

ANNEX I.5

to the Financing Agreement on the Annual action plan in favour of the Republic of North Macedonia for 2022

Action Document EU for Improved Health, Social Protection and Gender Equality

ANNUAL ACTION PLAN

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and annual and multiannual action plans and measures in the sense of Article 9 of IPA III Regulation and Article 23 of NDICI - Global Europe Regulation.

1. SYNOPSIS

1.1. Action Summary Table

Title	EU for Improved Health, Social Protection and Gender Equality Annual action plan in favour of North Macedonia for 2022
OPSYS	ACT-60970
Basic Act	Financed under the Instrument for Pre-accession Assistance (IPA III)
Team Europe Initiative	No
Zone benefiting from the action	The action shall be carried out in North Macedonia
Programming document	IPA III Programming Framework
PRIORITY AREAS AND SECTOR INFORMATION	
Window and thematic priority	Window 4: Competitiveness and inclusive growth Thematic Priority 1. Education, employment, social protection and inclusion policies, and health
Sustainable Development Goals (SDGs)	Main SDG: SDG 3: Ensure healthy lives and promote well-being for all at all ages. Other significant SDGs and where appropriate, targets: SDG 1: End poverty in all its forms everywhere SDG 5: Achieve gender equality and empower all women and girls. SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
DAC code(s)	16070 Labour Rights (23%) 15180 Ending violence against women and girls (9%) 16011 Social protection and welfare services policy, planning and administration (14%) 12110 Health policy and administrative management (54%)
Main Delivery Channel	12000-Recipient Government

Markers (from DAC form)	General policy objective	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal markers	Policy objectives	Not targeted	Significant objective	Principal objective
	Connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digitalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Migration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
Amounts concerned	Budget line: 15.020201 Total estimated cost: EUR 11 120 000 Total amount of EU budget contribution: EUR 11 000 000			
MANAGEMENT AND IMPLEMENTATION				
Implementation modalities (type of financing and management mode)	Project Modality Direct management through: - Grants - Procurement of services and supplies			
Relevant priorities and flagships from Economic and	Priorities: "Digital Transition", "Human Capital Development", Flagships: "VIII Digital Infrastructure", "X Youth Guarantee"			

Investment Plan for the Western Balkans	
Final Date for conclusion of Financing Agreement	At the latest by 31 December 2023
Final date for concluding contribution / delegation agreements, procurement and grant contracts	3 years following the date of conclusion of the Financing Agreement, with the exception of cases listed under Article 114(2) of the Financial Regulation
Indicative operational implementation period	72 months following the conclusion of the Financing Agreement
Final date for implementing the Financing Agreement	12 years following the conclusion of the Financing Agreement

1.2. Summary of the Action

This Action will improve the health and well-being of the population of North Macedonia and support the promotion of equal opportunities and access to quality jobs and social protection for all.

The Action will channel EU funds to improve the state response to the country's most significant health threats (maternal and neonatal health and prevention and control of oncological diseases). It will also enhance the quality of data management in the health sector.

EU funds will also strengthen the country's Occupational Safety and Health (OSH) system by improving the relevant legislation and policy framework and increasing capacities for implementing the legislation.

The Action will promote gender equality, reduce the gender gap, and improve the fight against domestic violence. EU funds will also strengthen the (monitoring of the) quality of social services in North Macedonia.

2. RATIONALE

2.1. Context

North Macedonia belongs to the upper-middle-income group countries with a Gross Domestic Product (GDP)/capita of USDS 5 842 in 2020¹. The convergence of the country economy with the one of the EU progressed at a low pace (the real GDP per capita increased from 30% in 2007 to 38% in 2019², before the COVID-19 pandemic). The regional distribution of the GDP per capita shows a significant income inequality between Skopje and the rest of the regions.

¹ Source: World Bank, <https://www.worldbank.org/en/country/northmacedonia/overview>

² Source: State Statistical Office (SSO): Regions in North Macedonia, 2019, Regional Yearbook, and EUROSTAT

Labour market context

Despite the several crises in the last decade, the labour market has had favourable tendencies, accompanied by a decline of the unemployment rate, broadly stable employment rate, and increased net salaries. While the unemployment rate (15-74) dropped at 16.4% in 2020 (lowest level since the country's independence), the inactivity rate (20-64) increased by 1 pp to 29.5% and the employment rate (20-64) remained almost unchanged at 59.1%, thus documenting that in the uncertain economic context, people tended to withdraw from the labour force and become inactive rather than to seek a job. The net salary decreased (from USD\$ 6 102 in 2019 to USD\$ 5 842 in 2020). The labour market in North Macedonia is characterised by its structural specificities and rigidities. Two groups are particularly exposed to the risk of unemployment and inactivity: youth and women,³ young women in particular. An additional specificity pointed out by the labour statistics is the long-term character of women and youth unemployment. Most of the unemployed have secondary education. The phenomenon of youth emigration, including youths with high skills sets, is a consequence of youth unemployment and gender gaps in the workforce, which impedes economic development.⁴

One of the most promising responses for the youth not in employment, education or training (NEET) is the implementation of the Youth Guarantee scheme (YGs). Since 2019, the Youth Guarantee was successfully introduced on the whole territory through 30 employment service centres to tackle youth unemployment. In 2020, 25 502 young people (12 863 women) were enrolled in the Youth Guarantee; 35% of them got employed or were involved in active labour market measures within four months.

The activity rate is particularly high (91.2% in 2019; 89.4% in 2020)⁵ for men aged 25-49. Women's activity (70.2% in 2019 decreased to 69.8% in 2020) remains only 3/4 of men's, which has been persistent throughout the years. It implies a so-called gender gap in the activity on the market of about 20-25 points in percent, which is more than twice the one in the EU. Also, around 13.6% of the employees do not have a written employment contract, so they are informally employed. The impact of COVID-19, since March 2020 has affected the positive trend on employment. The Government has adopted several temporary socio-economic measures to mitigate the impact of the pandemic on employment. According to recent estimates, these measures prevented the loss of between 50 and 60 000 jobs but reduced fiscal space, as debt exceeded 60% of GDP. As the end of the economic crisis is uncertain, pressure on labour markets and incomes is likely to continue.

The main primary law of the labour market domains is the *Labour Relations Law*. A new Labour Relations Law is under preparation through extensive consultations. It entails comprehensive revision to consider the most recent developments (e.g., regarding non-standard employments) and transpose the EU *acquis* and the International Labour Organisation (ILO) Conventions adequately (e.g. modernisation of the provision on maternity, paternity and parental leave leading to better work-life balance). In 2019, the *Law on Volunteering* was amended. In addition, the *Law on Internship* was adopted, providing for additional flexibility of the labour market, which is of particular relevance for the employment of young people. Furthermore, in 2019, wide discussions and consultations were initiated to improve the existing legal framework and its implementation in occupational safety and health, i.e., the *Law on Safety and Health at Work* (adopted in 2007). Other relevant laws are the *Law on Employment and Insurance in Case of Unemployment*, the *Law for the Amicable Resolution of Labour Disputes*, the *Law on Employment of Persons with Disabilities*, and the *Law on Labour Inspection*.

Social context

³ At the end of the 2020, the youth unemployment (15-29) was 29.6% (decreased from 30.5% in 2019), while the rate of youth (15-29) neither employed, nor in education or training (NEET) in 2020 26.2% (increased from 24.5% in 2019). (Employment and Social Reform Programme 2022-SSO).

⁴ Sustainable Development Goals Voluntary National Review, July 2020 and State Statistical Office publication, Migration 2017. North Macedonia.

⁵ https://ec.europa.eu/eurostat/databrowser/view/LFSA_ARGAN__custom_1057244/default/ba?lang=en

The poverty rate is on a downward trend⁶. By age groups, the poverty rate was the highest for children (0-17) and amounted to 27.8% in 2019, followed by 21.2% of the working-age population 18-64, and it was the lowest for the retirement age population (65+) with 14.8%. The impact of social transfers (excluding pensions) on poverty reduction was relatively low before reforms in 2019 (14.96% in 2019) but has constantly been increasing over the past decade (9.03% in 2012)⁷.

Concerning the social situation of Roma⁸, the employment rate is 22%⁹, almost twice lower than the national average. The employment rate for Roma women is 8%. On the other hand, the unemployment rate reaches 67%. On average, around 17% of the children at pre-school age and 75% of the Roma children aged 6-18 are enrolled in kindergartens/ schools. Similar unfavourable indicators can be highlighted concerning the health status and dwelling of the Roma population.

