see us, read us, and generally, will contact us the next day. It worked very well indeed." (Family doctor from Karpos Municipality, Skopje)[114]

Special protection measures such as isolation and self-isolation of people who have been in contact with a Covid–19 infected person or returned from abroad, and it was not confirmed that they were positive, were introduced in the period from March to November 2020. Therefore, subject of our research was also the regulation of sick-leave for people in isolation, **regulation of sick-leave** for Covid–19 positive people who were in need of sick-leave longer than 15 days, having in mind that sick-leave up to 15 days was issued by family doctors while beyond 15 days by a Commission. Family doctors stated that they issued 15–day sick-leave for people diagnosed with Covid–19 without any problem. However, in cases of isolation of people not infected with Covid–19, isolation decision was sufficient proof for the employees to justify their absence from work to the employers, according to legal regulations. However, many of the employers did not accept isolation decisions and required sick-leave issued by the family doctor. In such cases, family doctors issued sick-leave with diagnosis "prevention of spreading contagious diseases". According to doctors' opinion, employers required sick-leave so they could pay a smaller payroll share to employees. If the employee presented an isolation decision, the employer had to pay full salary during the isolation period. But, if they presented sick-leave issued by family doctor, the employer could pay 70% of the salary during the absence for sick-leave. There were cases where employers even threatened to pay only 50% of the salary if employees presented only an isolation decision, instead of a sick-leave note by the doctor. Such cases were especially typical for the textile industry, but also among other employers.

> *"First, we were told that 100% salary will be paid during self-isolation, and businesspersons demanded they present sick-leave notes, threatening to reduce their salary for 50%, so they asked for sick-leave as to receive at least 70% of their salary. According to the Guidelines, people in self-isolation did not need sick-leave. Self-isolation decisions issued by the Police or an epidemiological service were sufficient.... They had to present it and receive full salary. It was accepted by November, so we didn't have to open sick-leave to all for COVID patients or patients in self-isolation. But, we faced pressure from the textile workers and employees from Municipal Services. I can't remember, mainly textile workers were begging us for sick-leave, so they could receive 70% of their salary. Employers did not accept self-isolation decisions, saying 50% of the salary will be paid to them. We issued sick-leave notes for them so that they could receive 70% of their salary; full salary was not an option. Nobody received a full salary." (Family doctor from Stip)*[115]

114 Interview No. 4 conducted 10th February 2021 with family doctor from Skopje.
115 Interview No. 3 conducted 08th February 2021 with family doctor from Stip.

Problems occurred in issuing 15–day sick-leave. This leave was issued by a Commission that in addition to the referral from family doctor required a decision issued by the Public Health Centres. Patients encountered problems because isolation decisions were significantly late, thus threatened their right to sick-leave and resulted in additional pressure on family doctors by the patients thus demanding additional time.

> *"Sick-leave needs to be registered... Family doctors can issue maximum 15–day sick-leave. For over 15 days, we send patients to the Commission for sick-leave. There were patients who were hospitalized at infectious diseases clinics after 15 days, and isolation decision was to be submitted to the Fund. Isolation decision was late for weeks, sometimes for three weeks they couldn't receive the decision. That was a problem!" (Family doctor from Gostivar)*[116]

> *"We had a problem especially with the decisions that were to be issued by the Ministry of Health, because over 15–days (sick-leave over 15 days) documents need to be send to the Commission (the referral we issue is the first document, and the second one is the decision). But, it happened so that the decision was not received even after 15 days, or it was received late, and the patients could not make it on time for the Commission, i.e. they needed 1–2 working days, so ideally, we should have send them on the 12th or 13th day, and not exactly the 15th day. Patients panic because there was no decision. They panic... tell us to call... We don't have any competences, nor do we know whom to call and urge. Patients are afraid and try to find contacts, people they know, to get the decision. There were cases when they had to call somebody to process their decision sooner. This is the administrative aspect we had a problem with." (Family doctor from Karpos Municipality, Skopje)* [117]

Family doctors gave their opinions and recommendations on how to upgrade the system to improve their work during Covid–19 pandemic, especially in monitoring and treating Covid–19 patients on home treatment, reflected in the recommendations herein.

4.1.2. Access to drugs

The situation related to the need for drugs significantly changed during the Covid–19 pandemic. Earlier in the analysis we mentioned research limitations regarding access to information and lack of response from competent institutions. Consequently, in this part we used the information available on

116 Interview No. 1 conducted 01st February 2021 with family doctor from Gostivar.
117Interview No. 4 conducted 10th February 2021 with family doctor from Skopje

social networks where citizens shared challenges in access to drugs necessary for Covid–19 treatment, and information shared in patient groups and media announcements for the period during the shortage of basic drugs.

Most of the **Covid–19 patients needed parenteral anticoagulation therapy**[118]. The rise of active Covid–19 cases significantly increased the need for these drugs. For that reason anticoagulation drugs became deficient in the pharmacies and patients had to search for them all over the places.[119] At the same time, access to these drugs was limited also for patients who needed them for other conditions and diseases such as pregnancy, after surgical treatments, patients with cardiovascular diseases etc.[120] Although these drugs were on the HIFRNM positive drug list, patients had to pay the full amounts when buying the drug from the pharmacy and later request refund by submitting full documentation from the family doctor to the HIFRNM, which created additional aggravating circumstances. This situation presented an important obstacle for access to drugs for patients who could not afford to buy them because they had to wait for a longer period for the refund. This was due to the fact that patients had to buy all drugs needed, use them all in the course of the required days, and after that to demand a refund from HIFRNM by submitting all the necessary documentation from family doctor and drug prescriptions. Then, they had to wait for the refund, which could take more than a month.[121] HIFRNM refund the money only if the drugs were prescribed by certain specialist doctors, which created an additional barrier to access these drugs. As mentioned earlier, access to specialist doctors during the pandemic was significantly aggravated. On the other hand, during the pandemic, patients had to spend time and means to look for drugs in pharmacies, spend additional time and means to go to the family doctor and collect all the documentation necessary for refund. Each additional movement of citizens throughout different healthcare institutions presented an additional risk for virus transmission.

During the pandemic, world literature revealed information about certain drugs that could contribute to the treatment of Covid–19 patients. Those drugs were: Ivermectin, Favipiravir and other, which were not registered for use in North Macedonia, nor were they available on the market. The Government procured these drugs with an emergency import and they were available in the pharmacies.[122] However, not a single newly imported drug was placed on

118 Available drugs from this group of medication in the pharmacies in RNM are the drugs with the generic name Klexan and Fraxiparin.

119 Ministry of Health. http://zdravstvo.gov.mk/i-pokraj-zgolemenata-potroshuvachka-antikoagulantna-terapija-kleksan-i-kseralte-ima-dovolno-vo-zemjava/

120 The drug Klexan is not availbale in the pharmacies. Available at: https://24.mk/details/lekot-kleksan-go-nema-vo-aptekite (accessed 06.04.2021).

121 Keep the receipts from the purchased Klexan, the Health Insurance Funf will refund the money. Available at: https://plusinfo.mk/chuva-te-gi-smetkite-od-kupeniot-kleksan-fondot-za-zdravstvo-e-vi-gi-vrati-parite/ (accessed 07.04.2021).

122 This week the drug Ivermectin is in the pharmacies and the hospitals after the interventional procurement a new hope for the Covid patients. Available at: https://faktor.mk/ovaa-nedela-lekot-ivermektin-vo-aptekite-i-vo-bolnicite-po-intrventniot-uvoz-nova-nadez-za-bolnite-od-kovid (accessed06.05.2021).

the HIFRNM drug list and patients had to buy them at full price which was high for these drugs. For example, a pack of Ivermectin cost 299 denars.[123] According to available protocols, in case of preventive drug use due to contact with a Covid–19 infected person, one should buy two packs of the drug or several packs according to the instructions received by the family doctor if used for treatment of Covid–19 infected person.[124]. On the other hand, a pack of "Favira", which was a drug, used for treatment of Covid–19 patients cost 4,300 denars. This situation presented a serious obstacle for access to drugs, especially for low-income or poor families.

4.2. The impact of the pandemic on secondary and tertiary healthcare

The goal of the analysis was to identify the impact of the pandemic on the operation of hospital institutions in secondary and tertiary healthcare that were not included in providing healthcare services to Covid–19 patients, as to identify the problems faced by these institutions during the pandemic, changes in the scope of healthcare services rendered and changes in the manner of operation. Questionnaires were sent to three hospitals. Due to the previously mentioned reasons, responses were received by two public healthcare institutions: PHI Clinical Hospital Stip and University Clinic for Gynecology and Obstetrics Skopje. Findings of the analysis in this part are based on the data collected from these two healthcare institutions.

4.2.1. The impact of the pandemic on the operation of secondary healthcare institutions

PHI Clinical Hospital Stip is a secondary healthcare institution providing a wide range of healthcare services. It is a regional healthcare centre for the Eastern and the Southeast Region of North Macedonia rendering services to a significant portion of the population in these regions. Data received for the analysis refer to the operation of hospital surgical departments (Surgery, Neurosurgery, Orthopedics, Gynecology and Obstetrics, Urology, Anesthesia and Reanimation, Maxillofacial Surgery, Otorhinolaryngology and Ophthalmology), as well as to the Radio-diagnostics Department.

Specialist outpatient centres of surgery departments in the hospital operated with reduced capacity after the beginning of the pandemic. Following the Ministry of Health Guidelines for increased duration of a check-up during the pandemic, they admitted a smaller number of patients daily, compared to the period before the pandemic. However, in agreement with the adequate

123 Source: Government of the Republic of North Macedonia - https://koronavirus.gov.mk/vesti/219858
124 Ivermectin and its use in the treatment of Covid–19. Available at: https://nfic.ff.ukim.edu.mk/ivermektinot-i-negovata-upotreba-vo-tretmanot-na-covid-19/ (accessed 05.04.2021).

specialist doctor, patients with priority and urgent referrals were admitted for check-ups as soon as possible. As for the surgical interventions, they were conducted without obstructions and in line with the protocols for working in times of pandemic for all patients with urgent and life-threatening conditions, including malignant diseases. This meant that all patients needed to present a negative Covid–19 test and other medical examinations. All remaining surgical interventions in the hospitals were stopped and postponed until conditions were created. Surgical interventions were stopped mainly due to the lack of healthcare staff, because staff was sent to the infectious diseases departments to help with admission and treatment of Covid–19 patients. Consequently, lack of nurses, assistant nurses and caretakers was noted at the surgical departments due to the situation. The hospitals resolved this issue by rotating personnel from one department to another, according to the needs, and transferring staff from outpatient centres to hospital departments. A question rose, however, about the number of people with deteriorated health conditions and complications due to long postponement of surgical interventions. Additional research and studies shall be required to show the impact of these measures on the health of the citizens.

