**Replies by the Government of the Republic of Macedonia in relation to the Human Rights Council resolution 37/22 on the rights of persons with disabilities.**

**1. Does your country have laws, policies or guidelines on habilitation and rehabilitation, a any level of government, which ensure persons with disabilities, including women and children with disabilities to access services and goods, such as assistive devices (please identify and share the text of those provisions), clarifying as follows:**

*a.What are the working defininitions in the law on ,,disability,,, ,,persons with disabilities,,,rehabilitation,, and ,, habilitation,, used to define policies and budget allocation on habilitation and rehabilitation, and what are the serviced and goods delivered under them?*

According to the Law on Employment of Disabled Persons, a disabled person is a person with damaged sight, hearing impairment, voice, speech and language obstacles, a physically handicapped person, person with intellectual disabilities and a person with combined disabilities who has specific needs for the purpose of due to the degree of disability.

Occupationally disabled worker with remaining or reduced working ability, i.e. occupational inability to work, shall also be considered as disabled person, and these definitions are in accordance with the International Labour Organization (ILO) Conventions and Recommendations, which covers damages that cannot be removed by treatment or medical rehabilitation, and so the consequences of impairment are permanent.

The professional rehabilitation is a multidisciplinary area that consists of different activities aimed at professional and work training, employment and work of people with disabilities. The professional rehabilitation is a set of rehabilitation and educational, social, psychological, legal, technological and technical measures aimed at acquiring work knowledge, skills and habits which shall be programmatically directed towards including the persons with disabilities in the working process as soon as possible, and where they shall achieve their most favourable work performance with the least chance of further disturbance to the remaining working and general abilities.

The professional rehabilitation as a possibility is contained in the Law on Pension and Disability Insurance and it can be applied to insured persons who have been declared as professionally incapable for work during their work life and are under the age of 50. Considering that the professional rehabilitation does not include the disabled persons in accordance with the existing Law on Employment of Disabled Persons, a project for establishing professional rehabilitation for disabled persons shall be implemented by the end of 2018.

A new Law on Employment of Disabled Persons is planned to be proposed during 2019.

Also, the possibility of including the professional rehabilitation through social entrepreneurship shall be considered in the period that follows.

In accordance with the new Draft Law on Prevention and Protection against Discrimination which currently is in parliamentary procedure, a person with a long-term physical, intellectual, mental or sensory disability that in interaction with various social barriers can prevent their full and effective participation in society on equal basis with others shall be considered a person with disability. This definition is much broader and in line with EU directives, and so it shall be harmonized with this terminology and all other laws after the adoption of the new Draft Law on Prevention and Protection against Discrimination.

*b. What are the public entities in charge of delivering and monitoring habilitation and rehabilitation services and goods for persons with disabilities?*

In cooperation with the Delegation of the European Union, the Ministry of Labour and Social Policy started the implementation of one-year long project Technical Assistance Support for the Deinstitutionalization Process in the Social Sector (EuropeAid/132633/C/SER/multi) in April 2017. The implementation of this Project shall focus on the revision of the National Strategy for Deinstitutionalization in the Social Protection System (2008-2018) through continuous activities during the duration of the Project. This Project is implemented by the AESA in cooperation with Alternative Consulting, and it is funded by IPA 2 Program within EU Integration Mechanism Action.

One component of the Project shall focus on improving the methods of working in the Special Institution Demir Kapija, which a series of workshops have been held for in order to introduce the methodology of personal planning in this and in other institutions for social protection, involving professionals from several social protection institutions, social work centres, non-governmental organizations and students.

In order to facilitate this transition, UNICEF simultaneously implemented the project Providing Specialized Support for Children with Disabilities at the PI Special Institution Demir Kapija and hired an intensive interactive therapy expert to help a team of professionals prepare the children for the life they deserve, outside the institution, in an environment similar to a family, and to spend the short time under the care of the state in a dignified way.

Also, the Ministry of Labour and Social Policy together with the United Nations Development Program worked on a pilot project for professionally orientated rehabilitation which was directly targeted towards persons with disabilities situated in the Public Rehabilitation Institute “Banja Bansko” – Strumica, for their vocational training and inclusion in the labour market.