The primary law governing social protection is the *Law on Social Protection* enacted in May 2019. It is based on the principle of the citizens' right to social security and social insurance, social justice, humanity, and solidarity. As a response to the COVID-19 outbreak, the law mentioned above was amended to allow people facing a sudden loss of earnings due to pandemics or similar unforeseeable events, to be entitled to Guaranteed Minimum Assistance. Another important law is the *Law on Children Protection*. It was recently modified to introduce improvements in the system of financial benefits for children to eradicate children's poverty and guarantee equal opportunities for all children. The new *Law on Social Security of the Elderly* addresses the social needs of older people. It provides financial assistance for persons aged 65 and above who are materially deprived. Other relevant laws in the social sphere are the *Law on Mandatory Social Security Contributions* that governs the setup of the contributions for pension, health and insurance in case of unemployment, the *Law on Pension and Disability Insurance*, the *Law on Mandatory Fully Funded Pension Insurance* and the *Law on Pension Benefits from the Fully Funded Pension Insurance* that govern the types of pensions and pension benefits, conditions for entitlement to pension, institutions administering pension, etc.

Gender equality context

Gender inequality can be observed in different domains and especially in rural areas. The poverty rate in 2019 was 21.1% for men and 22% for women. 43.4% of all unemployed in 2019 were women¹⁰, and about 55% of unemployed women were without any education or had only primary education. In large private sector companies, women occupy only 21% of managerial positions. The increase in the minimum wage up to 15.194 denar (EUR 247)¹¹ in the last four years, and the equalisation of minimum wage in the textile and leather industry with the national minimum wage, have reduced the gender wage gap. In the public sector, 54.83% of employees are women and 45.17% men¹². In general, women are overrepresented in almost all types of institutions, especially in judicial institutions. Women hold around 36% of managerial positions in the public sector. Regarding political representation, as a legal requirement, every third candidate in party lists for parliamentary seats must be female. However, at the local level, the situation is less balanced. In the 2021 local elections, only two women were elected mayor, including for the city of Skopje. The new Government was appointed in January 2022. Four out of 16 ministers and two out of 16 Deputy Ministers are women.

⁶ From 27% in 2010 to 21.5% in 2015, followed by a mild stagnation and in 2019 it was 21.6%. Source EU-SILC:

https://ec.europa.eu/eurostat/databrowser/view/ILC_LR02/default/bar?lang=en

⁷ EUROSTAT. Table "Impact of social transfers (excluding pensions) on poverty reduction by sex [TESPM050]"

<https://ec.europa.eu/eurostat/databrowser/view/tespm050/default/table?lang=en>

⁸ In the absence of national statistics disaggregated by ethnic origin, the social situation of the Roma is presented on the Social Mapping Report drafted for the purposes of the Ministry of Labour and Social Policy, June 2019, based on a sample of 11 municipalities where the Roma population is concentrated. The mapping covered around 90% of the total Roma population in the country.

⁹ <https://www.eurasia.undp.org/content/rbec/en/home/library/roma/regional-roma-survey-2017-country-fact-sheets.html>

¹⁰ http://makstat.stat.gov.mk/PXWeb/pXweb/en/MakStat/MakStat_PazarNaTrud_AktivnosNaNaselenje/041_PazTrud_Mk_NcvSpeDolziPol_ang_px/tab/c/tableView/layout2?trid=46ec0b4-2992-4b45-a2d9-cb4e5f7ee5ef

¹¹ Source MLSF web-site: <https://mtsp.gov.mk/plati.nspx>

¹² MIOA Public Sector Employee Registry (2020):

https://www.mioa.gov.mk/sites/default/files/pbl_files/documents/reports/izvestaj_registar_2020_rev.1.01.pdf

Concerning **violence against women**, it continues to occur at high rates. Nearly half (45%) of women in North Macedonia have experienced some form of intimate partner violence (physical, sexual, and/or psychological) since the age of 15, and almost 1 in 3 women (30%) have experienced sexual harassment. Recent data shows that 82% of the victims of domestic violence are women. However, women's attitudes and perceptions of this violence contribute to low disclosure and reporting rates. Compared to women in the rest of the EU, women in North Macedonia are three times as likely to consider domestic violence a private matter to be handled within the family¹³. In 2020, the number of newly registered cases, following the Law on Prevention and Protection against Domestic Violence, saw an increase, reaching 1 531 victims (1 161 women, 249 men and 121 children)¹⁴.

In January 2021, the *Law on Prevention and Protection from Violence against Women and Domestic Violence* was adopted. The Law aims at preventing violence against women and domestic violence and offers adequate protection to victims of any form of gender-based violence and domestic violence. The Ministry of Labour and Social Policy stepped up with the preparation of the secondary legislation necessary to implement the Law.

The most relevant legal instruments on **gender equality and inequality** are the *Law on Equal Opportunities for Women and Men*. In line with the provisions of this Law, the Assembly of North Macedonia established a Commission for Equal Opportunities for Women and Men. A new Law on gender equality is in preparation, which foresees significant improvements of the mechanism for promoting gender equality. The *Law on Audio Visual Services* (2018) ensures that women have equal participation in media-related decision-making bodies and prevents discrimination based on gender or sexual orientation in media outlets, and the *Law on Prevention and Protection against Discrimination*. This Law was adopted in October 2020, and it is in line with the EU directives and international standards.

Health context

North Macedonia faces an ageing population trend, which could also affect the health system. The fertility rate of 1.42 births per woman is below the EU average (1.55) and well below the replacement level¹⁵ (2018). Life expectancy increased from 75.40 in 2014 - 2016 to 75.95 in 2016 - 2018, but it is still considerably lower than the EU average of 81.0 in 2018¹⁶. In 2019, the infant mortality rate was 5.6 deaths per 1 000 live births, while the EU average rate was 3.40 in 2018. Although premature mortality is decreasing with the increase in life expectancy, relevant regional variation exists. More than 50% of deaths in the worst performing region are premature versus 8% in the best performing region. The highest percentage of premature mortality is registered in the municipalities that home people with the lowest socio-economic status, low educational level and poor access to healthcare services¹⁷.

In the last decades, the burden of diseases shifted to non-communicable diseases (NCD), and their risk factors increased. In 2016 the mortality rate of cardiovascular diseases, cancer and chronic lung diseases in the country was 20.3% (for people aged 30-70), much higher than the EU average of 12.82%¹⁸. The rates of diabetes and carcinomas (particularly lung cancer with men) have increased significantly. Prevention services (i.e., primary healthcare services) and the expenditure for such services lag behind the needs. This status also has an essential negative economic impact due to premature, ill health, disability or early death. The extremely high air pollution is also a pressing

¹³ Well-being and Safety of Women. OSCE-led survey on violence against women. https://www.osce.org/files/f/documents/3/5/419264_1.pdf

¹⁴ Source of data: The MoISP keeps records for victims of domestic violence gathered as administrative data from 30 Social Work Centres covering whole territory of the country.

¹⁵ <https://ec.europa.eu/eurostat/databrowser/view/tps00199/default/table?lang=en>

¹⁶ https://ec.europa.eu/eurostat/databrowser/view/sdg_03_10/default/table?lang=en

¹⁷ World Health Organisation. https://www.euro.who.int/_data/assets/pdf_file/0016/301183/Better-NCD-outcomes-challenges-opportunities-HSS-Macedonia.pdf

¹⁸ <https://data.worldbank.org/indicator/SH.DYN.NCOM.ZS?locations=MK-EU>

issue, entailing major health problems and costs, as well as economic losses. Finally, the healthy life expectancy (HALE) at the age of 60 in 2016 was 14 years for men and 16 years for women¹⁹.

The legislation governing public health is quite comprehensive. The fundamental laws governing healthcare in the country are the *Law on Healthcare*, the *Law on Health Insurance*, the *Law on Public Health*, the *Law on Health Records* and the *Law on Protection of Patients' Rights*. Furthermore, in the fields for which international conventions are ratified, and in the areas in which the EU *acquis* has been developed, namely, blood safety, tissues and cells, infectious diseases, tobacco control and medicinal products, the provisions are transposed into the national legislation. In addition, to not limit access to the safe pregnancy termination procedure, the new Law on Termination of Pregnancy (2019) ensures that women have timely access to health care providers. Finally, the Law on mental health regulates the basic principles for protection, promotion and advancement of mental health and the rights of persons with mental illness.