The Radio-diagnostic Department faced certain problems during the pandemic. Computed tomography diagnostics section was overburdened with screening Covid–19 positive or suspected patients, more specifically, out of 50 screenings, 35 were Covid-related patients. The situation was similar with the X-ray screening equipment and its use, with 50 patients screening per day. To avoid spreading Covid–19 infection in this department, the hospital allocated three hours time daily for computed tomography and X-ray screening of Covid–10 positive or suspected patients. The department was then disinfected and that took up to two hours. According to hospital statements, problems occurred when family doctors or other hospitals in the region, including Skopje, sent Covid–19 patients for screening outside the defined hours. In the interviews, family doctors asked for separate X-ray equipment or defined hours for screening Covid–19 patients. It was obvious that communication and coordination among the different healthcare levels related to providing healthcare services for patients with Covid–19 was inadequate. Stip hospital stated that it encountered serious problems when urgent screening of patients with life-threatening conditions was required (stroke, injuries), while screening was performed for Covid patients or disinfection was taking place. In their opinion, purchasing a mobile X-ray machine only for Covid–19 patients was the most adequate solution. Worth mentioning is the fact that a similar proposal was given by the family doctors to overcome this type of problems. Mammography and magnetic resonance imaging operated with a smaller number of appointments and regularly received patients with urgent and life-threatening conditions. However, mammography plays a major role in the early detection of breast cancer; therefore mammography was recommended to

women even without symptoms. Reduced number of mammography screenings in the long-term meant challenging access to regular mammography screening for women, hence missing the opportunity for early detection of breast cancer. In the long-term, this situation could have led to an increased number of breast cancer discovered in the late phase, which threatened the life and health of women in the region.

In addition, the hospital faced problems with drug procurement as the situation with the need for certain drugs drastically increased during the pandemic, including the need for drugs related to treatment of patients with Covid–19. This was followed by lack of drugs on the market due to the increased demand by all hospitals in the country. The hospital resolved the problem of increased drug demand by providing funds by borrowing, donations and reallocation of funds. However, borrowing and reallocation of funds will have a long-term negative impact on hospital's financial situation, which in long term will inevitably lead to a decline of quality of healthcare services rendered by the healthcare institution.

4.2.2. The impact of the pandemic on the operation of tertiary healthcare institutions

PHI University Clinic for Gynecology and Obstetrics is a tertiary healthcare institution. The highest number of deliveries in the country is noted here, and this is one of the two healthcare institutions in the country which provides intensive care and treatment for newborns. This institution provides treatment for the most complex cases of gynecological healthcare and for most patients with malignant diseases of reproductive organs. After the beginning of the pandemic, the Clinic established a department for delivery and treatment of women positive to Covid–19 during pregnancy.

According to a representative of the Clinic, the biggest problem encountered by the staff was the treatment of Covid–19 related complications with women during pregnancy. With the introduction of special Covid–19 protection protocols in the delivery rooms, the problems with the delivery were overcome.

The manner in which the Clinic operated changed during the pandemic and patients with benign changes were not treated, only patients with malignant diseases. The question imposed here was whether and what kind of health complications occurred with women who were not treated during the pandemic. This issue needs to be further researched.

4.2.3. The impact of the pandemic on secondary and tertiary healthcare on the whole territory of the Republic of North Macedonia

Part of the analysis was dedicated to determining the scope in which secondary and tertiary healthcare services were reduced on national level due to the pandemic. The analysis considered the gender aspect as well. This part of the analysis was based on the data received from the HIFRNM as part of the free access to public information procedure. The analysis made a comparison of the scope of secondary and tertiary healthcare services provided in the period after the beginning of the pandemic, from 1st March[125] to 31st December 2020 with the scope of healthcare services provided in the same period (from 1st March to 31st December) in 2019. The HIFRNM data was disturbing as it showed a striking reduction of the scope of healthcare services. Hospital treatment during the pandemic was reduced for 38%, i.e. it was provided to almost 66,000 citizens less compared to the same period before the pandemic (see Table 1).

Cardiovascular and malignant diseases are the most frequent groups of diseases among the citizens and the leading cause of death in the Republic of North Macedonia. Consequently, hospital services for cardiovascular and malignant patients were particularly analyzed. Hospital services rendered for cardiovascular and malignant diseases[126] had almost similar decline during the pandemic, compared to the previous year (see Table 1). The number of hospital services provided to patients with cardiovascular diseases decreased by 8,635, while with malignant diseases patients it decreased by 5,539 during the pandemic. Data clearly shows that people with the most severe diseases who require timely and adequate treatment were affected by the obstacles created in accessing healthcare services.

Diabetes is yet another serious public health problem in the country and if not treated promptly and adequately, it may leave have serious consequences on patients' health, leading to a permanent handicap and even death. During the pandemic, 60% less hospital healthcare services were provided to diabetes patients.

125 Although the pandemic in N. Macedonia was officially declared 11th March, the data presented here are as of 1st March because the HIFRNM keeps monthly records.

126 Note: due to the manner of record-keeping in HIFRNM, data does not include the number of healthcare services for people with malignant diseases received in daily hospitals (chemotherapy and radiotherapy).

Hospital healthcare services for surgical interventions at the surgical and gynecological departments and clinics noted 41% decline during the pandemic. During the pandemic, 26,377 surgical interventions were performed less compared to the same period in 2019. Representatives of public healthcare institutions stated that only urgent cases and patients with malignant diseases underwent surgery during the pandemic. The question raised is related to the 26,000 citizens who were unable to have surgical intervention and how did that further affect their health and life?

Specialist and consultative healthcare services, i.e. outpatient check-ups with specialist doctor, laboratory services and radio-diagnostic services[127] were also in a serious decline during the pandemic, with 9 million check-ups less provided during the pandemic compared with the same period in 2019. These services are especially important in monitoring and treating all chronic diseases. Also, they are very significant for diagnostic and treatment of newly occurred chronic illnesses. Therefore, the question of how many citizens were not able to appropriately monitor their chronic diseases, how many citizens remained with undiagnosed chronic illnesses, and how many citizens did not receive healthcare services for their acute health problems, remains open. Another question that demands an answer is how did this situation affect the citizens, i.e. how many experienced deterioration of their health conditions and/or even death?

When collecting data of total hospital healthcare services and specialist and consultative healthcare services (first and last line in table 1), we received the following data: in the period March-December 2019, a total of 22,129,245 healthcare services were provided, whereas in the same period in 2020, a total of 13,008,655 services were provided, which represents 41% decline in providing healthcare services. We have to consider that a certain number of hospital, specialist and consultative healthcare services were provided to patients with Covid–19, which means that even less services were rendered for other illnesses. In addition, a new question is raised - for what purpose did HIFRNM re-allocate the funds for healthcare services not realized in 2020?

127 Radiodiagnostic services include all types of screenings used for diagnostic purposes in medicine, such as: X-ray screenings, computer tomography, MRI (magnetic resonance imaging), mammography and other similar methods.

Type of healthcare service	Number of services rendered in the period 1 March – 31 December 2020	Number of services rendered in the period 1 March – 31 December 2019	Difference (number of services less provided in the period March-December 2020 compared to March-December 2019)	Percentage of services less provided in the period March-December 2020 compared to March-December 2019
Patients using hospital treatment services on secondary and tertiary level*	106,169	172,090	–65,921	–38%
Hospital services on secondary and tertiary level for treatment of diabetes patients	1,016	2,551	–1,535	–60%
Hospital services on secondary and tertiary level for treatment of patients with cardiovascular diseases	15,157	23,792	–8,635	–36%
Hospital services on secondary and tertiary level for treatment of patients with malignant diseases**	10,323	15,862	–5,539	–35%
Hospital services on secondary and tertiary level for surgical intervention in surgical and gynecological departments and clinics	37,860	64,237	–26,377	–41%
Specialist consultative healthcare services ***	12,902,486	21,957,155	–9,054,669	–41%

Table 1[128] Presentation of healthcare services provided in the period 1st March – 31st December 2020 compared to the period 1st March – 31st December 2019.

(*In RN Macedonia, the Diagnosis Related Groups system (DRG) is used for record-keeping and invoicing of hospital treatment of acute cases. The DRG-system doesn't show chemotherapy and radiotherapy services in daily hospitals, rehabilitation, hospitalization in psychiatric hospital and geriatrics.

** DRG-system doesn't show chemotherapy and radiotherapy services in daily hospitals.

***Specialist consultative services include laboratory services, radio-diagnostic services and specialist and control check-ups.)

128 Source: Health Insurance Fund of the Republic of North Macedonia. Reply to access to public information request No. 14–2212/2 dated 22.02.2021.

The impact of reduced access to healthcare services during pandemic needed to be further investigated. Still, population mortality data published by the State Statistical Office provided a good insight on the results of this situation. The number of people who died in the fourth quarter of 2020 was 9,465, thus representing an increase of 89.1% compared to the same quarter in 2019, when the number of people who died was 5,152[129]. The number of people who died in the last quarter of 2020 was higher for 4,313 people compared to the same quarter in 2019. Also, 1,751 people died as a consequence of Covid–19 in the last quarter in 2020[130], meaning, 2,562 more people died from other health conditions in the last quarter of 2020 compared to the last quarter of 2019. According to all above-mentioned parameters, the assumption is that only in the last quarter of 2020, 2,500 people lost their life due to inadequate access to healthcare services in time of pandemic.

Analyzing hospital healthcare services from a gender perspective indicated that before the beginning of the pandemic, women had higher healthcare needs compared to men in North Macedonia (Table 2). Therefore, limited access to hospital healthcare services affected women disproportionally more than men. Namely, in the period 1st March- 31st December, hospital healthcare was received by 36,281 less women compared to the same period in 2019, whereas the number in the same category for men is 29,640 (Table 2). This shows that limited access to healthcare in time of pandemic will have greater negative consequences on women's' health in comparison to men.

Type of healthcare service	**March - December 2020**		**March - December 2019**			
	Men	Women	Men	Women	Difference men (number of received services less in the period March - December 2020, compared to March – December 2019	Difference women (number of received services less in the period March - December 2020, compared to March – December 2019
Patients using hospital treatment services on secondary and tertiary level	40.845	65.324	70.485	101.605	–29.640	–36.281

129 State Statistical Office. Natural movement of the population in Republic of North Macedonia in the fourth quarter of 2020.