This Project included 23 persons whom the renowned Austrian company for rehabilitation - BBRZ developed individual plans aimed for pointing out their personal affinities, desires, abilities, and also increasing their working capacities, and 15 professionals passed the training for “case managers”.

The amendments and supplements to the Law on Employment of Disabled Persons published in the Official Gazette of Republic of Macedonia No. 99/2018 allow the disabled person involved in work training to be provided with a work assistant at their request or at the request of the employer.

With the experiences of the Promotion of Social Services for Inclusion Project within IPA Component IV for Human Resources Development, the Employment Agency of Republic of Macedonia, the Pension and Disability Insurance Fund of Macedonia, the Association of Protective Trade Companies, the Economic Chamber of Macedonia, the Employers' Organization and the Open Civil Universities for Lifelong Learning Koco Racin – Skopje shall be the public entities in charge of delivering and monitoring the services for habilitation and rehabilitation of persons with disabilities.

Also the Citizens’ Association “Polio Plus” shall be included, which in cooperation with the Economic Chamber of Republic of Macedonia implemented the Centre for Employment of Persons with Disabilities Project funded by the European Union.

At the same time, all the institutions for social protection accommodating persons with disabilities and children with developmental disabilities shall provide services for their rehabilitation, which, on one hand, shall be aimed at preserving the remaining capacity of these persons, and on the other hand, they shall enable raising their capabilities and abilities to adequately meet their needs.

*c. Are there conditions or restrictions to access, or being eligible to, receive free or affordable habilitation and rehabilitation services and goods, on an equal basis with others, on grounds of refugee status, migration status, income, origin,sex,gender, or other status?*

There shall be no legal provisions that condition or restrict access to free or affordable habilitation or rehabilitation services, on equal basis with others, based on refugee status, migration status, income, origin, sex, gender or other status.

*d. Does legislation or policy establish indicators or markers to assess the level of coverage of habilitation and rehabilitation services and goods for persons with disabilities, particularly in mainstream and universal policies, disaggregating data by sex and age or other ground?*

In the context of the Convention on the Rights of Persons with Disabilities and its most important priority to include persons with disabilities in the field of rehabilitation services, the measures shall incorporate rehabilitation segments from Article 26 of the Convention, the involvement of the local government through habilitation and rehabilitation programs in accordance with Article 19 of the Convention, relating to independent living and community involvement; adopting regulations for providing effective health protection for people with disabilities; early detection, diagnostic and early intervention programs, establishment of developmental centres, development of effective programs for achieving inclusion and organization of habilitation through services in all aspects of health, education and social services, and continuous trainings (primary and advanced) for professionals working on habilitation and rehabilitation; exercising the right to use specific devices for correction and compensation, their maintenance and provision of medicines and covering the costs for procurement and maintenance from the health insurance assets.

Pursuant to Article 18 of the Law on Equal Opportunities for Women and Men, the Assembly, the Government, the state administration bodies, judicial authorities and other state bodies, local self-government bodies, legal entities entrusted by law with performing activities of public interest, associations, foundations, public enterprises, educational institutions, political parties, institutions in the field of social protection, health institutions, political parties, mass media, trade companies and other entities that are obliged by law to collect, record and process statistical data, shall be obliged to present these data according to gender and to submit them to the State Statistical Office. The State Statistical Office shall be obliged to process them in a report. But since the Law stipulates the collection of data only by gender and on no other grounds, in accordance with the new Law on Prevention and Protection against Discrimination, which at the moment (June, 2018) is in parliamentary procedure, this obligation shall become legal and the institutions shall be obliged to collect statistical data on all grounds, including on the basis of disability, age and other grounds.

*e.Does the law, policy or practice allow for persons with disabilities to be institutionalised by the the decision of a third party, against their will, based on rehabilitation (including psychiatric treatment, medical necessity, or need for care)?*

A person with mental illness can be admitted to any hospital and health institution in the following cases:

1) if they agreed to a care, treatment and rehabilitation or admission; 2) based on a court decision and 3) in cases where any delay in care, treatment or rehabilitation or admission due to the current state of his mental health can lead to death or irreparable harm to their health, serious self-injury or injury to others, as well as causing serious material damage.