2.2. Problem Analysis

Area of support #1: Occupational safety and health (OSH)

The main objective of the OSH regulatory framework is to stimulate and maintain the highest level of safety and health at work, which presupposes the creation of conditions to prevent the occurrence of occupational accidents and work-related illnesses. In North Macedonia, the OSH framework comprises a set of legal acts; the most relevant is the Occupational Health and Safety Act, supplemented by a group of more than 30 books of secondary legislation standards. The new Strategy now completes the legal framework on Safety and Health at Work 2021-2025. This complex system requires inter-institutional solid coordination and cooperation, given the relevant number of institutions involved in implementing the OSH system. Within this institutional structure, the inspection activity is one of the most pertinent. Although the administrative capacity in respect to the human resources of the State Labour Inspectorate (SLI) slightly improved in the recent period with the recruitment of additional inspectors (by March 2021, there were 118 labour inspectors, of them 80 working on labour relations and 38 on OSH), the capacities are still insufficient to ensure that the legal provisions are correctly and fully enforced. Currently there are 21 inspectors (18% of the total number) that are over 64 years old. According to the governmental Plan for recruitments in inspection services (adopted in February 2021), 14 new inspectors will be recruited, and four employees will get promoted.

Other issues that also affect the quality and effectiveness of the supervision of the application of OSH legislation are related to the knowledge, skills and competencies of inspectors. At present, it is missing an efficient system ensuring their lifelong professional education and training. This is particularly true for the aspects related to the use of modern tools/equipment in their work. It is also worth mentioning the lack of internal coordination and knowledge/experiences sharing, etc. In addition, the country is facing several other challenges, mainly concerning the not adequate capacities of other relevant stakeholders, including social partners, to deal with OSH. Homogeneous data collection, record-keeping, statistics and reporting on OSH-related indicators (including work-related accidents/injuries and occupational diseases), knowledge and awareness about OSH (especially among employers and workers) and sound preventive OSH culture within the companies are still challenges for the country.

This Action is expected to improve the relevant legislation and policy framework and increase capacities for implementing the OSH legislation.

Area of support #2: Gender equality, with focus on gender-based and domestic violence

¹⁹ <https://www.who.int/data-gho/data/indicators/indicator-details/GHO-gho-ghe-hale-healthy-life-expectancy-at-age-60>

On gender equality, the legal framework is broadly in line with the EU *acquis*, but it still needs upgrading following the ratification of the Istanbul Convention on preventing and combating violence against women and domestic violence. The Commission Report²⁰ on North Macedonia outlines the need of aligning related laws and adopting implementing legislation to the Law on the prevention of and protection from violence against women and domestic violence, and amending the Criminal Code in order to provide full protection to victims from all forms of violence including femicide. It also highlights the need to upgrade the services for victims of gender-based violence. Currently, five state shelters provide accommodation for up to six months and two crisis centres managed by civil society organisations. However, these services are available in six planning regions (Skopski, Southwest, East, Vardar, Southeast and Pelagonija regions), leaving many victims without adequate protection from domestic violence and gender-based violence, particularly in rural areas.

Balancing gender roles in the family requires additional incentives and behaviour change interventions, though the MoLSP is investing in 11 community services regarding supporting victims of gender-based violence and family violence. There have been improvements in the representation of women in leadership positions at the central and local levels, although further progress is necessary. A key challenge is traditional gender roles, as women are much more likely to engage in unpaid work at home than men.

The EU support will increase the availability and access to services for victims of gender-based violence. It will increase capacity to address issues related to gender-based and domestic violence.

Area of support #3: Social protection

The social protection system aims to promote and develop person-centred community-based social services in line with the users' individual needs and develop innovative and intervention social services. The legal framework requires that the country establish a participatory mechanism for continuous monitoring and evaluation of the quality of social services. However, such a mechanism is not yet up to the needs of the country. The client's satisfaction from the service delivered and the change in the quality of the client's life due to the service received are still a challenge for the country.

The Action addresses the quality of social services by strengthening the framework for monitoring the quality of social services. In this way, the country will be able to improve the service based on factual data.

Area of support #4: Health

The most relevant challenges in the health sector that this Action Document considers most relevant are the following:

Perinatal care

The Government of North Macedonia declared as strategic priorities of the country (i) to strengthen the health system, (ii) to fast-track progress towards improving maternal and new-born health outcomes and (iii) to accelerate the pace toward achieving the ambitious targets of the Sustainable Development Goal (SDG) "Ensure healthy lives and promote well-being for all at all ages". In the last years, North Macedonia has seen improvements in maternal and new-born health outcomes. The perinatal death rate decreased from 21.0/1 000 live births in 1990 to 12.6/1 000 in 2010 and 9.9 in 2019. The mortality of premature babies decreased from 7.5 in 2016 to 3.4 in 2018. Similarly, infant mortality decreased from 11.9 in 2016 to 5.7 in 2018. Although positive trends are observed, maternal, neonatal and perinatal death rates are still above the EU average. Systemic changes and improvements in health services for mothers and new-borns must maintain these trends.

²⁰ 2022 Communication on EU Enlargement Policy (COM (2022) 528); 2022 Report on North Macedonia (SWD (2022) 337 final)

Recently, the Ministry of Health endorsed a Master plan for improving perinatal health. The Perinatal Care Master Plan was developed to conclude a combined effort by the Ministry of Health and the World Health Organisation. The multidimensional plan sets the objective to implement rapid and effective reforms across the full spectrum of perinatal care service delivery to address the existing gaps, strengthening further the perinatal care service provision and facilitating the achievement of the best possible maternal-infant health outcomes. The Master Plan provides a consolidated set of analyses of the current organisation of the perinatal care system across a full spectrum of service delivery. The plan offers prospective recommendations on improving maternal and neonatal health outcomes. As tools, the project includes the establishment of risk-appropriate care, the rationalisation and optimisation of maternal and newborn service provision, the elaboration of a robust quality assurance system and health information support.

The plan also addresses the challenge of overload of the tertiary level University Clinic for Gynaecology and Obstetrics, where 22% of deliveries in the county are managed. At the same time, there is an underutilisation of regional hospitals. Even mild complications, which should be handled locally in the regional hospitals, become subject to referral. Therefore, there is a need to strengthen the capacities of the regional hospitals that provide childbirth services to upgrade the level of complexity of care that they provide, to be able to manage certain complicated obstetric/neonatal cases and to reduce the burden on university hospitals. At the same time, it is necessary to develop in the University Clinic of Gynaecology and Obstetrics a centre for extreme prematurity to implement new surgical treatment in the country, already well-proven in other countries. It is also necessary to establish clear criteria and monitoring systems to attribute obstetric and neonatal cases to the most suitable hospital.

Non-communicable diseases

Non-communicable diseases (NCDs) have the largest share of the disease burden nationally. They represent one of the main public health challenges in the country. Like many other countries, North Macedonia faces an increasing burden of NCDs. Mortality from cardiovascular disease (CVD) remains stable at a high level, while mortality from diabetes and from malignant neoplasms is increasing. There is a real need for action to prevent better and control critical non-communicable diseases.

On cancer, it is necessary to establish a strategy addressing the entire disease cycle, i.e., health promotion, prevention, early detection, rapid diagnosis, early initiation of treatment, effective treatment options, aftercare, secondary prevention, support for people living with cancer, palliative care. However, the primary need is to improve the limited present screening programmes by establishing population-based screening programmes for breast cancer. The enhanced screening programmes need to be coupled with the training of health professionals, appropriate equipment, and the introduction of protocols /quality assurance systems for all types of screenings. There is also a need to adapt the training of health personnel, and personnel specialised in radiotherapy and medical oncology to European standards and guidelines. Finally, there is the need to improve cancer diagnostics and the implementation of standardised diagnostic operating procedures.

E-Health

The National System for e-Health – Moj Termin of the Ministry of Health was initially established in 2011, with some basic functionalities, and from 2013 began to develop into a National Integrated Health Information System. This system aggregates data on three health areas: Healthcare, Health Prevention and Public Health through different modules. In addition, the system is integrated with the National Drug Registry and other national systems with which it exchanges data daily.