130 Source: World Health Organisation - https://covid19.who.int/region/euro/country/mk (accessed 08.04.2021)

Table 2: Presentation of healthcare services received in the period 1st March – 31st December 2020 compared to the period 1st March – 31st December 2019 by gender (men and women)

4.3. Coordination and information of healthcare workers

Not only do family doctors provide primary healthcare services, but they are also the initial contact for patients and present the entrance to the healthcare system. In time of pandemic, family doctors were given key role in diagnostic, monitoring and treatment of Covid–19 patients on home treatment and their timely referral to specialist or hospital healthcare. While most of the healthcare institutions changed their manner of operation, family doctors remained almost the only contact for patients, so patients' expectations were not only healthcare services, but also timely information about all health rights and available services, especially because during the pandemic a series of new health regulations were adopted and the way health rights were exercised changed.

Family doctors are the first to deal with the Covid–19 pandemic and have direct and ongoing contacts with their patients. They need to be timely and adequately informed for all patient needs, and all problems patients face in exercising their health rights during the pandemic. Hence, it is important to analyze the level of information available for family doctors by competent authorities, and to include family doctors in the decision making process in times of pandemic, in order to mitigate the consequences of Covid–19 pandemic on the healthcare system.

Interviews with family doctors and specialists from the three regions, inter alia, provided information of the type, scope and quality of information they received from the HIFRNM and the Ministry of Health related to monitoring, treatment, referral and other procedures connected with Covid–19 patients on home treatment. All interviewed family doctors agreed that at the beginning of the pandemic, clear and official Guidelines on monitoring, treatment, referral and other procedures related to Covid–19 patients were missing. They themselves researched and analyzed data available in the media, consulted peers from other countries in the region to receive more specific directions in their work. Their major remark to HIFRNM and the Ministry of Health was lack of official communication thereby providing guidelines for action, i.e. protocol for monitoring, treatment and referral of Covid–19 patients on home treatment. Family doctors stated that in the period of the analysis, from March to November 2020, they had not received a single official announcement from the Ministry of Health.

"...We received much information from the media. In pandemic conditions a doctor cannot sit 12 hours in the office, and then read what kind of announcement was published on Facebook by someone or by the media...".[131]

"...We learned from the media about official issues. In my opinion, the media cannot be a relevant source of information. It has to be issued by a healthcare professional, or presented on a press-conference. I have to work; I cannot watch all the media. It is not my job to watch the news to check if someone was on or not...""[132]

"...At that moment, information on how we should act was very important to us. Now we already have some protocols. As I said, maybe we should not complain because this is a new illness, and who can say anything if the entire situation is not investigated?...[133]

According to the family doctors interviewed, there was a need for official communication from competent authorities for them, which will be different from the information targeting the citizens. After all, they were obliged to apply evidence-based medicine, and should know which measures to apply at work, how to contact other institutions to provide healthcare for patients without any obstacles. In their opinion, information released on press-conferences or statements in the media should not be deemed relevant source of information on healthcare institutions.

"...Information was not provided on time because many things were improvised... We had no idea how long the pandemic will last, how long the emergency state will be in force (first it was a month and then it was continued). We didn't know how long the therapy for chronic illnesses would be continued – a month or three... There were situations when the announcement was issued on 31st so we could know what to do on 1st. Will our prescriptions be valid, will our reports be valid?! Patients were a burden too... they were asking all the time, wanted to know whether they will take them or not, and we didn't know what to tell them. It was late information and we could have been more adequately informed."[134]

In March 2020, a Roadmap for testing and treatment of patients with Covid–19 for family doctors was published on the websites of the Ministry of Health and the Association of Family Doctors.[135] The Roadmap included algorithm for determining if SARS-CoV–2 test was necessary, to help family doctors make the assessment before making an appointment for their patients. Still, family

131 Interview No. 1, conducted 01st February 2021 with family doctor from Gostivar.
132 Interview No. 4, conducted 10th February 2021 with family doctor from Skopje.
133 Interview No. 2, conducted 08th February 2021 with family doctor from Stip.
134 Interview No. 1, conducted 01st February 2021 with family doctor from Gostivar.
135 Protocol (Roadmap) for family doctors for testing and treating patients with Covid–19 available at: https://bit.ly/3rGPnnf (visited 12.03.2021).

doctors' experience proved that the Roadmap was not sufficient to meet patients' needs and regulate and improve doctors' work.

"The lack of guidelines and official instructions that will justify my actions in court tomorrow and any other day, made us panic and created chaos and unnecessary used resources. Literally unnecessary! Patients who had suspicious contact, unconfirmed contact, were in panic, looking for symptoms and pressuring us to get tested. It would have been very useful if we had some support, in writing. We could have used it and say: "here people, this is what it says and we cannot act differently, we have to do what is written". Those things should have been flexible, and we should have been informed..."[136]

Lack of clear and timely information may affect the quality of primary healthcare. Patients most often seek answers from their family doctors, and not always they have the latest information about the situation in secondary and tertiary healthcare where they need to refer the patients.

"...We have email, an official notice board on the sites, and finally we have the "Official Gazette" where I can check everything whenever it suits me best. We submitted our official email addresses to HIF... I believe personal emails are available on "Moj Termin" which is under the jurisdiction of the Ministry of Health, where official information is published, including who works, who doesn't, which healthcare institutions are temporary closed, which are not etc.. It would have been very simple if by means of a circular email we were informed that a department was closed, that everything was transformed, so we would not send patients there etc."[137]

Some family doctors pointed out a problem in communication with the HIFRNM due to employees' absence and short working hours in the period of the analysis. Subsequently, they were unable to receive clear and timely information about the beginning and end of sick-leave for people with isolation decisions who had to stay at home. Also, family doctors stated that they did not receive timely information by the HIFRNM about the continuation of the validity of specialist doctor reports in order to prescribe therapy for chronic illness. In consequence, they did not know whether to make specialist's appointment for patients who needed continuation of the therapy, because appointments were difficult to make during the pandemic.

"Sometimes all documents to HIF were late and often not reviewed at all... We didn't receive any information, so people didn't know whether to go to work on the 11th or the 20th day, or whether their sick-leave will be continued or not, in which case they should go to work on the 21st day... Patients informed us that they still cough or they are good, but did not know if they could still infect other

136 Interview No. 4, conducted 10th February 2021 with family doctor from Skopje.
137 Ibid.

people or not... There were many omissions that were resolved on a case-by-case basis. Well, this can be a reason for a fine or some other kind of penalty in the next supervision. Lack of protocol and consequently not following a protocol creates an opportunity for abuse of power by the holders."[138]

"Initially, we faced a problem related to patients recorded in our books on home treatment and Public Health Centre was still not connected with us digitally. And, when a patient had to be released from home treatment, the Centre (of public health) communicated with the MOI, like a chain. Now that I mentioned the Ministry, I believe the Ministry was digitally connected with us in May, so the cooperation was first by phone, and then by recording home treatments. In general, from the very beginning, all the way to November, I think we got on track, so to speak. Anyway, now we cooperate..."[139]

Nevertheless, family doctors fear that this practice of insufficient and late information may cause difficulties in the vaccination process as well, which already started by doctors drafting the lists. In support of these views, one of the respondents shared the experience with the seasonal flu vaccination process in autumn 2020.

"...Usually we had flu vaccination and I had a list with 80 people who wanted to be vaccinated. Vaccination was carried out in the same premises where small children were vaccinated in the morning. That is not a problem, but they didn't work out the entire second shift. What was strange was that patients were vaccinated until 5 pm i.e. from 2 to 5.30 pm. They were working only half a shift... I don't know why. So many people were interested, and nobody asked us how many people needed to be vaccinated against the flu. We had data 60 days prior to the beginning of the flu vaccination. Now we have the same situation with COVID vaccination. The epidemic didn't start now or yesterday. Talks about people to be vaccinated didn't start just now. Somebody could have told the family doctors from 1st to 10th January to announce to their patients. We would have spread that information further via the official email of the Ministry of Health, so they could plan the vaccination. The network exists, and we could do the job with a single email. And now they don't know how many want to get vaccinated and how many don't. We had problems with lack of appointment slots, and we stopped making flu vaccination appointments for three weeks. Eventually, after a month and a half trying, patients were not interested any more in flu vaccine, and everybody was asking about the COVID vaccination. I'm afraid the same will happen with this vaccine as well..."[140]

138 Interview No. 2, conducted 08th February 2021 with family doctor from Stip.
139 Interview No. 3, conducted 09th February 2021 with family doctor from Stip.
140 Interview No. 4 with family doctor from Skopje.

In the process of making decisions and developing measures during the pandemic, not a single family doctor interviewed was consulted on any issue by the Ministry of Health or other competent institution. And all family doctors in the interview had an opinion and recommendations how to improve healthcare during the pandemic, based on their daily work and information received from their patients.

4.4. The impact of the measures on separate categories of patients

A combination of several factors, such as demographic, social-cultural differences, population density, prevalence of other illnesses, the environment etc. can affect the success of healing Covid–19. People with health conditions are challenging for diagnosis, treatment and rehabilitation in a situation when the health system is not overburdened with Covid–19 patients and they are disproportionally more affected by the pandemic. Research in other countries showed that the risk of spreading Covid–19 and the mortality is higher among marginalized communities from smaller ethnic groups including communities with lower socio-economic status.[141] Therefore, part of this analysis was dedicated to the effects of the governmental measures dealing with Covid–19 on the patients with chronic illnesses such as PETT syndrome, WILLIAMS syndrome, epilepsy, scoliosis, patients with HIV infection, thrombosis, trombophlebitis, Hepatitis C and patients on methadone and buprenorphine substitution therapy. The aim of the analysis was to cover a large number of Associations of Patients with different conditions in order to present the effects of the governmental measures on citizens in a more comprehensive manner. However, an invitation for an interview was communicated to 25 organizations, and only 3 responded. In addition, the analysis of the impact of governmental measures dealing with Covid–19 on the Roma community in Prilep by a case study approach will provide clearer picture of the pandemic consequences on marginalized communities with lower socio-economic status.

Patients with weaker immune system were especially affected by the pandemic, and their movement was limited due to the fear of infection. On the other hand, healthcare services related to their primary condition were limited as not related to Covid–19 and they were prevented from going to regular check-ups and receiving the required treatment and therapy; physical therapy was not regularly available to patients in need.[142] People injecting drugs long-term have a chronic problem with their blood vessels and need regular treatment at Transfusion Medicine Clinic. These conditions often end

141 Public Health England. Disparities in the risk and outcomes of COVID–19, August 2020. Available at: https://bit.ly/2OCnzT7 (visited 18.03.2021).