The convicted persons with detected mental illness shall be subjected to medical treatment in an institution, and when necessary, on the basis of a doctor’s finding, they shall be referred to an appropriate health institution. The convicted persons who suffer from mental illness or show a severe psychological disorder during the serving of their sentence identified by a doctor - psychiatric specialist, shall be referred by a competent body to an appropriate health institution for treatment and accommodation until the need for their further treatment and accommodation ceases, which shall be determined by law.

The competent court shall decide on the referral of the detained persons with mental illness to a health institution.

*f. Do legislation or policy differentiate between ,,primary prevention of impairments,, and ,, secondary prevention of impairments,, when allocating resources specifically targeting persons with disabilities?*

According to the existing health system, "primary prevention of damage" and "secondary prevention of impairments" can be terminologically detected, although according to legislation, i.e. in practice, and when creating policies, such distinction cannot be recognized in accordance with the meaning of the terms.

Pursuant to such distinction of preventions, they can be recognized in accordance with the meaning of terms, as follows:

**- Secondary prevention** is carried out with steps taken **to reveal** the unusual structure of the disability in its earliest stages, even before the initial symptoms and signs of the disease appear. Hence the need for their early detection arises. In that sense, so called screening-programs are carried out. The aim of these screening-programs is the early detection of the illness, preferably in its preclinical stage, which significantly increases the chance of cure.

On the basis of the defined priorities identified through regular monitoring of the health condition of children and persons with disabilities, every year, the Ministry of Health adopts and takes care for the implementation of the activities from:

the Program for Active Health Protection of Mothers and Children which shall provide funds for performing early detection of diseases among new-borns, infants and young children, such as: prenatal screening for malformations of the cardiovascular system for early detection of congenital heart disease in neonatology, thyroid screening in all new-borns, detection of metabolic diseases such as selective screening by indication in children who are outpatient-treated and hospital-treated in the Clinic for Children's Diseases, screening for early detection of visual impairment in infants under health risk and neonatal screening for hearing loss in new-borns.

In addition, the adoption and application of the Guidelines on Antenatal Care in Pregnancy shall provide for the implementation of set of measures for: protection of the health of the pregnant woman and proper development of the foetus in order to obtain information and advice regarding the pregnancy, childbirth and care of the new-born child, to identify their health risks and to timely take measures and interventions when needed, as well as to provide care for various diseases and appropriate education of the pregnant woman, family and community.

- **The primary intervention** is carried out with steps taken **to avoid risk factors** which can cause damage, diseases and disability.

Regarding the steps taken to avoid the risk factors that can cause damage, disorders and disability, the health sector of Republic of Macedonia is consistently working on improving the quality of health protection at all levels, from primary to tertiary, paying particular attention to the implementation of preventive measures that are part of the several preventive programs prepared by the Ministry of Health and which in large part contain activities aimed at precisely improving the health of mothers and children.

In accordance with the National Annual Public Health Program aimed at preserving and promoting the health of the population, and enabling the implementation of the basic public health functions and tasks, among other things, the Public Health Institution Institute for Physical Medicine and Rehabilitation Skopje implemented the Project for the Promotion of Physical Activity and Development of Sports Swimming Skills in Children with Down Syndrome with the funds from the Program.

In addition, there is a Centre for monitoring the growth and development of children born at risk as part of the Institute for Health Protection of Mothers and Children within the Healthcare Centre of Skopje.

Within the preventive and educational character of its operation, the Centre is continuously monitoring the growth and development of children from 0-6 years of age (physical, functional and psychological development), with a special emphasis on children born with some risk factor and developmental problems.

The organizational structure of the Centre implements a special program, the so called early intervention, which has been refined and upgraded for many years, and today it represents a recognizable and accepted model of daily work. The Program consists of early detection of developmental deviations, records, early developmental paediatric diagnosis, psychological testing, special education and rehabilitation assessment, monitoring and application of early sensorimotor stimulations in children at risk and children with developmental problems, in the early infancy period.