Another essential digital health system is the Health Insurance Fund (HIF) information system. In addition to the critical registration functions, it also includes specific contracting and claims processing modules for each health system's critical groups of health providers. As a result of several expert analyses of the situation with digital health in North Macedonia, the following recommendation for further development of the Integrated E-health system was given: (i) to focus

on developing linkages, improving the collection and quality of financial data and improving patient identity verification; (ii) to improve system dimensions and uses that are either poorly covered by digital health interventions, or not covered at all, such as financial and general management of the system (including accounting and inventory, resource management, and management and planning tools), health statistics and population management, and quality and utilisation management; (iii) to develop automated results reporting, including automated linkages to laboratory analysers and other laboratory equipment, and linkages to digital imaging results through picture archiving and communication systems (PACS) for x-ray, ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and so on; (iv) inclusion of centralised national PACS storage and reference capability, which would allow access to digital images for x-rays, ultrasound, CT and MRI, in addition to the written assessment of the images; (v) to develop a Laboratory Information System (LIS) module with appropriate linkages to the Electronic Health Record (EHR); (vi) to enhance the effectiveness of the overall digital health system through development of standards (data dictionary, coding standards, data interchange standards), and to reduce the burden of paper-based reports, files, prescriptions, etc. in the system.

The Action will contribute to improve maternal and neonatal health care mainly in two pilot regions, improve the prevention and control of oncological diseases, and improve the quality of data management in the health sector.

The Action will involve the following stakeholders

- The **Ministry of Labour and Social Policy (MoLSP)** is responsible for labour, employment and social policy, including gender equality and non-discrimination, protection of women, of individuals with special needs and family care, as well as for the policy on occupational safety and health. The Ministry is responsible for implementing the existing national legislation and adherence to ratified international conventions in the field of labour legislation and social security.
- The **Ministry of Health (MoH)** is responsible for setting the overall strategic direction and priorities of the health system; developing legislation, regulations, standards, policies and directives to support those strategic directions; monitoring and reporting on the performance of the health system and the health of the population; planning and establishing funding models and funding levels for the health care system, and ensuring that the strategic guidelines and expectations of the ministry and the design are met. It is also competent for the occupational medicine area's activities, organisation, and functioning. The MoH establishes and evaluates the fulfilment of minimum criteria of the healthcare institutions for practising occupational medicine. Based on such evaluations, it grants authorisations to health institutions to practice occupational therapy and keeps a respective register.
- The **E-Health Directorate** is a state administration body within the Ministry of Health with the capacity of a legal entity that performs professional work relevant to the development and promotion of the integrated health information system. It is responsible for upgrading, optimisation, execution, regulation, maintenance, control, education of the health staff and analysis of all processes and functionalities related to the integrated health information system that is used by health institutions within the health network, the Ministry of Health, the Health Insurance Fund, the Drug Agency or other entities in the field of health.
- The **Commission for Protection against Discrimination (CPD)** is the main body for protection against discrimination. It was established based on the Law on the Prevention of and Protection against Discrimination in January 2021. As an independent legal entity, CPD has the competencies to process complaints against all natural and legal persons. It has the mandate to receive complaints from across the country. CPD is the first such body established to work exclusively on issues relating to discrimination, both in public and in the private sector.

- The **National Body for Family Violence (NBFV)** shall be re-established with the new Law for Prevention and Protection against Gender-Based and Domestic Violence. NBFV will be mandated to monitor and analyse the state of family violence and gender-based violence in the country, coordinate the activities of all relevant institutions and propose measures for the implementation of the activities.
- The **Social Work Centres (SWCs)** are institutions with public authorizations for performing social protection activities, such as administering social protection rights, taking decisions about family law matters, taking actions as per the criminal law regulations, and performing other activities determined by law.
- The **Institute of Social Affairs (ISA)** is responsible for developing skills and qualifications, licensing social protection professionals, providing support and guidance, and personal and professional development of social service providers. The ISA offers information and data on social protection as a basis for planning, developing and improving the quality of services to citizens.
- The **Institute of Occupational Medicine** in Skopje is designated World Health Organisation (WHO) collaborating centre, which conducts highly specialised health activity in the field of occupational medicine, performs activities for the promotion of health at work, performs environmental monitoring in the work environment and assessment of risks at work, builds and implements professional-medical doctrinal criteria in its field, develops and applies information system in the field of health and safety at work, performs training of health workers, provides professional-methodological assistance and coordinates health institutions in the field of occupational medicine.
- The **Occupational Safety and Health Council (OSHC)**²¹ reviews and gives opinions and recommendations on the occupational safety and health situation; make proposals for the drafting of laws and other regulations related to OSH; documents of international organisations on OSH.
- The **State Labour Inspectorate (SLI)** has been functioning as a separate legal entity from the MoLSP since 2014. The SLI realises its activities in conformity with its legal obligation for supervision of the implementation of laws and other labour relations, employment, OSH and the collective agreements, employment contracts and other acts providing for the regulation and realisation of workers and employers' obligations and responsibilities arising from the area of labour relations and OSH.
- The **State Inspectorate for Technical Inspection** supervises the pressurised equipment and products and plants intended for operation in explosive atmospheres, performs supervision of lifts, cable cars, cranes and conveyors and electric power plants, products and devices, performs verification and keeps records of independent legal entities, records of technical inspections and periodical examinations when using specialised equipment, geological and mining supervision and equipment, products and plants intended for use in mining of mineral raw materials, conducts inspection supervision over the application of laws and by-laws on geological explorations, the performance of mining works, exploitation of mineral raw materials and mineral technology, and control over the use of electrical devices and installations for exploitation of mineral raw materials.
- The **Pension and Disability Insurance Fund (PDIF)**²² implements the regulatory framework. It is responsible for monitoring and analysing the pension and disability

²¹ <https://misp.gov.mk/sovet-za-bzr.nspx>

²² <http://www.piom.com.mk/>

insurance, and proposes and undertakes measures to improve the pension and disability insurance system.

- The **Health Insurance Fund (HIF)** collects and plans the funds from the compulsory health insurance, supervises the health insurance system, arranges for the provision of health services for the insured persons in compliance with the norms and standards.
- **The Institute of Public Health (PHI)** is a national institution. It performs activities as stipulated by the Law on Health Protection. The healthcare activity encompasses measures and activities aimed at monitoring the population's health status, risk factor studies, planning of actions and activities for prevention of occurrence, early detection and prevention of disease spreading, and measures for preserving and promoting health and the environment. The Institute of Public Health monitors the work of the public health centres and is in charge of keeping the health statistics in North Macedonia.
- **Public and private social services providers** are legal entities licenced by the MoLSP to deliver social services to the citizens, according to relevant law and related by-laws.
- **Professional Associations and Social Partners**, working actively on occupational safety and health through various campaigns and media events and capacity building activities. The associations of workers and employers are essential partners in protecting workers' rights, especially against discriminatory practices at the workplace.
- **Local self-government units** are responsible for planning social protection responses to the local needs.

3. DESCRIPTION OF THE ACTION

3.1. Intervention Logic

The **Overall Objective (Impact)** of this Action is *to improve the health and well-being and promote equal opportunities and access to quality employment and social protection for all.*

The Action aims to achieve the following **Specific Objectives (Outcomes)**:

Outcome 1: Improved OSH system and practices

This outcome will be achieved through the following outputs:

- 1.1. *Increased capacities for implementation, compliance and enforcement of the OSH legislation* - The action will strengthen the enforcement capacities of State Labour Inspection (OSH department) and MoLSP by improving the working procedures, standards and practices, reporting and inspection tools and methodologies. Furthermore, workers and employers with a high number of work accidents and occupational diseases will be targeted to reduce fatal injuries at work. In addition, capacities of other relevant stakeholders (ministries, state institutions, social partners, organisations of OSH professionals, etc.) to engage in effective OSH related dialogue and deal with OSH policies and practices will be boosted. This will be complemented with further improvements of the national legislation and its further harmonisation with relevant EU OSH Directives.
- 1.2. *Improved and upgraded OSH information system* - The Action will address one of the most critical challenges that the country is facing in the OSH area, which is the incomplete and fragmented system(s) of recording and keeping data on work-related injuries, accidents at work and occupational diseases. At present, different structures and amounts of data are needed for reporting work-related injuries/deaths. The Action will contribute to establishing a single, unified, inter-linked, impartial and reliable set of data and statistics on the OSH situation in the country under a clear institutional framework. The new system will address non-reporting or under-reporting issues and seek to achieve synergy with the e-health system

under outcome 4. In addition, the collected data will be used to promote evidence-based policies aiming at establishing a better OSH system

- 1.3. *Promoted positive OSH culture, practices and awareness* - The EU funds will be used to improve the OSH awareness of stakeholders, especially employers and workers through communication, and capacity building and awareness promotional activities designed for and adapted to different target groups (particularly the micro and small enterprises, representing the majority of the national companies).