142 Interview with representative of Association for parents of children with rare neurological diseases Kokicinja, February 2021.

with a surgical intervention. In the critical period, the patients were prevented from regular check-ups due to the stigma and discrimination experience encountered before the pandemic, which affected their motivation to take care of their own health, but also due to the lack of appointment slots and monitoring their chronic condition. A larger number of patients were deprived of healthcare services with surgical intervention of blood vessels inflammatory processes and possibility to receive timely medical intervention at Transfusion Medicine Clinic and Plastic Surgery Clinic, which for several patients resulted with amputation of their leg.[143] The association HOPS explained that two clients were not able to receive service in Skopje Clinics. They were referred to surgical intervention of leg amputation in PHI General Hospital Kocani and had to pay the transportation costs.[144]

In respect of treating addictions during the period of the analysis, experience showed that this healthcare service was organized continuously without disruptions. People on methadone and buprenorphine substitution therapy took their therapy directly from the healthcare institutions. During the state of emergency they experienced difficulties in taking the therapy within the timeframe of available public transportation. During the state of emergency and limited movement of citizens in certain intervals throughout the day and week, public buses and transportation between towns was reduced and/or cancelled. Such a situation led to limited access to regular and uninterrupted therapy for patients. Part of the patients, especially those from rural areas and suburbs, faced a problem of organizing the time to take their therapy and return back home before the buses stopped running. The positive side of this healthcare service was that it remained accessible to people in need of substitute-therapy treatment and they could enter the programmes. However, the remaining part of the healthcare system was overburdened, which had a demotivating effect on opoid addicted people who needed to start treatment. According to the Healthcare Guide in use of methadone in opoid addiction treatment[145], before entering the methadone and buprenorphine substitution therapy programme in daily outpatient treatment, people need to go to a series of check-ups such as psychiatrist, gynecologist, X-ray screening, negative Covid–19 test and other medical interventions carried out in different healthcare institutions, which were partially operational or not operational at all during the pandemic. Covid–19 testing was done by family doctors making appointments for their patients. Having in mind the fact that there were no time-slots available; patients could not receive service, which resulted with cancelations and postponed admissions to treatment.[146] These people needed Covid–19 only to enter the healthcare institution, so they were unable to do PCR test referral from family

143 Interview with a representative of the Association HOPS – Healthy Options Project Skopje, March 2021.
144 Ibid.
145 Official Gazette of the Republic of Macedonia, No. 36/2012, Healthcare Guide on the use of methadone in opoid addiction treatment.
146 Interview with a representative of the Association HOPS – Healthy Options Project Skopje, March 2021.

doctor because, according to the algorithm of "Moj Termin", they did not meet the referral criteria, meaning people who used drugs needed to pay for PCR tests if they wanted to go to a healthcare institution. That was an additional barrier for accessing healthcare services.

Drug-users infected with hepatitis C also encountered limited access to the healthcare services necessary for diagnosis and treatment of their condition. In normal conditions, hepatitis C tests are done in the Clinic for Infectious and Febrile Conditions and/or Public Health Institute. Since both institutions were totally focused on dealing with Covid–19 in the time of the analysis, patients were unable to access hepatitis C tests or those who did the tests could not access additional testing before adequate hepatitis C therapy was prescribed to them. As a result, a significantly lower number of patients included in hepatitis C treatment in the period March – December 2020 was noted compared to the same period in the previous year, 2019.[147]

People living with HIV are considered high-risk group of patients with immune deficiency. During the pandemic, some of them manifested additional psychological pressure of possible impact of COVID–19 on their health. Some had an increased need of psychological support to deal with challenges of COVID–19, and as a result of disturbed mental health, some faced certain psychosomatic symptoms.[148] Data analysis showed that patients with belated medical check-ups, especially in the first part of the pandemic, affected monitoring and maintaining stable health condition. Centralized provision of therapy at the Clinic for Infectious Diseases and Febrile Conditions in Skopje was a problem for the people with HIV even before the pandemic.[149] During the pandemic, the Clinic for Infectious Diseases focused on providing healthcare services to patients with Covid–19, thus creating seriously difficult access to retrovirus therapy for people with HIV. Access to retrovirus therapy for people with HIV outside Skopje was made even more difficult by the restricted movement and cancelation of intra-city transportation lines (buses and organized transportation with cars and vans). It was impossible to travel to and from Skopje by public transportation during the free movement period from several locations in the country. The association that helps and supports people living with HIV provided continuous logistics to the Clinic for Infectious Diseases in the delivery of anti-retrovirus drugs from the Clinic to people living with HIV outside Skopje during the pandemic. That way further deterioration of patients' health from the limited access to healthcare services and regular and continuous therapy was prevented.

147 Ibid.

148 Interview with a representative of the Association for supporting people living with HIV, STRONGER TOGETHER, February 2021.

149 Research on the needs of people living with HIV in Macedonia in 2014 – Info map for decision-makers and activists, 2014. Available at: https://zp.mk/wp-content/uploads/2020/04/Istrazuvanje-na-potrebite-na-LZHIV.pdf (Visited 18.03.2021).

The analysis of the effects of Covid–19 on the human rights of marginalized communities showed serious shortcomings in crisis response by institutions providing social services.[150] The conclusion of the analysis was reflected in the responses of associations working with patients in need of services in providing assistance and care at home with people with temporarily or permanently reduced functional capacity. The pandemic reduced the number and frequency of personal assistance service including individual assistance and support to people with reduced functional capacity, which resulted with additional difficulty in patients' functionality.[151] The association HOPS pointed out that the social protection system was not functional during the pandemic. According to HOPS, drug-users and sexual workers who tried to exercise their social protection rights and/or benefit from governmental measure were required to provide documents to institutions - which wasn't the case previously since the institutions did that in the line of duty - or they were required to submit proof - which was not identified as a requirement when the measures were announced by the Government of RNM.[152]

HIV infection has a serious impact on society and economy, the world of work, in its formal and informal nature, on workers and their families, on employer and employee organizations and on public and private enterprises. Often, HIV can be an obstruction to an opportunity of getting a decent job and sustainable development.[153] Some of the people who live with HIV were employed in the hospitality industry that suffered enormous financial loss during Covid–19, which resulted with layoffs or their contracts were not renewed. For some of them, losing a job meant losing health insurance, creating serious obstacles to access HIV treatment and covered their own costs.[154]

Governmental health and socio-economic measures provided for some flexibility for people with different chronic illnesses related to their work performance. However, HIV infection was not recognized as a health condition where patients can benefit from the work release measures and working from home. On the other hand, even if HIV infection was recognized by the Governmental measures dealing with Covid–19 as chronic illness eligible to relief measures, it would have been very difficult to implement them without inflicting more serious harm to individuals having in mind the strong social stigma related to this health condition.

150 N. Boskova, D. Antikj et al. Human rights of marginalized communities in Covid–19 conditions, Research report of the impact of Covid–19 measures on human rights of marginalized communities, March 2021.
151 Interview with a representative of the Association for parents of children with rare neurological diseases Kokicinja
152 Interview with a representative of the Association HOPS – Healthy Options Project Skopje, March 2021
153 HIV at the workplace. HERA- Health Education and Research Association. Available at: https://zp.mk/wp-content/uploads/2020/04/HIV-na-rabotnoto-mesto.pdf (visited 18.03.2021).
154 Interview with a representative of the Association of People Living with HIV, TOGETHER STRONGER. Some of the people who live with HIV were employed before the pandemic and earned an income over 179,000 denars the previous year. Now, having lost their job, they have to find a way to pay for health insurance.

Patients' associations interviewed pointed out that they were not consulted by competent institutions in relation to the proposed and adopted measures dealing with Covid–19 in the analyzed period. Nevertheless, they were proactive and both individually and organized, they submitted proposals to overcome the challenges encountered. They addressed the problems and presented proposals for improving Covid–19 measures towards patients with RETT syndrome, WILLIAMS syndrome, epilepsy and scoliosis by written communication to the Government of RNM, the Ministry of Labour and Social Policy and the Ministry of Health.[155] The association pointed out that they did not receive an answer to their proposals.

Part of the interviewed associations along with fifty other organizations expressed their readiness to help institutions in fighting the pandemic.[156] Led by the experience from daily field work with their target groups and challenges faced during the crisis, the associations submitted their proposals to the Crisis Management Headquarters aiming to propose improvements to the measures in line with citizens' needs.[157] The association working with people living with HIV stated the need for establishing a functional system for therapy distribution from the Infectious Diseases Clinic to the place of living (for example at home or with the family doctor), in order to provide continuous access to anti-retrovirus therapy for people living outside Skopje who are not able to take their therapy on their own. Associations also emphasized the need of establishing regular and accessible online psychological support line, in order to reduce psychological stress for people to be able to successfully deal with the psychological pressure caused by the Covid–19 virus.

The mobilization of the healthcare system to deal with Covid–19 implied that categories of vulnerable citizens, such as the disabled and the elderly, especially if they had a weaker immune system and/or suffer from health conditions that made them even more vulnerable to Covid–19 effects, would have the treatment and protection they regularly had access to. Also, they could rely either on formal support by service-providers or informal support by relatives and friends to buy them food, drugs, to be able to carry out their daily activities.[158] In the research-period, patients with RETT syndrome, WILLIAMS syndrome, epilepsy, scoliosis whose regular check-ups were not accessible in public health during the pandemic, went to private hospitals thereby burdening

155 Interview with a representative of the Association for parents of children with rare neurological diseases – Kokicinja.

156 Dealing with the crisis would be easier if we do it together. Available at: https://bit.ly/3lsgAI8 (visited 18.03.2021).

157 Interview with a representative of the Association for support of people who live with HIV, TOGETHER STRONGER.

158 See Glor v. Switzerland, Court Decision dated 30 April 2009, No. 13444/04, par. 80; G.N. and others v. Italy, Court Decision dated 1st December 2009, No. 43134/05, par. 126. Kiyutin v. Russia, Court Decision dated 10th March 2011, No. 2700/10 as a confirmation that the scope of Article 14 of ECHR and Article 1 of the Protocol No. 12 included discrimination based on disability, medical condition or genetic characteristics.

their family budget. Subsequently, the costs for treating their chronic condition during the pandemic needed to be reimbursed.