The program or working with children is realized at certain time intervals (the terms are pre-arranged), according to a certain methodology, by applying appropriate interventions, depending on age, developmental biodynamics of each child and their remaining available potential. The Centre electronically runs and expertly evaluates a register of children at risk and register of children with developmental problems.

It also adds to the very important segment of working with the parents. The Program also consists of counselling, initial information, early problem awareness, early family support, and parents’ education for working at home, laying the foundation and strategy building for the children’s future.

The main goal of the entire Program is the prevention or alleviation of the disability and developmental difficulties and raising the level of the developmental capacity of the children. The work of the Centre of many years resulted with its connection and exchange of data and information with the healthcare institutions, institutions for social protection and education, parents’ associations and NGOs, and established itself as a very important segment in the care and treatment of children with developmental problems.

The multidisciplinary approach ensures the optimal composition of the team: paediatrician, doctor of medicine, graduated psychologist, two graduated special education therapists and a nurse. The employees at the Centre are specially educated on this issue in this country and abroad by participating in a lot of professional events, congresses, symposiums, workshops, projects, etc.

The Centre has a very well-adapted place within the polyclinic Bitpazar. It is equipped for the needs of children pursuant to European standards for performing early intervention in accordance with a program and in continuity for each and every child. It also provides work with parents and their education for working at home.

The Centre offers a possibility of practical education of doctors, psychologists, special education therapists, and students from these areas in the segment of early intervention.

The Law on Health Protection and the Law on Health Insurance does not stipulate **habilitational services** and goods related to the health of persons with disabilities, but shall deal with exercising the right to medical rehabilitation as extended hospital treatment of the insured persons, by providing special medical rehabilitation for the improvement or restoration of lost or damaged body functions, as a consequence of acute illness or injury, medical operative interventions, congenital anomalies, and worsening of chronic disease.

Pursuant to the Law on Health Protection, “rehabilitation” shall mean a health treatment intended for the renewal or replacement of physical, psychological and social capacities of the patient that are congenital, i.e. caused by illness or injury;

In accordance with the same Law, the health protection shall include a system of social and individual measures, activities and procedures for preservation and promotion of health, prevention, early detection and suppression of diseases, injuries and other health disorders caused by the influence of the work and the environment, timely and effective treatment and health care and **rehabilitation**.

Pursuant to the Law on Health Protection and the Rulebook on Specialized Medical Rehabilitation as Extended Hospital Treatment, it shall be implemented throughout the whole year in health institutions specialized in performing medical rehabilitation and natural treatment facilities that have concluded an agreement on providing such services to insured persons through the HIFM (Health Insurance Fund of Macedonia) and shall provide the implementation of an intense rehabilitation program for which multidisciplinary team work shall be required within the medical treatment for the purpose of removing functional obstacles and improving the health condition.

The rehabilitation shall provide to the insured persons a procedure of physical therapy (massage, kinesis therapy, electrotherapy, hydrotherapy, thermomineral water therapy, thermotherapy, phototherapy, application of ultrasound), qualification by providing professional work and appropriate medical devices in order to prevent or remove the reduced working or functional capability of the insured person, as well as providing cardiac and respiratory rehabilitation procedures.

The right to specialized medical rehabilitation shall be exercised with a decision reached by the Regional office of the Health Insurance Fund based on:

- Referral from a selected doctor,

- A conciliatory opinion issued on the proposal of a medical specialist of appropriate specialty,

- Discharge list by the hospital,

- Opinion and evaluation by the Medical Committee of the Fund,

- Health ID preview

- Certificate of paid contribution for health insurance.

The right to specialized medical rehabilitation shall be exercised within one month after the hospital treatment, i.e. within six months after a myocardial infarction.

The specialized medical rehabilitation as extended hospital treatment shall be conducted throughout the year, in health institutions specialized in performing medical rehabilitation and natural treatment facilities.

The specialized rehabilitation shall be carried out continuously, as well as during the weekends and holidays, i.e. for the entire duration of the approved rehabilitation.