Outcome 2: Enhanced effectiveness of the system for prevention and protection of gender-based and domestic violence

This outcome will be achieved through *Output 2.1. Increased availability and access to specialised and other essential social services for whoever experience gender-based violence*. The Action will support the development, initial operation, and preparation for licencing of essential social services for gender-based and domestic violence victims in line with the national legal framework. Social services comprise a range of critical services supporting the rights, safety and wellbeing of women and girls experiencing violence. The services supported by this Action will be provided within a culture of women's empowerment, which includes ensuring that services are women-focused, child-friendly, and support women and children to consider the range of choices available to them and support their decisions. They will encompass safe accommodation, legal and rights information and advice, and support for economic independence, recovery and autonomy. Special attention will be paid to vulnerable women in rural areas, low-skilled women, ethnic minorities (especially Roma), women with children, etc. The Action will support activities for combating gender-based violence in line with the *Law for Prevention and Protection from Violence against Women and Family Violence*.

Outcome 3: Improved quality of social services

This outcome will be achieved through *Output 3.1. Strengthened monitoring and quality assurance of social services at all levels*. The Action envisages the progressive deployment of comprehensive monitoring and quality assurance system of the social services delivered in the country, and development of implementing methodologies/tools for assessing the effectiveness and efficiency of social services (all types) at national, local and at the level of service providers. The system will build on the essential elements and architecture of the Monitoring and Evaluation System designed with the Instrument for Pre-accession Assistance (IPA) II support in line with the Law on Social Protection. The Action will also improve the quality of social services in line with the voluntary European Quality Framework for Social Services principles. Assistance will also be provided for the development of institutional mechanisms for monitoring and quality assurance, as well as for reviewing the social services licensing system and further strengthening of the setup/environment for establishing, developing, and operating of social service, provided by non-public entities. Institutions, service providers, municipalities, users, their families and all other stakeholders will have access to know-how, advocacy and resources to best play their role in the system.

Outcome 4: Improved state response to major health threats in the country

This outcome will be achieved through the following outputs:

- 4.1. *Improved maternal and neonatal health* – The action has a pilot character and aims at improving the **perinatal care services** in the clinical hospitals in Bitola and Tetovo. It will empower and equip the selected hospitals to manage complicated maternal and neonatal cases according to their clinical requirements. The Action will also contribute to establishing clear criteria for the attribution of obstetric and neonatal patients to different types of hospitals, will strengthen the capacities of the health professionals working in this area and will improve infrastructure and equipment in perinatal care. The strengthened capacities of the regional hospitals to manage complicated obstetrics/neonatal cases will improve the accessibility of health care at regional level and will reduce the burden on university clinics. As a result, unnecessary referrals will be minimised, and health care will become more targeted and quicker. The results of the pilots will

be assessed in terms of acceptability, efficacy, efficiency, and replicability and the model will be rolled out across the country. They will be communicated to other hospitals, will encourage them and support indirectly to prepare for accreditation.

4.2. *Improved prevention and control of oncological diseases* - The Action supports the preparation and implementation of a comprehensive cancer strategy /plan, mirroring the EU Beating Cancer Plan and focusing on health promotion, disease prevention (to reduce the exposure to key risk factors such as tobacco, unhealthy diet, physical inactivity, alcohol consumption, nutritional exposure to carcinogens etc.) and early detection, diagnosis, treatment and palliative care. The Action will support the development, implementation, and quality control over population-based screening programmes for breast, cervical, and colorectal cancer, will procure modern equipment for cancer diagnostic and treatment, will improve the use of existing diagnostic capacities by providing software and hardware and digitally connect the existing equipment for breast cancer screening. On capacity building side, EU funds will improve the alignment of the education and training programme in radiotherapy and medical oncology with the standards and guidelines of the European society for medical oncology and European society for radiotherapy and oncology, will develop training curricula for cyto-screeners for laboratory technicians, and will train health professionals working on cancer registry, data analysis, and breast cancer screening through training and secondments in relevant specialised European centres.

4.3. *Improved quality of data management* - The Action will substantially enhance the existing health IT systems and strengthen the institutional capacity of the MoH, HIF, Directorate for E-Health, and other related entities through delivery and installation of software solutions to integrate and consolidate the IT systems of MoH and HIF, consultancy services for defining standards and technical specifications for an essential solution for Enterprise Resource Planning (ERP) to be used in all public health institutions, consultancy services for the development of standards for the national laboratory information system (LIS) and establishment of a national tele-radiology system. The EU funds will improve the management and performance of the health institutions and enhance the quality of health care through upgrading the e-Health system, allowing for effective and efficient use of large data sets, harmonized with the EU and international standards and in line with the European Electronic Health Record Exchange Format²³.

3.2. Indicative Activities

The action envisages the implementation of the following activities:

Outcome 1: Improved OSH system and practices

Activities related to Output 1.1: Increased capacities for implementation, compliance and enforcement of the OSH legislation

- Assistance for upgrading the administrative capacities of the State Labour Inspectorate (OSH department), improving the skills and competencies of the labour inspectors, strengthening the training function of the SLI, developing modern working methods and procedures, standards, work practices and tools, streamlining the reporting system.
- Assistance for enhancing the capacities of other relevant stakeholders (ministries/state institutions, social partners, organisations of professionals) for dealing with OSH policies and practices and ensuring improved legal compliance with OSH requirements.

²³ Recommendation on a European Electronic Health Record exchange format - Shaping Europe's digital future (europa.eu)

- Technical support for assessing and improving the level of harmonisation of the national OSH legislation (law and by-laws) with relevant EU *acquis*.

Activities related to Output 1.2: Improved and upgraded OSH information system

- Assistance and investments for creating a single, unified and reliable system of data collection, statistics and reporting on work-related accidents/injuries and occupational diseases, in line with the European Statistics on Accidents at Work (ESAW) and European Occupational Diseases Statistics (EODS) methodologies, as well international standards and methodologies.
- Assistance for improving the capacities for analyses and use of OSH-related data and evidence-based OSH policy creation.

Activities related to Output 1.3: Promoted positive OSH culture, practices and awareness

- Assistance to increase the OSH awareness of the citizens, promoting OSH culture and practices, through the implementation of promotional activities, design and production of video and print promotional materials, as well as development of educational materials and curricula on OSH for pupils in primary and/or secondary education with the objective to promote OSH culture among the youngest (school-age) population.

Outcome 2: Enhanced effectiveness of the system for prevention and protection of gender-based and domestic violence

Activities related to Output 2.1: Increased availability and access to specialised and other essential social services for whoever experience gender-based violence

- Support for the establishment, initial operation, and preparation for licensing of specialised and other essential social services to prevent and protect from gender-based violence following the applicable national legal framework. The selection of the social service providers will be done after a call for proposals, which is expected to result into 1 to 3 grants.

Outcome 3: Improved quality of social services

Activities related to Output 3.1: Strengthened monitoring and quality assurance of social services at all levels

- Technical assistance to assess and upgrade the monitoring and quality assurance system of social services.
- Analysis and possible review of the legal framework relevant to social services, setting of social services quality standards, sets of indicators for all aspects and phases of service delivery (defined per type of social services), establishment of mechanism (body/unit) for social services monitoring and quality assurance, establishment of clear reporting lines, development and functioning of a complaints' mechanism.
- Capacity building on social services planning, monitoring and quality assurance, including training of managers, social work professionals, practitioners, service users, informal carers and other relevant actors involved in social services delivery.

Outcome 4: Improved state response to the major health threats in the country

Activities related to Output 4.1: Improved maternal and neonatal health

- Delivery and installation of equipment for maternal and neonatal care in two selected hospitals and their network to improve the access of every pregnant woman and new-born to health care facilities, high quality, safe and effective care following their specific health needs.
- Transfer the best practices to improve neonatal care in at least three other regional hospitals.

- Technical support to develop appropriate training curricula. Training of Trainers (ToT) and deliver specialised training for high and mid-level perinatal professionals, patronage nurses.
- Technical Assistance for awareness campaigns to increase maternal and neonatal health care awareness.