An important segment of healthcare services for women was access to sexual and reproductive healthcare. Worldwide experience showed significantly limited access to the necessary healthcare services for women, especially for the most vulnerable groups, in pandemic conditions and increased concentration of healthcare capacities in dealing with the infection, which resulted with health deterioration in women, mothers and newborn babies.[159] The findings of the local research indicated that with the beginning of the crisis, 3% of women needed gynecological services and prenatal and postnatal care, and did not face any difficulties in accessing them.[160] These findings were complementary with the responses received from the interviewed representative of Gynecology and Obstetrics University Clinic in Skopje, who stated that women's reproductive healthcare during the pandemic was provided without obstacles.[161]

The conclusion form the interviews with patients' associations was that they were resilient to changes brought about by the pandemic. By adapting their services, they continued to provide assistance and support to their constituency. Based on their long year-experience of separate groups of patients in the healthcare system, they were able to easily identify the challenges. They also made themselves selflessly available to competent healthcare institutions in the provision of healthcare services in pandemic conditions to secure diagnostic, treatment and rehabilitation of the patients they worked with. Common for all interviewed associations was the fact that the Government and the Ministry of Health did not consult them in the adoption of measures dealing with Covid–19, nor did they respond to their requests and proposals for adoption of more humane measures designed according to the needs of separate patients' groups.

4.5. Epidemiological situation related to Covid–19 pandemic

The epidemiological situation in North Macedonia in the analyzed period March-November 2020 is presented below. First major increase of newly diagnosed Covid–19 cases was noted in the week of 30th March, when 242 new cases were recorded[162], which was a 90% increase compared to the previous

159 United Nations, 2020. Policy brief: The Impact of COVID–19 on Women, available at: https://bit.ly/3IFhaIP , visited 21.03.2021.

160 Basevska, M. Impact of Covid–19 on women and men in North Macedonia, June 2020, page 39.

161 Interview No. 5 conducted 16th February 2021 with a representative of PI GMC.

162 Source of all data in this chapter: World Health Organisation and Johns Hopkins University, Baltimore, USA - https://covid19.who.int/region/euro/country/mk, https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

week. This initial wave lasted relatively a short period, until 20th April 2020. In the week of 20th April, a decrease of 45% newly diagnosed cases was recorded. The situation was maintained to an almost stable level until 25th May 2020. The number of newly diagnosed cases per week was between 139 and 179 in the period 20th April–25th May. However, a rapid increase in the number of newly infected was recorded in the week of 1st June 2020 with 751 cases in one week, i.e. 236% increase from the previous week. After 1st June, during the entire summer, the epidemiological curve recorded a plateau, i.e. until the week of 21st September, the number of newly infected persons weekly was almost the same. The number of newly infected persons those weeks was between 696 and 1,103 per week. A new increase of the number of newly infected persons started from the week of 28th September and was 1,259 cases that same week, representing 60% increase from the previous week. The number of newly infected increased continuously and in the week of 16th November reached its peak with 7,569 new cases. In the next two weeks of November the number declined and in the week of 30th November 6,588 cases were recorded.

As for Covid–19 death cases, 82 death cases were recorded in the first wave from 23rd March until 27th April 2020. In the next two weeks, the number of death cases was decreasing. However, from the week of 18th May 2020, the number of death cases started increasing and the same week resulted with 15 death cases, which was 114% more than the previous week. From the week of 18th May until the week of 12th October, the number of death cases was continuously growing with small variations. The total number of death cases in the period from 18th May until the week of 12th October was 726. The number of people deceased of Covid–19 in RN Macedonia was recording a significant increase in the week of 19th October and continued the trend until the week of 23rd November, with 212 diseased persons per week. The decreasing trend of death cases was recorded afterwards. In the period from 19th October until the week of 30th November, 1,077 people died as consequence of Covid–19.

Data showed that instead of a reduction of the number of cases in the summer period, as was the case in most of the European and neighbouring countries in the beginning of summer, North Macedonia recorded an increase compared to the month of May, and then the same numbers of newly infected and deceased persons remained the same almost throughout the entire summer. For comparison sake, in the period of the week of 1st June 2020 until the week of 28th September 2020, 622 people died as consequence of Covid–19 in RN Macedonia[163], whereas in the same period in the Republic of Slovenia[164], 46 people died[165].

163 Source: World Health Organisation - https://covid19.who.int/region/euro/country/mk. Accessed 6.04.2021.
164 The comparison is done with R. Slovenia due to almost identical number of population and size of territory.
165 Source: World Health Organisation - https://covid19.who.int/region/euro/country/si. Accessed 6.04.2021.

Concerning Covid–19 death cases[166], since the beginning of the pandemic until 4th April 2021[167], the situation in North Macedonia was among those with more adverse effects in the region. In this period, the ratio in North Macedonia was 185 death cases per 100,000 populations... In the same period, Serbia had 77 death cases[168], Albania 78 death cases, Greece 79 death cases, Kosovo 101 death cases, Croatia 147 death cases, Turkey 38 death cases, and Romania 124 death cases. The situation was more adverse to a certain extent in Bulgaria with 194 death cases per 100,000 populations, Slovenia with 209 death cases and Bosnia and Herzegovina with 207 death cases.

5 TRANSPARENCY IN THE ADOPTION OF MEASURES AND LEVEL OF INVOLVEMENT OF CIVIC ORGANIZATIONS

5.1. Public communication of healthcare authorities

Transparency of competent institutions in the preparation, adoption and announcement of measures was key in informing the public of the recommended behaviour to reduce the transmission of the virus. Covid–19 pandemic presented an enormous burden on the healthcare system and pressured the authorities to adopt interventions, policies and measures to efficiently address the situation. The manner in which the authorities sent messages to the public for prompt and transparent information was also important, as well as the establishing and maintaining the trust that the measures were well planned and directed towards dealing with the problem. Since the first Covid–19 case in North Macedonia, the main message of the Government and the competent institutions to the citizens was to comply with the recommendations to prevent spreading the virus. The entire period WHO continuously published recommendations for prevention of virus spreading, and the competent authorities translated them into national measures and policies. According to WHO, well informed population about the virus, the illness it caused and how it spread, was the best prevention to slow

166 The number of death cases is considered in comparison with other countries as it provides more adequate presentation of the situation unlike the new cases. The number of new cases depends on testing capacities of each country, and population's behaviour towards testing.

167 Source: World Health Organisation - https://covid19.who.int/region/euro/country/mk . (accessed 4 April 2021).

168 All death cases are presented as a number of people who died of Covid–19 on 100,000 population.

down Covid–19 transmission, inter alia.[169] During 2020, the Ministry of Health had a dynamic social media campaign on the profile of the Minister of Health, Venko Filipce, on the official websites of the Ministry of Health, on Facebook and on Instagram,[170] with press-conferences broadcasted on national television and other communication channels.

In the period subject to this analysis, researches were carried out to determine citizens' perception, knowledge, trust in information sources and other variables related to the response to Covid–19 pandemic;[171] including opinions, views, emotional reactions and behaviour of people affected by the pandemic;[172] and other analyses of the impact the pandemic made on the citizens. Research conducted in the period April-May 2020 shows that 71% of respondents, in average, are highly interested to follow information about pandemic, number of sick and death cases in the country and worldwide, most interested are older population, highly educated and atheists.[173] These data support previously presented opinion that citizens from vulnerable and marginalized groups cannot properly follow information presented to public during the pandemic. Minister of Health is the main source of information to the public. Along with other public health experts from the Public Health Institute or representative of the Commission for Contagious Diseases, they inform the public of the number of cases (infected, cured, deceased); about the situation in the healthcare sector as response to the Covid–19 crisis and measures that citizens are mandated to comply with in order to prevent spreading of the virus

To provide general guidelines on how to assess citizens' knowledge, perceptions and behaviour related to Covid–19 pandemic, the Public Health Institute conducted a study based on standard protocol developed by WHO Regional Office for Europe. The research aimed at creating public communication on risk-reduction from transmission, and it was carried out in two rounds, 11–15 May 2020 and 18–21 May 2020. The results showed that respondents' trust in Covid–19 related information sources decreased in the second round, including information coming from health workers. The number of citizens who comply with governmental measures also declined and many respondents faced difficulties complying with the self-isolation measure.[174]

169 World Health Organization. (2020).Coronavirus disease. Available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019(visited 22.03.2021).

170 Facebook profile of the Minister of Health https://www.facebook.com/filipce.venko (visited 12.03.2021).

171 Public Health Institute. First behavioural insight study undertaken in two rounds in May 2020: results, challenges and conclusions Monitoring knowledge, risk perceptions, preventive behaviours and trust to inform COVID – 19 pandemic outbreak response in North Macedonia, June 2020.

172 Centre for psychosocial and crisis action- Malinska. Life in pandemic conditions, behaviours, concerns and risks for mental and social health, June 2020

173 Centre for psychosocial and crisis action- Malinska. Life in pandemic conditions, behaviours, concerns and challenges for mental and social health, April-May 2020, page 14.

174 Public Health Institute. First behavioural insight study undertaken in two rounds in May 2020: results, challenges and conclusions Monitoring knowledge, risk perceptions, preventive behaviours and trust to inform COVID – 19 pandemic outbreak response in North Macedonia, June 2020.

The official internet page www.koronavirus.gov.mk was established by the Government at the beginning of April 2020. Here citizens could find daily statistics of Covid–19 cases, measures for protection from virus transmission, all governmental measures dealing with Covid–19 consequences and other virus related information from the country and abroad.[175] In addition, the Internet page of the Ministry of Health had a section with regularly updated summarized information, questions, measures and recommendations for Covid–19 prevention and protection, including governmental decisions.[176] Information on the new registered cases in the last 24 hours was published by the Ministry of Health every day at 12 noon, and in the afternoon the Minister of Health held, at least, one press-conference to present the situation and inform about the new recommendations adopted by the Government. The Public Health Institute and the Ministry of Health, with WHO support, prepared short illustrated videos on how to protect yourself from the virus by properly and frequently washing hands, regular use of disinfectants, proper use of masks and other protection gear for mouth and nose, necessary social distance and other measures to prevent the spread of the virus. This information was available to citizens in three languages, Macedonian, Albanian and English.

Social networks (49%), Internet portals (44%) and official medical portals (43%) of the Ministry of Health and Public Health Institute of the Republic of North Macedonia were the media most frequently followed in the period April - May.[177] Public Health Institute research confirmed that social networks and internet sites were the only frequently used sources in the second wave (18–21 May 2020) compared to the first wave (11–15 May 2021), whereas the professional associations of doctors enjoyed the highest level of trust, immediately after the family doctors. However, the same research showed a decline in trust in healthcare institutions in the second round, which was not the case with the family doctors where the trust increased.[178]

Content most often followed by citizens – numbers of infected, cured and deceased in the country were in the focus of respondents' interest, with an average proportion of 58%. Next issue followed of interest by the respondents related to Covid–19 were news and recommendations by the Crisis Coordination Headquarters (50%), i.e. cure treatment options (45%), where women (48%) were much more interested on this topic compared to men (39%). Professional recommendations on how to deal with the crisis were of least interest (26%), i.e. recommendations on "how to survive" during isolation on social networks (13%).