The treatment of the insured person shall also include training with professional work and the utilization of devices in order to prevent the occurrence or removal of reduced working or functional capability of the insured person.

Pursuant to the Law on Health Protection, persons with disabilities shall enjoy all the rights stipulated by the health insurance implemented by HIFM, and they shall in no manner be discriminated against in the exercise of these rights, in prevention and early diagnosis, medical rehabilitation, as well as in exercising the right to use disability devices.

*g. Does legislation or policy specifically provide for rehabilitation and habilitation services and goods for persons with disabilities in prison? Are there restrictions for the use of assistive devices while in prison?*

Regarding the issue of whether there is a restriction on the use of moving devices in this category of persons while serving a prison sentence, we would like to inform you that depending on their needs, they shall be able to use them if necessary and if recommended by healthcare professionals. Also, pursuant to the Law on Execution of Sanctions, Article 124, paragraph 2, all the convicted persons shall have the right to health protection under the general regulations. In addition, Article 124, paragraph 3 of the same law stipulates that the convicted persons shall be provided with the necessary medical assistance and hospital treatment according to the general regulations. The cost of health protection for convicts shall be borne by the Budget of Republic of Macedonia.

*h. Does legislation or policy differentiate between health-related and non-health related rehabilitation and habilitation services and goods? What are the non-health related services and goods (for example in the field of education or employment) and how those services match under the working definition of rehabilitation and habilitation?*

The Law on Health Protection and the Law on Health Insurance do not stipulate **habilitational services** and goods related to the health of persons with disabilities, but deal with exercising the right to medical rehabilitation as extended hospital treatment of the insured persons, with providing special medical rehabilitation for the improvement or restoration of lost or damaged body functions, as a consequence of acute illness or injury, medical operative interventions, congenital anomalies, and worsening of chronic disease.

Pursuant to the Law on Health Protection, “rehabilitation” is a health treatment intended for the renewal or replacement of physical, psychological and social capacities of the patient that are congenital, i.e. caused by illness or injury;

In accordance with the same Law, the health protection includes a system of social and individual measures, activities and procedures for preservation and promotion of health, prevention, early detection and suppression of diseases, injuries and other health disorders caused by the influence of the work and the environment, timely and effective treatment and health care and rehabilitation.

Pursuant to the Law on Health Protection and the Rulebook on Specialized Medical Rehabilitation as Extended Hospital Treatment, it is implemented throughout the whole year, in health institutions specialized in performing medical rehabilitation and natural treatment facilities that have concluded an agreement on providing such services to insured persons of the HIFM (Health Insurance Fund of Macedonia) and should provide the implementation of an intense rehabilitation program for which multidisciplinary team work is required within the medical treatment, for the purpose of removing functional obstacles and improving the health condition.

The rehabilitation provides to the insured persons a procedure of physical therapy (massage, kinesis therapy, electrotherapy, hydrotherapy, thermomineral water therapy, thermotherapy, phototherapy, application of ultrasound), qualification by providing professional work and appropriate medical devices in order to prevent or remove the reduced working or functional capability of the insured person, as well as providing cardiac and respiratory rehabilitation procedures.

The right to specialized medical rehabilitation is exercised with a Solution issued by the Regional office of the Health Insurance Fund based on:

- Referral from a selected doctor,

- A conciliatory opinion issued on the proposal of a medical specialist of appropriate specialty,

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The right to specialized medical rehabilitation is exercised within one month after the hospital treatment, i.e. within six months after a myocardial infarction.

The specialized medical rehabilitation as extended hospital treatment shall be conducted throughout the year, in health institutions specialized in performing medical rehabilitation and natural treatment facilities.

The specialized rehabilitation is carried out continuously, as well as during the weekends and holidays, i.e. for the entire duration of the approved rehabilitation.

The treatment of the insured person also includes training with professional work and the utilization of devices in order to prevent the occurrence or removal of reduced working or functional capability of the insured person.

Pursuant to the Law on Health Protection, persons with disabilities enjoy all the rights stipulated by the health insurance implemented by HIFM, and they are in no manner discriminated against in the exercise of these rights, in prevention and early diagnosis, medical rehabilitation, as well as in exercising the right to use disability devices.