Activities related to Output 4.2: Improved prevention and control of oncological diseases

- Technical assistance for developing a national cancer control plan/Strategy and a plan for implementation and quality control for the national population-based screening programmes for breast, cervical and colorectal cancer.
- Supply of software and hardware (PACS system) for ensuring interconnectivity between existing diagnostic equipment for breast cancer as well as equipment for computerized tomography and magnetic resonance within the University Clinic. This activity will improve the utilisation of existing resources (equipment, human resources) and increase breast screening coverage and diagnostics.
- Supply of state-of-the-art cancer diagnostic equipment for modernisation and improvement of cancer diagnostics as well as equipment for cancer treatment.
- Building the capacity of (i) coders working on Cancer registry; (ii) personnel working on data analysis (iii) health professionals engaged in cancer screening programs and their secondment in specialised European centres, along with harmonisation of training programmes in radiotherapy and medical oncology with the standards and guidelines of the European Society for Medical Oncology and the European Society for Radiotherapy and Oncology.

Activities related to Output 4.3: Improved quality of data management

- Technical assistance for defining ERP standards and recommending an essential solution for ERP that will be used in all public health institutions.
- Technical assistance for defining standards in the electronic operation of the laboratories (LOINC).
- Delivery and installation of software solutions to integrate and consolidate the IT systems of the Ministry of Health and the Health Insurance Fund. This activity should allow better monitoring of the health care performance, improve the planning of health interventions, and decrease the cost of health care services.

3.3. Mainstreaming

Environmental Protection, Climate Change and Biodiversity

As part of a broader obligation to sustainable development, the EU has a longstanding commitment to addressing environmental concerns in its assistance programmes. This Action does not pursue specific objectives as regards the environment and climate change. Still, its implementation will partially contribute to a better understanding of the environmental challenges and environmental impact, primarily through supporting the digitalisation drive. The proposed Action is soft, and it will not negatively impact or jeopardize the environment.

Gender equality and empowerment of women and girls

The Action is gender-sensitive.

First, under the gender-related output, this Action is focused clearly on promoting gender equality and mainstreaming through activities focused on policies and services for the advancement of gender equality and closing the gender gap. The Action will develop services for the prevention and protection of gender-based violence.

Second, under the health-related output, this Action improves maternal health care and women health care in two pilot regions in North Macedonia, thus investing in better healthcare services for women.

Third, improving the quality of social services refers to improving the working conditions for the workforce in the care sector, which is women dominated.

Human Rights

North Macedonia is committed to be a reliable partner in implementing the EU Action Plan on Human Rights and Democracy 2020-2024, which sets out the priorities of the EU and its Member States in relations with the third countries, and to participate actively in the political and sector policy dialogue on human rights. The Action will support the country in this aspect by addressing the right to non-discrimination on the grounds of sex or social origin, promoting gender equality, supporting the right to have fair and safe working conditions and health care, and by raising the awareness and empowering the citizens to be active and strong defendants of their economic, social and health-related rights. In addition, the Action further invests in administrative capacity, transparency and accountability of the administration and inspection services, who are supposed to effectively ensure the citizens' rights in practice through planning and implementing sector policies. Targeting all stakeholders - people who use services, service provider organisations, local communities, and administration, the Action promotes human rights concept horizontally adding to a new human rights culture in the country.

Disability

This Action will improve the health and living standards, and the social services for the citizens of North Macedonia, and particularly for the most disadvantaged people, notably people with disabilities, vulnerable people, as well as Roma and other disadvantaged groups, who are the main users of social and health services. Moreover, by investing in health care and OSH, it will add to the prevention of disabilities in the country.

Civil Society

This Action has been developed in an inclusive process involving civil society as a part of the established sector policy dialogue. This approach will also apply in the next stage, as civil society organisations are part of the Sector Working Groups (SWG), channelling the policy dialogue on sector priorities, IPA programming and reporting. The Action envisages significant support for the harmonisation of the national legislation with EU *acquis*. This process is channelled through the existing ENER IT platform and the SWGs, both of which ensure that the civil society will participate also in the development of the new legislation.

Civil society organisations will participate in the implementation of the Action, as contracting parties, particularly in the parts, related to the safety and health at work, promoting gender equality, and combating gender-based violence and family violence. In this way, employers' and employees' organisations as well as gender-oriented organisations can also directly benefit from the Action. The upgraded system for monitoring of social services will guide the service providers, many of which are civil society organisations, in improving their performance standards and capacities and implementing their missions and objectives.

3.4. Risks and Lessons learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
People and the organisation	Lack of political will to continue the	L	H	Engage in continuous policy dialogue with national authorities through, mainly, the SWGs.

	implementation of the employment and social reforms and investments in the public health system			
Planning, processes and system	Weak administrative capacity, lack of adequate number and quality staffing and insufficient coordination among the institutions	M	M	Take advantage of the implementation of the Public Administration Reform (PAR) programme and put in place corrective measures. Establishing good communication channels and regular coordination and consultation between institutions.
People and the organisation	Lack of interest of the private sector and Civil Society Organisations (CSOs) on activities related to the Action	M	M	Organise meetings with the social partners and CSOs active in the field to inform and engage them about the Action and its main objectives.

Lessons Learned

The Action is continuation of the EU support for the sector of education, employment, and social inclusion in the country. The EU allocated over EUR 100 million for Human Resource Development in the country for 2007-2020. The implementation of the EU projects provides for the following conclusions:

- Strong political commitment and involvement is the ultimate condition for the reform in the whole sector. However, given the complexity of the sector scope and the institutional setup, the success of any intervention is directly proportionate to the national consensus and the extent of readiness of institutions to cooperate, share and exchange information.
- To support this commitment and ownership, sector policy dialogue must be maintained and further extended. The sector working groups are an appropriate platform to host the sector dialogue, but it needs to be strengthened to channel the various inputs, visions, and concerns more effectively.
- Successful interventions require simultaneous work with central and local levels of decision-making and actions reinforcing the collaboration between state and municipal structures and civil society organisations on delivering better community-based social services and expanding other basic and essential social services provisions at a local level.
- Awareness and involvement (professional associations, employers and workers associations, CSOs, academia, etc.) should be promoted at an early stage and policymaking to enlarge the support basis and ensure critical reading of the proposed policies and measures.
- Sustainability aspects need to be addressed at the earliest design stage.

3.5. Indicative Logical Framework Matrix

Results	Results chain	Indicators	Baselines (year)	Targets (year)	Sources of data	Assumptions
Impact	To improve the health and well-being and promote equal opportunities and access to quality employment and social protection for all	Employment rate (20-64 years old), by sex ²⁴	Total: 59,1% Female: 49,0% Male: 68,9% (2020)	Total: ≥ 64,5%; Female: ≥ 52,5% Male: ≥ 75,5% (2027)	State Statistical Office (SSO)	
		Activity rate (15- 64 years), by sex ²⁵	Total: 65,5% Female: 54,0% Male: 76,7% (2020)	Total: ≥ 66,9% Female: ≥ 55,4% Male: ≥ 78,2% (2027)	SSO	
		Labour productivity growth: growth in GDP (in volume) per person employed, relative to the previous year (%) ²⁶	0.3 (2018)	≥ 3 (2027)	SSO Ministry of Finance	
		At-risk-of-poverty by sex (after social transfers) ²⁷	Total: 21,6% Female: 22% Male: 21,1% Children (0-17): 27,8% (2019)	Total: ≤ 14,1% Female: ≤ 12,6% Male: ≤ 15,6% Children (0-17): ≤ 23% (2027)	SSO	
Outcome 1	Improved OSH system and practices	Life expectancy at birth (years) ²⁸	Total: 75,95 Male: 74,00 Female: 77,94 (2016-2018)	Total: ≥ 77,7 Male: ≥ 76,00 Female: ≥ 79,3 (2027)	SSO	
		Healthy life expectancy at birth (years) ²⁹	67,1 (2016)	≥ 67,7 (2027)	WHO	
		Number of registered serious occupational injuries ³⁰	1,772 (2019)	≤ 1,400 (2025)	State Labour Inspectorate	

²⁴ https://ec.europa.eu/eurostat/databrowser/view/sdg_08_30/default/table?lang=en

²⁵ https://apps01.eurostat.ec.europa.eu/mis/show.do?dataset=hsa_argum&lang=en%20

²⁶ 2005 prices (2005 is the base-line year)

²⁷ <https://ec.europa.eu/eurostat/databrowser/view/tps00184/default/table?lang=en>

²⁸ <https://www.stat.gov.mk/Publikaci/Sg201903-Naselenje-Population.pdf> (Population, 1.03.02.1.; page 79.)