175 Internet page of the Government of RNM https://koronavirus.gov.mk/ (visited 12.03.2021)
176 Internet page of the Ministry of Health http://zdravstvo.gov.mk/korona-virus/ (visited 12.03.2021).
177 Ibid, pages 15–16.
178 Public Health Institute. First behavioural insight study undertaken in two rounds in May 2020: results, challenges and conclusions Monitoring knowledge, risk perceptions, preventive behaviours and trust to inform COVID – 19 pandemic outbreak responses in North Macedonia, June 2020.

With regard to age, the youngest (18–34 years old) were most often (67%) interested in the number of infected, ill and deceased in the country. The interest declined with the age, and increased with the level of education. Senior population above 50 years (48%), as well as population with lower level of education and religious population (53%) were really interested about the number of ill and deceased in the country. Rarely interested about treatment and cure options were the youngest respondents (40%), less educated (40%) and religious (38%).

The research cited above showed that the biggest differences in following media of official healthcare portals where religious people (38%) and respondents with secondary education and lower (41%) rarely followed them, while the senior population and atheists (55%) and people with tertiary education (51%) were the most frequent followers. Professional and official advice on how to deal with the crisis were 50% less followed. Recommendations received on social networks had the lowest proportion among men (12%) and the highest (19%) among respondents with secondary education.[179]

5th April 2020, the Minister of Health announced that the country entered a new phase of the epidemic, although there were several weeks until the peak.[180] According to the announcement, the country was in a critical moment - increase of the number of Covid–19 diagnosed cases was expected and more restrictive measures would be recommended should the situation worsen. The Government of RNM introduced the application StopCorona! as an additional tool to communicate with the public. Citizens could download and use it on their mobile phones, if they wished. The aim of the application was to identify close contacts with confirmed Covid–19 cases and to reduce the spread of the virus.

The research showed that the religious background played a role in choosing the media as a source of information related to the pandemic. Believers follow social media, TV channels (news, debate shows etc.), health fora and groups more compared to atheists, whereas they had equal interest in Internet portals (46%) and specialized health portals (44%; 43%).[181] In the period April-May 2020 believers of Christian and Islamic faith celebrated important holidays where numerous gatherings in religious buildings and home celebrations were organized. The research conducted in the period April-May 2020 showed that in average, the majority respondents complied with the recommendations and protection measures, avoiding places with many people, keeping distance, maintaining hygiene and did not leave their home if it was not necessary.

179 Centre for psychosocial and crisis action- Malinska. Life in pandemic conditions, behaviours, concerns and challenges for mental and social health, April-May 2020

180 Published statement by the Minister Venko Filipce available at:https://mia.mk/vleguvame-vo-nova-faza-na-mena-ira-e-na-celokupniot-proces-so-pandemi-ata-od-kovid-19/ (visited 12.03.2021).

181 Ibid, page 17.

However, the awareness that other precautions such as wearing masks, less frequent shopping and limited social contacts, was not widespread enough. Women and the youngest respondents at the age of 18–34 years usually complied with the measures, except for wearing masks and keeping social distance which proved most difficult for the youth. Unlike them, the elderly had difficulties to refrain from the habit of going out when not necessary, to often go for groceries and reduce contacts with friends.[182]

The calls of competent institutions to respect governmental measures and recommendations were not sufficient to prevent gathering, which resulted in deterioration of the situation and increased the number of ill people in June. In this period, Gallup International Association carried out a research in 19 countries, including North Macedonia. The research showed that our country was one of the few where the population's fear of virus infection increased, both on personal level or close family member level, compared to March 2020.[183] On the other hand, the rapid increase of the number of ill and deterioration of pandemic crisis affected population's support of authorities dealing with Covid–19 - in March 2020 was 65% vs 48% in June 2020. Continuous increase of the number of ill and deceased people created heavy polarization of the public regarding the capability of the authorities to manage the crisis, and more than half - or 57% of the respondents - believed that the pandemic was still not under control.[184] In general, the trust in the media was low, from "I don't trust them at all" to medium level of trust. The study of the Public Health Institute showed that respondents had highest level of trust in the President of RNM, followed by the Public Health Institute and the Police.[185]

To inform the public of the amendments to the Law on Protection of Population from Communicable Diseases once the measure of mandatory wearing mask everywhere outside home was adopted, the Ministry of Health started a campaign to raise awareness about wearing masks by using the hashtag #IWearMask 1st November 2020. Again, the campaign was mainly available on electronic media and social networks. The Government and competent institutions tried to inform the public via media and social networks, presenting daily information about virus prevalence. However, a well-designed and organized health and education campaign for the general population was not developed nor carried out. Adequately conceptualized and designed health and education campaign could have reached the general population in

182 Centre for psychosocial and crisis action- Malinska. Life in pandemic conditions, behaviours, concerns and challenges for mental and social health, April-May 2020

183 Research summary available at:https://www.gallup-international.com/fileadmin/user_upload/surveys/2020/Summary_Covid19wave3.pdf (visited 12.03.2021).

184 Ibid.

185 Public Health Institute. First behavioral insight study undertaken in two rounds in May 2020: results, challenges and conclusionsMonitoring knowledge, risk perceptions, preventive behaviours and trust to inform COVID – 19 pandemic outbreak response in North Macedonia, June 2020.

a more appropriate manner, and have a positive impact on changing people's health behaviour, which was especially important to prevent the spreading of Covid–19 pandemic, as many times described in literature. The conclusion of the analysis of the governmental communication tools in the research period, but also in general during the pandemic, was that they are all focused on producing content which was published via Internet and electronic media. Citizens who did not have access to electronic devices or Internet, or for different reasons (lack of literacy, unfamiliar with expert terminology etc.) were deprived of receiving clear and timely information about Covid–19 prevention and protection measures, Government decisions and other information related to dealing with virus consequences.

5.2 The role of civic organizations in creating measures dealing with Covid–19

Aware of Covid–19 challenges and danger from the virus, civic organizations were the first to recognize the need for urgent, effective and solidarity action. Civic organizations adapted their operation in compliance with government measures and protocols, remaining available to their constituencies and continued to provide services.[186] Led by daily field-work experience, they demonstrated readiness to help institutions fight the pandemic and, with their initiatives and requests pointed out how measures affected certain groups.[187] During the pandemic, civic organizations expressed their concern about the impact of the pandemic on healthcare services availability and accessibility,[188] limited access to healthcare and social services for marginalized communities and increased spreading of the infection in Roma dominant communities[189], limited access to abortion[190] and pandemic's impact on mental health.[191]

186 Council for Cooperation and Development of Civil Sector; Information on measures undertaken by associations and foundations dealing with Covid–19 pandemic and request to include representatives of associations and foundations in appropriate anti-crisis bodies, April 2020. Available at: https://bit.ly/3cbHUr6 (visited 23.03.2021).

187 (IR)RESPONSIBILITY OF INSTITUTIONS FOR MOST VULNERABLE CITIZENS IN CRISIS CONDITIONS – Civic organisations reaction to untimely and inappropriate action by institutions in resolving problems of marginalized and deprived communities. Available at: https://mhc.org.mk/news/neodgovornosta-na-instituciite-za-najranlivite-gragani-vo-uslovi-na-kriza/ (visited 22.03.2021).

188 Investigative Reporter Lab Macedonia; Covid–19 tests – Right or privilledge in time of pandemic. Available at: https://irl.mk/video-kovid-19-testovi-pravo-ili-privilegia-vo-vreme-na-pandemia/ (visited 22.03.2021).

189 Association for Emancipation, Solidarity and Equality of Women – ESE; Request for taking preventive measures to stop spreading Covid–19 pandemic in Suto Orizari Municipality Available at: https://bit.ly/3tO25S5 (visited 22.03.2021).

190 Association for health education and research H.E.R.A.; What do we need to know about abortion care in time of Covid –19. Available at: https://hera.org.mk/abortusnata-grizha-za-vreme-na-kovid-19/ (visited 22.03.2021).

191 LGBTI Support Centre; About mental health in time of Covid–19. Available at: http://lgbti.mk/zamentalnotozdravjevovremenakovid19/ (visited 22.03.2021).

Civic organizations advocated for the prevention of Covid–19 pandemic in marginalized Roma communities and promoted access to healthcare services for Roma but did not receive adequate response and action by competent institutions. Instead of taking specific actions to protect this population, the competent authorities started exchanging written communication with the civic organizations.[192] The civic organizations that advocated improved situation of other groups of citizens, primarily vulnerable or marginalized communities, faced similar problems by competent authorities during the pandemic - inadequate action when trying to help and protect various groups of citizens. The impression was that the authorities adopted uniform measures for the overall population without considering particularities and needs of different groups of citizens. Therefore, fifty associations of citizens gathered and responded with the communication "Civic organizations' reaction to untimely and inadequate action by institutions in resolving problems of vulnerable and marginalized communities".[193]

With the beginning of the pandemic, citizens faced difficulties accessing basic services and products such as foodstuffs and buying food, medical protection items (masks, gloves, and disinfectants), healthcare services, hygiene and sanitary products etc.[194] According to governmental recommendations, key measures to prevent the spread of Covid–19 was use of protective gear. Research showed that 34% of the citizens had major or some difficulties in accessing medical protection items (masks and gloves).[195] Social, economic and health problems faced by citizens before the pandemic intensified in times of Covid–19 crisis and emphasized the differences between people. The analysis of the impact of governmental measures on the human rights of marginalized communities showed many shortcomings in conceptualizing, development and implementation of the measures. Analyses in different fields concluded that when developing measures, the Government did not consider how they will affect the rights of the most marginalized groups.[196] The experience of civic organizations that initiated proposals for improvement of measures and their adaptation to the needs of specific vulnerable groups in the period March – November

192 Association for Emancipation, Solidarity and Equality of Women – ESE: 1. Response to the request by MLSP (10.04.2020); 2. Response by Government Crisis Headquarters (13.04.2020); 3. Response by MLSP (16.04.2020); 4. Response by Government Crisis Headquarters (29.04.2020); 5. Response to the request by the Ministry of Justice (29.04.2020); 6. Response to the request by MLSP (12.05.2020); 7. Response to the request by the Ministry of Justice (22.05.2020); 8. Response to the request by the Government of RNM (13.04.2020); 9. Response to the request by MLSP (16.04.2020); 10. Response to the request by Ministry of Health (23.04.2020); 11. Response by the Ministry of Health on the request from 30.04.2020. Available at: http://esem.org.mk/index.php/component/content/article/2-uncategorised/3558-covid-19-baranja-i-itni-preporaki-do-nadleznite-institucii.html (visited 01.04.2021)

193 http://esem.org.mk/pdf/Sto%20rabotime/2020/4/Reakcija%20za%20(NE)odgovornost%20na%20instituciite%20za%20ranlivite.pdf

194 Basevska, M. The impact of Covid–19 on women and men in North Macedonia, June 2020, page 36.

195 Ibid, page 36.

196 N. Boskova, D. Antik et al. Human rights of marginalized communities in Covid–19 conditions, Research report of the impact of Covid–19 measures on human rights of marginalized communities, March 2021.

