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INTERNATIONAL THEMATIC COLLECTION OF PAPERS

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HEALTH PROTECTION SYSTEM OF PERSONS WITH DISABILITIES IN REPUBLIC OF MACEDONIA

SISTEM ZDRAVSTVENE ZAŠTITE OSOBA SA INVALIDITETOM U REPUBLICI MAKEDONIJI

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ABSTRACT

Introduction: The right for health and health care is one of the rights guaranteed by the Constitution in Macedonia. Almost, none of the health institutions in Macedonia is completely adjusted to the needs of people with disabilities (PWD). The system of health protection is based on three levels: primary, secondary, tertiary health protection.

Aim: The aim of this research is to determine the health protection that persons with disabilities receive, and also help to these persons in the protection and care of their health as well.

Methodology: Adjusted research sample was used in the research. With the pilot survey questionnaire were covered 155 persons with disability according to the impairment: 86 persons with physically impairment, 19 persons with visual impairment, 23 persons with hearing impairment, 15 persons with impairment in voice, speech and language, 8 persons with chronic illness, 7 persons with multiple impairments. Descriptive statistics is used for showing the results.

Results: In the survey were covered 155 examinees out of which 88 (57%) males and 67 (43%) woman. At the almost half of the examinees (51%) existing health institutions in their municipalities do not fulfill their health needs, at 30% do fulfill, and 19% are not sure in their answer. The ones that are not satisfied said that they should be released from the participation (54.8%), improvement of the health services (25.6%), help and care of third person (15.8%), and more services by specialist doctors (3.8%).

Conclusion: There are not enough possibilities for health care and there are not enough services of house visits and patronage services for persons with disabilities. The constant shortage of medicaments from the positive list of the

Macedonian Fund for Health Insurance is present, which forces citizens to buy them and pay the full price.

Key words: health protection, persons with disabilities, health institutions, system, Republic of Macedonia

SAŽETAK

Uvod: Pravo na zdravlje i zdravstvenu zaštitu je jedno od prava zagarantovanih Ustavom u Makediniji. Skoro da nijedna od zdravstvenih ustanova u Makediniji nije potpuno prilagođena potrebama osoba sa invaliditetom (OSI). Sistem zdravstvene zaštite je zasnovan na tri nivoa: primarna, sekundarna i tercijarna zdravstvena zaštita.

Cilj: Cilj ovog istraživanja je da se utvrdi zdravstvena zaštita koji dobijaju osobe sa invaliditetom, kao i pomoć koju ove osobe dobijaju u zaštiti i brizi o njihovom zdravlju.

Metodologija: U istraživanju je korišćen prilagođeni uzorak. Upitnikom u pilot istraživanju je obuhvaćeno 155 osoba sa invaliditetom, a prema vrstama: 86 osoba sa motoričkim poremećajima, 19 osoba sa oštećenjem vida, 23 osobe sa oštećenjem sluha, 15 osoba sa oštećenjima u glasu, govoru i jeziku, 8 osoba sa hroničnim bolestima I 7 osoba sa višestrukom ometenošću. Za prikaz rezučtata je korišćena deskriptivna statistika.

Rezultati: Anketiranjem je obuhvaćeno 155 ispitanika od čega 88(57%) muških I 67 (43%) ženskih ispitanika. Kod gotovo polovine ispitanika (51%) postoježe zdravstvene ustanove u njihovim opštinama je zadovoljavaju njihove zdravstvene potrebe, kod 30% ispitanih ispunjavaju a 19% nisu sigurni u svom odgovoru. Oni koji nisu zadovoljni odgovorili su i da bi trebali biti oslobođeni od participacije u troškovima (54,8%), da zdravstvene usluge treba da se poboljšaju (25,6%), da je potrebna nega i pomoć drugog lica (15,8%), kao I da im je potrebno više usluga lekara specijalista (3,8%).

Zaključak: Nema dovoljno mogućnosti za zdravstvenu zaštitu, kao ni dovoljno usluga i servisa za kućne posete i patronažne službe za osobe sa invaliditetom. Prisutan je i hroničan nedostatak lekova sa pozitivne liste makedonskog Fonda za zdravstveno osiguranje, zbog čega su građani prisiljeni da ih kupuju i plaćaju njihovu punu cenu.

Ključne reči: zdravstvena zaštita, osobe sa invaliditetom, zdravstvene ustanove, sistem, Republika Makedonija

INTRODUCTION

Republic of Macedonia has gone through a long and painful process of transition during last quarter century. The cumulative effect of the transitional recession and the socially stressful process of transition have most seriously affected marginalized groups, such as persons with disabilities of different ethnic background being among the most vulnerable (Trajkovski, 2008).

The health protection of the persons with disabilities (PWD) is regulated by the Law for health protection and the Law for health insurance (Trajkovski, Ajdinski, Spiroski, 2002).

Health protection is defined as: "sum of measures and activities for compassion, protection, and advancement of the health, inhibition, and repression of diseases and wounds, early detection of diseases, timely curing, and rehabilitation" (WHO, 2001).

Almost none of the health institutions in Macedonia are completely adapted to the needs of PWD. Most of the health institutions are not accessible to PWD, and where there is partial adjustment, there is access only to entrance and exit of the institution. As a result of the inadequate ramps, they do not full fill even minimal standards and the result is they are not even used by PWD. The situation is less satisfactory in adapting to the internal infrastructure for the needs of PWD. There is low adaptation of the toilets, bathrooms, rooms, as well as ambulances. It is necessary to note that the beds at certain hospitals are quite old or in bad condition, which are lead to patients developing decubital wounds. In general, hospitals do not possess anti-decubital mattresses for the needs of this type of population (Trajkovski, 2008).