²⁹ <https://apps.who.int/iris/bitstream/handle/10665/272596/9/789241565585-eng.pdf?ua=1> (Annex B)

³⁰ <https://www.msp.gov.mk/pocetna.nsp>

Results	Results chain	Indicators	Baselines (year)	Targets (year)	Sources of data	Assumptions
Outcome 2	Enhanced effectiveness of the system for prevention and protection of gender-based and domestic violence	Number of fatal injuries at work ³¹ Number of registered victims of gender-based violence and domestic violence, by sex ³² Percentage of female participating in employment or training, changing their employment status within six months after leaving the support services ³³ Percentage of social services users expressing satisfaction and positive impact on the quality of their lives from received social services (Client satisfaction rate)	19 (2020) 1,531 (2020) 0 (2020) 0 (2020)	≤ 10 (2025) ≤ 1,400 (2025) ≥ 30% (2025) ≥ 70% (2025)	State Labour Inspectorate State Statistical Office Employment Service Agency Project report/survey	Positive dynamic on the markets and improved socioeconomic conditions in the post-pandemic period; Stable political situation and consistent reform orientation of any new government; Private sector companies are having opportunities to finance their operation and to grow their business; Government continue investing in the health protection; Population becomes more aware of the health risks created by certain behaviours and adjust behaviours accordingly; Decrease in pollution levels with impact on human health
Outcome 3	Improved quality of social services	Adult mortality rate (per 1 000 people) ³⁴ Neonatal mortality rate (per 1 000 live birth) ³⁵ Infant mortality rate ³⁶ Probability of dying from cardiovascular disease, cancer, diabetes or chronic respiratory disease between age 30 and 70 ³⁷	Female: 63.1 Male: 118.7(2019) 4.1 (2018) 5.7 (2018) 20.3% (2016)	Female: ≤ 61 Male: ≤ 105 (2025) ≤ 3.3 (2025) ≤ 4 (2025) ≤ 19 (2025)	SSO SDG North Macedonia National Review Eurostat WHO	
Outcome 4	Improved state response to the major health threats in the country					

³¹ <https://www.mtsp.gov.mk/poc/etna.aspx>

³² Source of data: Administrative data obtained by MoLSP based on information gathered from 30 Social Work Centers. According to the Law for prevention and protection from family violence, the total number of newly registered victims of domestic violence is 1 531 victims, from whom 1 161 were women, 249 men and 121 children. Due to type of violence, the most present were physical and sexual violence, and less present were economic and sexual violence.

³³ Women who have received support under the newly established social services, including a type of support that enable their economic independence, recovery and autonomy. This indicator is to be understood as change in the employment status 6 months after leaving compared to the situation when entering the IPA Action (with the participant being unemployed or inactive when entering the IPA Action and exposed to gender-based or domestic violence)

³⁴ Probability that a 15-year-old will die before reaching age 60, expressed per 1 000 people.

³⁵ <https://cpi.org.mk/wp-content/uploads/2020/07/North-Macedonia-VNR.pdf> (Annex Goal 3); page 135

³⁶ <https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=tps0027&plugin=1>

³⁷ <https://www.who.int/data-gho/data/indicators>

Results	Results chain	Indicators	Baselines (year)	Targets (year)	Sources of data	Assumptions
Output 1 related to outcome 1	Increased capacities for implementation, compliance and enforcement of the OSH legislation	Number of participants representing various stakeholders (labour inspectors, OSH professionals, employers' and workers' representatives, employers, CSO, etc.) engaged in OSH related capacity building activities	0 (2020)	≥ 1,000 (2025)	Project progress reports	Private sector companies are committed to invest in the wellbeing of their workforce;
		Number of inspection tools developed ³⁸	0 (2020)	2 (2025)	State Labour Inspectorate	Institution and stakeholders stay committed;
Output 2 related to outcome 1	Improved and upgraded OSH information system	Number of OSH related legal acts developed/amended	0 (2020)	≥ 5 (2025)	Official Gazette	Enabling national legislation in the area of gender-based violence is in place;
		Number of software and other tools ³⁹ developed and operational as part of the OSH management information system	0 (2020)	1 (2025)	Project progress reports	Relevant institutions are supportive to enforce and promote equal opportunities;
Output 3 related to outcome 1	Promoted positive OSH culture, practices and awareness	Number of persons reached with awareness raising activities and materials	0 (2020)	≥ 10,000 (2025)	Project progress reports	CSO and other stakeholders interested to get engaged in delivery of specialised services for gender-based violence;
		Number of developed adapted OSH related training packages for primary and secondary education	0 (2020)	2 (2025)	Project progress reports	
Output 1 related to outcome 2	Increased availability and access to specialised and other essential social services for whoever experience gender-based violence	Number of established (and licenced) social services for prevention and protection of gender-based violence, including domestic violence	13 (2020)	≥ 18 (2025)	MLSP records	Childcare, social and healthcare services are available in the community;
		Number of professionals and stakeholders involved in capacity building activities	0 (2020)	≥ 100 (2025)	Project progress reports	Multi-level coordination to help victims of gender-based violence is in place;
Output 1 related to outcome 3	Strengthened monitoring and quality assurance of social	Coherent, comprehensive and functional mechanism for monitoring and quality assurance of social services is developed and operational ⁴⁰	0 (2019)	1 (2025)	MLSP	Sound management information system in the

³⁸ On-line tool for inspection supervision sets of checklists

³⁹ E.g. Web-based tool for reporting/registration of accidents at work

⁴⁰ Mechanism for quality control, complaints, licensing) and sets of tools for monitoring and quality assurance (guides, checklists, questionnaires, etc.) at the level of social service providers, at the level of social work centres, at local and national level for all types of social services foreseen in the Law on Social Protection

Results	Results chain	Indicators	Baselines (year)	Targets (year)	Sources of data	Assumptions
	services at all levels	Number of managers, social work professionals, practitioners, service users, and other relevant actors involved in social services delivery have their capacity strengthened in social services monitoring and quality assurance	0 (2019)	≥ 500 (2025)	Project progress reports	social protection field is in place; Public awareness on early screening and health prevention is improved; Reforms in the health sector continue and the funding model for health care is improved;
Output 1 related to outcome 4	Improved maternal and neonatal health	Number of new-born and mothers Beneficiaries of the improved maternal and neonatal health care in the two pilot regions	0 (2020)	≥ 6,000 (2025)	Administrative data of the MoH	Medical staff and establishments are willing to input data in the system with the needed quality and in the needed timelines. Improved public awareness on early screening and health prevention Reforms in the health sector continue and the funding model for health care is improved
		Number of facilities rehabilitated and equipped	0 (2020)	2 (2025)	Provisional acceptance certificate	
		Number of additional facilities receiving support (assessment of conditions for accreditation)	0 (2020)	≥ 3 (2025)	Technical Assistance (TA) progress report	
		Number of level-appropriate training curricula for ToI for high and mid-level perinatal professionals and patronage nurse developed	0 (2020)	≥ (2025)	TA progress report	
Output 2 related to outcome 4	Improved prevention and control of oncological diseases	Number of people covered by awareness raising campaigns	0 (2020)	≥ 100,000 (2025)	TA progress report	Improved public awareness on early screening and health prevention Reforms in the health sector continue and the funding model for health care is improved
		Number of people trained	0 (2020)	≥ 100 (2025)	TA progress report	
		Number of people benefiting of improved cancer prevention (encompassed with cancer screening programmes)	49,000 (2020)	≥ 57,500 (2025)	Administrative data of the MoH	
		Number of organised population based cancer screening of the most important cancers affecting woman and man	0 (2019)	3 (2025)	Administrative data of the MoH	
		Number of health professionals involved in cancer screening trained	0 (2020)	80 (2025)	TA progress report	
		Number of health professionals involved in cancer screening seconded in specialised EU centres	0 (2020)	40 (2025)	TA progress report	
		Number of persons trained on cancer registry data analysis	0(2020)	10 (2025)	TA progress report	

Results	Results chain	Indicators	Baselines (year)	Targets (year)	Sources of data	Assumptions
Output 3 related to outcome 4	Improved quality of data management	Number of persons trained for work on cancer registry	0 (2020)	15 (2025)	TA progress report	Medical staff and establishments are willing to contribute data in the system with the needed quality and in the needed timelines
		Number of training programmes in radiotherapy and oncology reviewed and aligned	0 (2020)	2 (2025)	TA progress report	
		Number of training program for cytoscanners for lab. technicians prepared	0 (2020)	1 (2025)	TA progress report	
		Time necessary for the employees of the MoH to obtain data in the database of the Health Insurance Fund and vice versa	3 days	<10 minutes (2025)	TA progress report	
		Number of software prepared for consolidation/integration of MoH and HIF information systems	0 (2020)	1 (2025)	TA progress report	
		Number of technical specifications prepared for ERP	0 (2020)	1 (2025)	TA progress report	

4. IMPLEMENTATION ARRANGEMENTS

4.1. Financing Agreement

In order to implement this Action, it is envisaged to conclude a financing agreement with North Macedonia.