2020, showed lack of understanding by competent authorities to consider civic organizations' knowledge and experience in policy development.[197] These findings were confirmed by many reports on the outcomes of CSOs initiatives, clarifying that to date they received no response from competent authorities.[198]

The Council for Cooperation and Development of Civil Society (hereinafter the Council) was not consulted in the adoption of the governmental measures dealing with Covid–19 and how they would affect citizens. The sustainability of civic organizations was a key issue in crisis periods, therefore the Council appealed to donors and civil sector supporters (both state and private) to show their dedication to supporting civil sector and assist in its operation by allowing reprogramming of activities and budgets, continuation of financial support and increased support if required.[199] The Council emphasized the need to respect the rule of law principle in times of pandemic and stressed the need of transparency and accountability of institutions when adopting measures that deal with Covid–19. At the same time, without consultation with the Council and civil society representatives, or any public announcement, the Government of RNM reduced the financial support for associations and foundations foreseen within the General Budget 2020.[200] Following the session 16th April 2020, the Council reacted to the Government pointing out that civic organizations had skills, knowledge, services and access to priority target groups, which often were more appropriate than the governmental institutions, and they were quickly and effectively mobilized and made all their resources available to help the most affected and deprived citizens.[201]

The Council provided positive assessment of the Programme for funding programme activities of associations and foundations dealing with Covid–19 and of the Decision on the criteria and procedure for distribution of funds for programme activities of associations and foundations from the Budget of the Republic of North Macedonia for measures dealing with the Covid–19 crisis, adopted by the Government in June 2020[202]. The Council also participated

197 Interview with a representative of the Association of parents with children with rare neurological diseases Kokicinja.

198 Interview with a representative of the Association of parents with children with rare neurological diseases Kokicinja. Association for Emancipation, Solidarity and Equality. Response by competent institutions to separate requests to authorities. Available at: https://bit.ly/3vTm6bt (visied 23.03.2021).

199 Council for Cooperation and Development of Civil Society; Information about the measures taken by associations and foundations dealing with Covid–19 pandemic and request to include representatives of associations and foundations in appropriate anti-crisis bodies, April 2020. Available at: https://bit.ly/3cbHUr6 (visited 23.03.2021).

200 Official Gazette of RNM No. 97/2020 dated 9 April 2020. Decision for redistribution of funds among budget beneficiaries of central government and funds.

201 Council for Cooperation and Development of Civil Society; Reaction of the Council for Cooperation and Development of Civil Society on the reduced financial support for civic organizations, 16th April 2020. Available at: https://www.nvosorabotka.gov.mk/?q=mk/node/415 (visited 23.03.2021).

202 Official Gazette of RNM No. 149/2020 dated 5 June 2020. Programme for funding programme activities of associations and foundations for measures dealing with Covid–19 crisis and Decision on criteria and procedure for distribution of funds for programme activities of associations and foundations from the Budget of the Repubic of North Macedonia for measures dealing with Covid–19 crisis.

with two representatives in the selection procedure of programme activities financially supported by the Government.[203] The financial support for associations and foundations by the Government of RNM partially was focused on educating the population as to raise awareness for dealing with the pandemic caused by the Coronavirus COVID–19,[204] including prevention and protection in different regions in the country.[205] Part of their activities are focused on Covid–19 prevention amongst marginalized communities such as drug-users, sexual workers and their families,[206] support for Roma and other vulnerable categories,[207] and psychosocial assistance to transgender persons during Covid–19.[208] Associations received funds that were used to increase the protection of employees exposed to the pandemic, by manufacturing and distribution of face shields to all healthcare workers and public services in contact with many citizens.[209] In addition, patients' associations received funds to mitigate the effects of Covid–19 on cancer patients,[210] blind people from Eastern Region,[211] etc.

In the course of November 2020, the number of newly infected was constantly rising, but the number of cured was not growing sufficiently to have free beds for new patients who needed hospitalization.[212] This situation motivated civic organizations to raise the issue before the Government of RNM and demand appropriate regulation of the price of healthcare services in private healthcare institutions and end profiteering by private clinics during life the dangerous

203 Council for Cooperation and Development of Civil Society, Participation of 2 Council members from civic organizations in the work of the Commission for distribution of funds, 05th June 2020. Available at: https://www.nvosorabotka.gov.mk/?q=mk/node/420 (visited 23.03.2021).

204 Official Gazette of RNM No. 157/20. Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association Cultural and Humanitarian Organization of Turks in Eastern Macedonia Radovis

205 Official Gazette of RNM No. 157/20. Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association Women's Forum Tetovo.

206 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association HOPS Healthy Options Project Skopje

207 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association Roma Cultural and Educational Centre Ternipe MK Delcevo

208 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Coalition of Sexual and Health Rights of Marginalized Communities, Margini Skopje

209 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association of Resident and Young Doctors, ARYD Skopje

210 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association for Fight against Cancer Borka – For each new day Skopje

211 Official Gazette of RNM No. 157/20; Decision for distribution of funds intended for financial support of associations and foundations for measures dealing with Covid–19 crisis, Association of Blind Persons of Stip, Stip

212 Visual presentation of Covid–19 situation in Macedonia available at: https://covid–19.treker.mk/mk/stats. Data used were received by the Ministry of Health.

crisis.[213] In this period, the capacities at the Infectious Diseases Clinic and modular hospital in Skopje, City Hospital 8th September, Kozle Hospital, Clinical Hospital Tetovo and Covid–19 Centres in the country were almost full, and many citizens went to private healthcare institutions for healthcare services. According to the Decree with legal force enabling the private hospitals to treat patients infected with COVID–19[214], these private facilities undertake activities within the framework of healthcare facilities and serve the needs of patients infected with Covid–19. The unregulated financial implications of this measure, i.e. the price of healthcare services related to Covid–19 treatment, resulted with very high prices for vacant hospital bed, which was disproportionate to the socio-economic standard of the citizens.[215]

In addition, in November 2020, upon request of the Crisis Management Headquarters, the Council published an open call for two representatives of associations and foundations to participate in the work of the Crisis Management Headquarters without voting right.[216] On the session from 2nd December 2020, the Council selected two representatives[217] from those who applied to participate in the work of the Crisis Management Headquarters, communicated associations' and foundations' requests, proposed measures and activities dealing with the crisis, but did not have the right to vote in the decision-making process. The Council for Cooperation and Development of Civil Society published a call for proposals for civic organizations to actively contribute to Headquarters' work.[218] Only two civic initiatives were shared with the Headquarter by February 2021. Macedonian Occupational Health Association proposals referred to conducting risk assessment of the biological hazard of Covid–19 in the workplace; use of protection pyramids in the implementation of protection measures for workers in the workplace; methodology in creating vaccination priority lists for the employees; continuous health monitoring of working population in biological hazard conditions and other occupational health related proposals. Pandemic and governmental policies for preventing the spread of Coronavirus created a new type of waste in huge quantities, inter alia. This waste consisted of protection equipment made by plastic materials and disposable plastic. Generating additional waste in time of Covid–19 pandemic had negative

213 Civic Organisation Network; End profiteering in time of life-ethreatening crisis. Available at: https://www.slobodnaevropa.mk/a/30958921.html (visited 22.03.2021).

214 Decree with legal force on the application of the Law on Health Protection during State of Emergency, Official Gazette of the Republic of North Macedonia No. 76 dated 24.3.2020.

215 85,000 Macedonian citizens live with 40 denars per day and almost every fourth survives with not more than 126 denars per day. State Statistical Office of the Republic of North Macedonia, Living standard, Laeken indicators of poverty in 2019, published 30 October 2020.

216 Public call for participation of two representatives of associations and foundations in the work of the Crisis Management Headquarters. Available at: https://www.nvosorabotka.gov.mk/ (visited 23.03.2021).

217 Council for Cooperation and Development of Civil Society, 2nd December 2020. Available at: https://nvosorabotka.gov.mk/?q=mk/node/456 (visited at 23.03.2021).

218 Council for Cooperation and Development of Civil Society; Call for civic organizations to take part in the work of the Crisis Management Headquarters. Available at: https://nvosorabotka.gov.mk/?q=mk/node/469 (visited 30.03.2021).

environmental and public health impact, especially in developing countries.[219] Therefore, the Center for Environmental Democracy Florozon submitted a proposal for Covid-waste treatment to the Crisis Management Headquarters.[220]

The Sectoral Working Group in the field of health was established in February 2020. The main goal was to include civic organizations and increase civil society impact on health sector reforms in the EU accession process. During the pandemic, in the period March - November 2020, this group didn't meet to discuss current crisis management policies.[221] 30th November 2020, the Sectoral Working Group in the field of health had a plenary meeting, where the document IPA III Strategic Response for the key thematic priority: Promotion of health and well-being of population and promotion of patient-centered healthcare protection by providing sustainable and high quality healthcare system was presented. Health indicators and intervention areas planned for the next seven years were presented on the meeting. The plan, however, did not reflect dealing with Covid–19 pandemic. Worth mentioning is that civic organizations were not involved nor consulted in the preparation of the document. It was pointed out at the meeting that civic organizations may provide their proposals to promote and add indicators and intervention areas. The association ESE proposed six new health indicators and seven new intervention areas. According to ESE, except for a preliminary e-mail response, no feedback on the further development of the document was received, nor were they notified whether any of the proposals were accepted, and if yes, how many.

Research findings presented in this analysis and associations' efforts to contribute in dealing with Covid–19 consequences reflected the situation in the first several months of the pandemic. The deepening of the crisis and prolonged pandemic duration inevitably affected and deteriorated the mental and physical health of citizens, in consequence the need of healthcare services not related to virus treatment and other interventions mitigating Covid–19 consequences.