Persons with disabilities at the age of 15 who have been diagnosed with disabilities in terms of the provisions of the Law on Employment of Persons with Disabilities shall be the target group, which the Expert Team shall form the opinion for that they need professional rehabilitation. Target group may also be students in secondary education in the final year of education, persons with established occupational incapacity for work (reduced working ability) in accordance with the regulations on pension and disability insurance. The unemployed persons with disability shall also be covered in the realization of the professional rehabilitation as a priority.

The project for professional rehabilitation shall begin with implementation at the end of 2018, and it shall define the scope of persons, providers of professional assistance, type of rehabilitation (trainings), rehabilitation, etc., during the month of September.

*i. Are there specific provisions in law establishing time-bound rehabilitation and habilitation services, in order to periodically evaluate if it provides for the purpose of the rehabilitation?*

There are no special regulations in the existing Law on Employment that establish time limited rehabilitation and habilitation services in order to periodically evaluate whether they are provided for the purposes of rehabilitation, but amendments and supplements in terms of the duration are planned to be implemented so that the professional rehabilitation shall depend on the remaining working ability of the person with disability and the manner of its organization and performance.

*ј. Does legislation provide for redress mechanisms and appropriate compensation for human rights violations occurring in rehabilitation and habilitation contexts, including malpractice, violence, ill-treatment, forced medication, forced medication, forced institutionalization or other?*

Regarding the issue that relates to whether a legal provision that would allow compensation for human rights violations of this category of persons is envisaged, we would like to inform you that in accordance with the Law on Execution of Sanctions, Article 167, all the convicted persons shall be entitled to legal remedies, complaints and other submissions to the competent authorities and institutions for protection of their rights in relation to the position and treatment in the institution. Also, in accordance with Article 174 of the Law on Execution of Sanctions, the convicted person shall be able to submit a request to the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment and to the United Nations High Commissioner for Human Rights when they consider that their fundamental human rights have been violated during the serving of the sentence.

**2. Do you have examples from your country on:**

*a. How habilitation and rehabilitation services and goods are provided, including guidelines and tools to facilitate implementation and assessment of its compliance with human rights of persons with disabilities? (ensuring participation of persons with disabilities in policy design; ensuring participation of the person concerned in the preparation and delivery of the service or goods; person-centered control of the service, including the provision of free and informed consent of the person concerned; non-discrimination against and among persons with disabilities on any ground; accountability mechanisms; capacity building for and empowerment of persons with disabilities to exercise control of the services, among others);*

In addition, every person, including the convicted persons of this category, shall be entitled to the right to file a complaint with the European Court of Human Rights in Strasbourg after exhausting all legal remedies in Republic of Macedonia, when they consider that they are a victim of violation of rights recognized with the European Convention for the Protection of Human Rights, and if it is proven that the complaint is justifiable, one of the possibilities is that the complainant receives a monetary compensation.

In accordance with the new Draft Law on Prevention and Protection against Discrimination which currently is in parliamentary procedure, a person with a long-term physical, intellectual, mental or sensory disability which in interaction with various social barriers can prevent their full and effective participation in society on an equal basis with others is considered a person with disability; This definition is much broader and in line with EU directives, and so it shall be harmonized with this terminology and all other laws after the adoption of the new Draft Law on Prevention and Protection against Discrimination.

The law shall also cover and regulate the appropriate adaptation and accessibility of infrastructure, goods and services.

Namely, the appropriate adjustment of the law shall be defined as necessary and appropriate modification and adjustment required in particular case, which does not cause disproportionate or unnecessary burden, with the purpose of providing the enjoyment or exercise of all human rights and freedoms of persons with disabilities on an equal basis with the others. While the accessibility to infrastructure, goods and services shall imply taking appropriate measures to ensure that the persons with disabilities have access to physical environment, transport, information and communication, including information and communication technologies and systems, to other public facilities and services in urban and rural areas on an equal basis with the others.