4.2. Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3. Methods of implementation

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the Action with EU restrictive measures⁴¹.

4.3.1. Direct Management (Grants)

(1). Grant "EU for Occupational Health and Safety"

(a) *Purpose of the grant:* To ensure the implementation of *Outcome 1: Improved OSH system and practices* through delivering all outputs and implementing all activities, encompassed under this outcome. The grants will be selected after a call for proposals.

(b) *Type of applicants targeted:* Applicants must be EU Member State administrations or mandated bodies and/or international organisations (having the technical and financial capacity, including permanent country office or permanent regional office in North Macedonia or another Western Balkan country, in-country experience of project management and in-house technical expertise in the OSH area, as well as stable and sufficient sources of finance).

(2) Grants "EU against Gender Violence"

(a) *Purpose of the grant(s):* To ensure the implementation of *Outcome 2: Enhanced effectiveness of the system for prevention and protection of gender-based and domestic violence*. The grants will be selected after a call for proposals.

(b) *Type of applicants targeted:* Applicants must be legal entities, civil society organisations, public bodies, or international organisations, established in North Macedonia.

4.3.2. Direct Management (Procurement)

Procurement will be used for achieving *Outcome 3: Improved quality of social services*, and *Outcome 4: Improved state response to the major health threats in the country*.

⁴¹ www.sanctionsmap.eu Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

4.4. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.5. Indicative Budget

Implementation modalities	EU contribution (EUR)	Indicative third-party contribution, (EUR)
Methods of implementation, cf section 4.3		
Outcome 1: Improved OSH system and practices composed of	2 500 000	0
Direct management (Grants) – cf. section 4.3.1		N.A.
Outcome 2: Enhanced effectiveness of the system for prevention and protection of gender-based and domestic violence , composed of	1 000 000	120 000
Direct management (Grants) – cf. section 4.3.1		N.A.
Outcome 3: Improved quality of social services , composed of	1 500 000	0
Direct management (Procurement) -- cf. section 4.3.2		N.A.
Outcome 4: Improved state response to major health threats in the country , composed of	6 000 000	0
Direct management (Procurement) – cf. section 4.3.2		N.A.
Grants – total envelope under section 4.3.1	3 500 000	120 000
Procurement – total envelope under section 4.3.2	7 500 000	0
Evaluation (cf. section 5.2)	will be covered by another decision	N.A
Audit/Expenditure verification (cf. section 5.3)	will be covered by another decision	N.A
Communication and visibility (cf. section 6)	N.A	N.A
Contingencies	0	N.A
TOTAL	11 000 000	120 000

4.6. Organisational Set-up and Responsibilities

The Delegation of the European Union to North Macedonia is in charge of the implementation of the action, and will collaborate with the Secretariat for European Affairs (NIPAC office), the line ministries involved and all stakeholders and implementing partners.

At policy level the implementing partners will be accountable to the relevant SWGs (Education

Employment and Social Policy, and Health) as well as the IPA Monitoring Committee.

At contract level, the implementation arrangements will be discussed through the project Steering Committees having advisory functions and composed of the EU Delegation, the relevant national authorities and all relevant implementing partners.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the Action.

5. PERFORMANCE MEASUREMENT

5.1. Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this Action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partners shall establish a permanent internal, technical and financial monitoring system for the Action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the Action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support). The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring:

The progress in the implementation of the Action will be monitored at the sector level through the established 2021 Performance Assessment Framework (PAF), which includes outcome and impact indicators, targets and baseline data. PAF has been selected as a web-based application (backed up by a government decision on responsibilities and deadlines), allowing regular electronic input of data, data processing and data analytics.

The PAF data will be used and discussed in the SWG on Health and SWG on Education, Employment and Social Policy, which is also the inclusive platform of all stakeholders to monitor the implementation of the sector priorities. This set-up implies that the Ministry of Social and Labour Policy and the Ministry of Health shall assume a vital role in the supervision of the implementation of the Action and in the organisation of policy dialogue to discuss challenges and results.

At the output level, data about the implementation of each project and contract will be collected in OPSYS. They will be based on official documents such as reports, acceptance certificates or equivalent documents.

The project itself is a tool to improve the capacities of the national institutions to monitor the sector developments. The competent actors (Ministries, SEA) are expected to produce timely and meaningful data to monitor the results and impact of the Action.

5.2. Evaluation

Having regard to the importance of the Action, a final evaluation will be carried out for this Action or its components via independent consultants contracted by the Commission. It will be carried out for accountability and learning purposes at various levels (including policy revision).

The Commission shall inform the implementing partner at least 1 month in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

5.3. Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6. COMMUNICATION AND VISIBILITY

Visibility of EU funding and communication about objectives and impact of Actions are a legal obligation for all Actions funded by the EU, as set out in the EU communication and visibility requirements in force.

In particular, the recipients of EU funding shall acknowledge the origin of the EU funding and ensure its proper visibility by:

- providing a statement highlighting the support received from the EU in a visible manner on all documents and communication material relating to the implementation of the funds, including on an official website and social media accounts, where these exist; and
- promoting the actions and their results by providing coherent, effective and proportionate targeted information to multiple audiences, including the media.

Visibility and communication measures shall be implemented, as relevant, by the national administrations (for instance, concerning the reforms linked to EU budget support), entrusted entities, contractors and grant beneficiaries. Appropriate contractual obligations shall be included, respectively, in financing agreements, delegation agreements, and procurement and grant contracts.

The measures shall be based on a specific Communication and Visibility Plan, established and implemented in line with the EU communication and visibility requirements in force. The plan shall include, inter alia, a communication narrative and master messages for the Action, customised for the various target audiences (stakeholders, civil society, general public, etc.)

Visibility and communication measures specific to this Action shall be complementary to the broader communication activities implemented directly by the European Commission services and/or the EU Delegation. The European Commission and the EU Delegation should be fully informed of the planning and implementation of the specific visibility and communication activities, notably with respect to the communication narrative and master messages.

At the level of the Action, the communication policy will be based on few activities with high media potential, and able to create media events allowing the Commission and the EU Delegation to promote the relevant EU values, policy and investments. Cooperation with the NIPAC Office and the other beneficiaries will be very important to ensure one-voice communication to citizens.

At contract level, all contractors and grantees shall develop communication and visibility activities in line with the EU communication and visibility requirements in force. The communication and visibility plans of contractors and grantees will be approved by the EU Delegation. Contractors are expected to show a good communication reflex and the ability to exploit unexpected opportunities to promote the activities and the EU support. Focus should be put on "out-of-the-box" communication solution having the potential to attract the attention of media and citizens and allow passing important messages. The opportunities provided by the digital communication and social media shall be used at large. It is the responsibility of the contractors and beneficiaries to keep the EU Delegation and the Commission fully informed of the planning and implementation of the specific visibility and communication activities. The beneficiary shall also report on the visibility and communication actions in the relevant reports. The implementation of the

communication activities shall be funded from the budgets of the individual contracts.

Visibility and communication actions shall focus on results and changes achieved and shall demonstrate how the EU support brings the country closer to the EU standards. The objective is to improve the awareness on the EU funding of the general public and not only of target specific audiences. The communication policy applied must ensure that the added value and impact of the EU's interventions are understood by the citizens and that EU funds are managed and used in a transparent, efficient and effective way for the benefit of the country as a whole.

7. SUSTAINABILITY

The sustainability potential of the Action is high at institutional, regulatory and financial levels and is defined by the cross-pollination of capacity building, legal harmonisation, investments in infrastructure, data management, and raising awareness measures. The body of knowledge will be improved along with the regulative environment. It is expected that the new regulations, practices will become an integral part of the everyday activities of the institutions involved in this Action. Thus, the results of the Action will be sustained.

The pilot measures for improving the maternal and neonatal health care in the selected hospitals in two pilot regions are expected to be replicated in other regions in the future, which will create a multiplication effect and will contribute to the sustainability of the Action.

Another vector of sustainability is provided by the inclusive policy dialogue, which is expected (1) to support the implementation of the coherent sector policies, underlying this Action by keeping a strong focus on the sector priorities, and (2) to translate the political commitment into sufficient funding and modern human resource management to ensure that the policy gains are sustained.