219 Matevska, B. Proposed policy-paper for Covid-waste management in the Republic of North Macedonia, Centre for Environmental Democracy Florozon, 2020.

220 Civic sector representative in the Crisis Management Headquarters, March 2021.

221 CSO Dialogue, Sectoral Working Group in the field of health. Available at: https://bit.ly/2Qwa8Vg (visited 23.03.2021).

CONCLUSIONS

During the state of emergency, on several occasions the Government amended the laws in the field of healthcare protection and protection of the population from contagious diseases with Decrees. Law-making by means of governmental decisions represents a threat to citizens' legal security, which was noted in the North Macedonia Progress Report by the European Commission. Frequent amendments to the rules created confusion and uncertainty in the implementation of measures, thus creating distrust with the citizens to comply with the measures.

During the pandemic, and especially in the period of the analysis, competent institutions omitted their obligation to transparently adopt measures and involve all stakeholders in the process of drafting documents. The analysis of documents adopted in the period March – November 2020 showed that measures were not adopted in a transparent and clear manner, understandable to all stakeholders, nor was the reason for adoption of any measure publicly explained. Regulation Impact Assessment contributes to the good governance principle and increases the process of transparency and legitimacy. Stakeholders' involvement in the process of development and adoption of laws protects their interests and makes it possible to mold policies according the needs, which increases the probability of respecting and achieving the goals of the regulation.

The analysis showed absence of an analysis of the current situation, evaluation of existing policies and the need for change, as well as rationale on how the proposed and adopted measure will fulfill the need for which it was adopted. Associations of citizens and patients were not involved in the consultation prior to the adoption of measures, and their proposals for improvement after adoption were not considered by the competent institutions. Government measures in healthcare and other areas were not adapted to the specific needs of separate categories of patients, which resulted in limited access to diagnostic, treatment and rehabilitation services not related to Covid–19, for patients with chronic illnesses such as RETT syndrome, WILLIAMS syndrome, epilepsy, scoliosis, patients with HIV infection, thrombosis, thrombophlebitis, hepatitis C and patients with methadone and buprenorphine substitution therapy treatment. According to the information received by family doctors and specialist doctors in secondary healthcare, and confirmed by the HIFRNM data, all patients with

chronic illness had limited access to healthcare services on all three levels, especially on secondary and tertiary level. Representatives of patients with chronic illness directly witnessed the limited access to healthcare services.

For the entire period the Government and competent institutions regularly informed the public through the media and social networks about the situation with the virus, statistics, measures etc. Still, implementation of well-designed and organized health and education campaign for the general population to reach citizens who do not have access to electronic devices or Internet, or for any other reasons (lack of literacy, unfamiliar with expert terminology etc.) were deprived from the possibility to receive clear and timely information on Covid–19 prevention and protection measures, Government decisions and other information related to dealing with virus consequences, was missing. Appropriately designed and implemented health and education campaign has a positive impact on changing population's health behaviour, which was especially important to prevent spreading of Covid–19 pandemic.

Family doctors were given authority to monitor and treat patients with Covid–19 without any type of assessment of capacity and spatial conditions available at doctor's clinic. Some of them admitted patients suspected of Covid–19 and patients with other health issues in the same premises, or provided services to patients with other health issues over the counter. As a result, not only did the risk of spreading the infection increase, but also the quality of healthcare services was reduced while patients with chronic and other illnesses were afraid to visit the doctor's. Introduction of electronic prescription for therapy for chronic illnesses was a partial solution, although late (three months after the beginning of the pandemic), and it reduced the need of patients with chronic illness to visit family doctors. Competent institutions did not provide personal protection equipment to family doctors, nor have they provided any mechanism to procure stuff, especially in the period when this equipment was scarce on the market. It led to an increased risk of infection among family doctors, and required additional time and financial resources.

During the pandemic, family doctors did not receive official guidelines/ protocol by competent institutions about the manner of monitoring, treatment and referral of Covid–19 patients on home treatment. This situation led to: negative impact on the quality of healthcare services provided because family doctors informed themselves in a different way how to work with patients with Covid–19; risk of legal liability of family doctors for deterioration of patient's health condition or death of Covid–19 patient; as well as unnecessary use of already limited health resources. Family doctors were overburdened with recording, monitoring and treatment of patients with Covid–19, which resulted with aggravated access and lower quality of family doctor's services for patients

with other acute, newly occurred or previous chronic illnesses. This also had a negative impact on the family doctor's health.

Serious barriers and inconsistencies were noted in the analyzed period in terms of access to healthcare services for diagnostic needed for Covid–19 suspected or ill persons, who were on home treatment, which increased the risk of virus transmission. The analysis identified a problem with lack of appointment slots for PCR testing, long waits for both taking the test and receiving the results, especially in the periods of increased Covid–19 cases. Inadequate coordination and organization of X-ray diagnostic resulted with situations when sick patients with Covid–19 were referred to X-ray screening with priority referral at locations where patients with other health issues were screened. In the period of the analysis, patients with Covid–19 faced the problem of receiving referral for additional laboratory tests, and the analyses were not conducted in separate premises where blood samples were taken from ill patients with Covid–19. As a result of these barriers and inconsistencies, some of the patients who could afford to pay received services in private healthcare institutions, which was a financial burden for them. Other patients waited to receive the service in public health institution, resulting with health deterioration and uncontrolled spreading of the infection.

During the pandemic, citizens confronted significant barriers in accessing drugs used for Covid–19 treatment, but also for other health conditions due to the lack of certain drugs, the high prices of drugs as well as the complicated refund requirements demanded by the HIFRNM for the drugs patients bought themselves.

The analysis showed that citizens had very difficult access to secondary and tertiary healthcare, including specialist check-ups, diagnostic check-ups (magnetic resonance imaging, computed tomography, mammography), hospital treatment and surgical interventions. According to HIFRNM data, for the period March – November 2020, 41% less healthcare services were rendered (hospital healthcare services and specialist and consultative healthcare services) in secondary and tertiary healthcare compared to the same period in 2019. A smaller number of healthcare services were noted even for patients with most serious and life-threatening diseases such as cardiovascular diseases, malignant diseases and diabetes. This situation is expected to leave long-term consequences on the health of the population- which can be subject of an additional analysis- although initial mortality data in the country showed increased mortality of population in the last quarter of 2020, compared to the same quarter in 2019. Women are much more affected by the limited access to healthcare services compared to men, primarily because of growing demand for healthcare services among women in the period prior to pandemic. During the

pandemic, absence of official coordination and communication among different levels of healthcare (primary, secondary and tertiary) was noted. That resulted with lower healthcare quality, unnecessary burdening of patients, as well as increased risk of spreading Covid–19 infection. The analysis showed complete absence of official communication and information by the Ministry of Health to family doctors, whereas family doctors received late data from the HIFRNM thus creating a vacuum and insecurity in their work.

The analysis indicated inconsistent application of provisions regulating Covid–19 sick-leave. Employees absent from work due to Covid–19 were entitled to receive full salary. However, in practice, employers required workers to provide sick-leave documents and based on that, they paid 70% of their salary during the sick-leave. Certain patients were threatened by the employers. In case they presented only isolation decision without a sick-leave issued by family doctor, their salary would be reduced to 50%.

All problems identified in the manner of adoption and implementation of measures had an impact on the continuously growing number of Covid–19 cases, and in some periods with the highest mortality rate from Covid–19 among the countries in the region. The epidemiological properties also pointed out that the Government did not take into consideration situations related with the pandemic to create and adopt protection measures, especially in the summer period when despite the loss of over 600 lives, no special protection measures were undertaken, and the same was true for the second wave of the pandemic in Autumn 2020. Therefore, we may conclude that the measures undertaken by the Government did not accomplish the basic goal of protecting citizens' health and saving their lives.

RECOMMENDATIONS

On the basis of the findings of this analysis, competent institutions need to take up the following measures and activities to prevent the spreading of Covid–19 and reduce the negative impact on the healthcare sector:

Government and the Ministry of Health should conduct a Regulatory Impact Assessment of all legal acts prior to its adoption, and publicly and transparently involve all stakeholders in the development of the regulation concerned.

Government and the Ministry of Health, in consultation with citizens' associations and public health experts, should develop and implement well-designed and organized health education campaign for the general public, taking into consideration the specifics of some communities.

Ministry of Health should include associations in the consultation process during the preparation and adoption of policies relevant to dealing with Covid–19 through the Sectoral Working Group in the field of health.

Ministry of Health, in cooperation with family doctors, should urgently develop and adopt guidelines/protocol for treatment, monitoring and referral of patients with Covid–19 who are on home treatment and officially communicate that with the family doctors.

Ministry of Health and the HIFRNM should regularly and timely inform family doctors, through official communication channels - of all adopted documents and measures concerning their work, or those important for patients to exercise their rights.

Government and the Ministry of Health should provide personal protection equipment to family doctors or establish infrastructure by which they can procure personal protection equipment in a simple low-cost way.

Ministry of Health should make an assessment of spatial and other

conditions of all family doctors, as to provide healthcare services to patients with Covid–19.

Ministry of Health and the Public Health Institute should increase PCR testing capacities to reduce the waiting time for PCR testing to the minimum as well as the costs for citizens. Until then, the HIFRNM should urgently sign contracts with private accredited laboratories performing PCR tests so that the costs can be covered by the Fund.

Ministry of Health should provide adequate capacity for diagnostic services for patients with Covid–19, including separate or mobile X-ray machines, separate laboratory premises for these patients where they can do all necessary laboratory tests and analysis.

HIFRNM should urgently add all drugs used for Covid–19 treatment on the positive drug list and make them available at pharmacies and they should be covered by the HIFRNM without the need for refund.

Ministry of Health should establish a coordination and communication system among primary, secondary and tertiary healthcare related to dealing with Covid–19 pandemic.

In time of pandemic, the **HIFRNM** should simplify all procedures related to exercising health insurance rights, such as cancelling the principle of drugs refund bought by patients, to simplify the procedure for exercising the right to orthopedic devices etc.

Government of RNM and the Ministry of Health should prepare an appropriate plan for organization of healthcare services during pandemic, whereby providing access to all necessary secondary and tertiary healthcare services not related to Covid–19 to citizens. The plan should consider specific needs of certain patients, and take into consideration the gender aspect in situations when the access to healthcare services is limited. The plan should secure fast provision of a range of healthcare services similar to the period prior to pandemic.

During the crisis situation, the **Government of RNM and the Ministry of Health** should properly utilize private hospital capacities by signing contracts with the HIFRNM to treat patients thereby reducing the pressure on public healthcare institutions.