Failure to adequately adapt and access the infrastructure, goods and services shall be considered as discrimination and shall be sanctioned with misdemeanour provisions provided by the law.

The Law on Prevention and Protection against Discrimination defines "persons with mental and physical disability", where Article 8 of the same law stipulates that (1) Discrimination against persons with mental and physical disabilities shall mean deliberate disabling or difficult access to health protection, i.e. denial of the rights to health protection, regular medical treatment and medicines, rehabilitation means and measures in accordance with their needs, denial of the right to marriage and family creation and other rights in the field of marriage and family relations, denial of the right to education, work and employment rights and (2) Discrimination against people with mental and physical disability shall exist even when measures for removing the restrictions, i.e. adjusting the infrastructure and public space, using publicly available resources, or participating in public and social life shall not be taken.

Professional rehabilitation services shall offer to clients the opportunity to express their desires and needs, to help them in order for their possibilities to be fully understood and for them to be able to define their employment plans, and to help people with disabilities to make decisions about their way of life and participation in society. They shall be completely involved in the planning, evaluation and development of services of the professional rehabilitation. The service beneficiaries shall have access to their personal information given to the service providers, and they are confidential and in agreement with the client. The services shall be flexible and with the possibility to be changed for the needs of the disabled persons, so that they can be adjusted to meet certain requirements. Professional rehabilitation services, facilities and information shall be fully accessible to all persons with disabilities.

*b. Strategies to increase coverage of habilitation and rehabilitation services and goods, including in rural or isolated areas and*

Rehabilitation services in the Republic of Macedonia are still often located too far from the rural areas where a persons with a disability lives. Major rehabilitation centers are usually located in urban areas; even basic therapeutic services are not available in rural areas in our country.

Travelling to secondary or tertiary rehabilitation services from the rural areas can be costly and time-consuming, and public transport is often not adapted for people with mobility difficulties.

However, the majority of people with disabilities require fairly low-cost, modest rehabilitation services in primary and secondary health care settings, which must be planned in the strategies of the national system’s regulations. These services serve to improve the availability, accessibility, and affordability in the rural areas, with existing system barriers, such as inaccessible locations and inadequate services for persons with disabilities.

*c. Methodologies to improve quality and budget efficiency of habilitation and rehabilitation services and goods.*

* Public funding targeted at persons with disabilities, with priority given to essential elements of rehabilitation including assistive devices.
* Promoting equitable access to rehabilitation through health insurance.
* Expanding social insurance coverage.
* Public-private partnership for service provision.
* Reallocation and redistribution of existing resources.

**3. Does your country monitor and collect disaggregated data by disability, sex and age with respect to access and quality of habilitation and rehabilitation services and goods**

In the Republic of Macedonia, there is still no single record (register) for the number of persons with disabilities which would be a clear indicator for the identification of the needs and problems of persons with disabilities. The data on different systems, such as the health protection, health insurance, child protection, social protection, employment, and pension and disability insurance systems is still segregated, but these data are still not fully networked.

There is a Law on the National Database of Persons with Disabilities that is not operational. Simultaneously with the establishment of a database of persons with disabilities and data exchange, the Ministry of Labour and Social Policy has begun with activities to redefine the existing concept of deterring disability in order to simplify the procedures that are complex and separate depending on the type of disability law.

Pursuant to Article 18 of the Law on Equal Opportunities for Women and Men, the Assembly, the Government, the state administration bodies, judicial authorities and other state bodies, local self-government bodies, legal entities entrusted by law with performing activities of public interest, associations, foundations, public enterprises, educational institutions, political parties, institutions in the field of social protection, health institutions, political parties, mass media, trade companies and other entities that are obliged by law to collect, record and process statistical data, shall be obliged to present these data according to gender and to submit them to the State Statistical Office. The State Statistical Office shall be obliged to process them in a report. But since the Law stipulates the collection of data only by gender and on no other grounds, in accordance with the new Law on Prevention and Protection against Discrimination, which at the moment (June, 2018) is in parliamentary procedure, this obligation shall become legal and the institutions shall be obliged to collect statistical data on all grounds, including on the basis of disability, age and other grounds.