The situation is also not satisfactory in the adaptation of health care institutions to the needs of people with hearing impairments. In none of the institutions is a person who knows sign language and who would be able to communicate with people with hearing impairments employed at the admissions department. As a result, the persons with disabilities are faced with communication problems in the process of accessing their rights in the field of health protection.

The condition of people with visual impairments is a bit easier as their needs can be fulfilled with the existing services available at the health institutions. But they have problems in communication with hospital personnel who are insufficiently educated in methods of communicate with people who have reduced sensory abilities.

There is a lack of multidisciplinary teams which can provide psycho-social support to the families of PWD in health institution and will provide information about the responsible institutions and organizations for PWD. As a result, it is necessary to implement further education of the teams in the development counseling centers and the members of PWD families (Trajkovski, 2010).

The services of the patronage health service and the services of physiotherapists are not available for provision to the homes of PWD. There are no legal obstacles to implementation of the right to services for sexual and reproductive health for the man and woman with disability, but in practice there are very few accessible health institutions where they can access their rights. In Macedonia there is no gynecological dispensary for women with disability. Additional problems are created by the prejudices about the marriage and sexuality of men and women with disabilities (Trajkovski, 2008).

The aim of this research is to determine the health protection that receive the persons with disabilities, and helps those persons in the protection and care of their health as well.

METHODOLOGY

Subject of this research was to detect the health care needs and problems of persons with disabilities in the community.

RESEARCH METHODS AND TECHNIQUES

The research have lead to practical applications, as it is intended to illustrate the situation of PWD and to offer suggestions for improvements in service design and delivery, which are required for the successful problem resolution by the persons with disabilities.

The exploratory nature of the research is demonstrated by its examination of a problem which has been insufficiently studied in the Republic of Macedonia. The research provides an opportunity for PWD to express their own needs clearly, which may bring issues into focus that will encourage future research. The research

provide an opportunity for more in-depth analysis of what is will be needed in the future to address the problems and needs of persons with disabilities through orientation, building, creation of certain recommendations, politics and active measures for improvement of the legislation which covers persons with disabilities and meets international standards in the following fields:

In the research the method of triangulation was used combined with qualitative and quantitative method.

In the qualitative research, not-standardized interview was used as method in the examination of the programmes and services of the units for local self-government that are providing for persons with disabilities.

In the quantitative research, the technique for survey with its base instrument questionnaire was used. The questionnaire with its official standardization is composed of combined type which gives opportunity for qualitative and quantitative marking and measuring. With the survey questionnaire was covered by people with disabilities and the NGOs that are working with persons with disabilities.

RESEARCH SAMPLE

Adjusted research sample was used in the research. With the pilot survey questionnaire were covered 155 persons with disability according to the impairment: 86 persons with physically impairment, 19 persons with visual impairment, 23 persons with hearing impairment, 15 persons with impairment in voice, speech and language, 8 persons with chronic illness, 7 persons with multiple impairments.

Within the research for the persons with disability were covered ten NGOs from Macedonia which through their project activities work with persons with disabilities, especially with the following category of persons with disabilities: people with physical impairment, people with hearing impairment, people with visual impairment, people with intellectual disability. The researches was conducted from all municipalities of town Skopje and villages, Strumica, Kumanovo, Tetovo, Bitola, Prilep, Kriva Palanka, Kichevo, village around Radovich, Gevgelija, Sveti Nikole, Gostivar, Kochani and Kavadarci.

Within the survey questionnaire were covered total 13 NGOs and they were: Macedonian Scientific Association for Autism, Association of students and youth with special education needs, NGO Shpresa, NGO Polio Plus, Union of people with physical impairment of Skopje, Association of people with visual impairment of Skopje, NGO Association for assistance to the people with intellectual disability, NGO "El Hilal", NGO "Poraka" (branch office in Prilep) NGO Open the Windows-Skopje, NGO Handicap-Gostivar, NGO Uniteti-Gostivar and Union of labour disability people of Republic of Macedonia. Descriptive statistics is used for showing the results.

RESULTS

In the survey conducted in the period of 5th of November 2008 until 5th of December 2008 the above mentioned municipalities in the area of Republic of Macedonia were covered 155 examinees out of which 88 (57%) males and 67 (43%) woman (Figure 1).

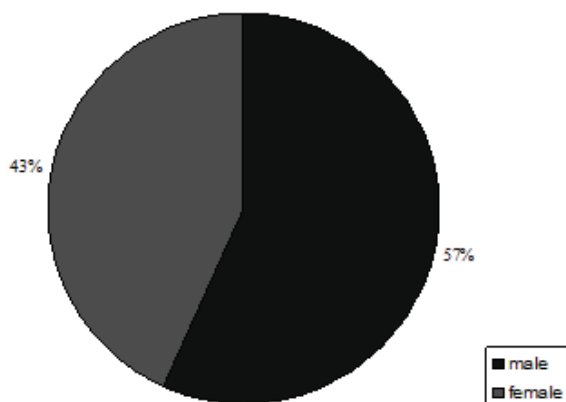


Figure 1. Gender

In relation to the age of the examinees they were divided into several interval groups. The youngest examinee was at the age of 21 and the oldest one at the age of 74. On the Figure 2 can be seen that the most represented age group is the youngest 21-30 years with 60 examinees (38.8%) and the age group with least examinees is the oldest group presented with 3 examinees (1.9%).

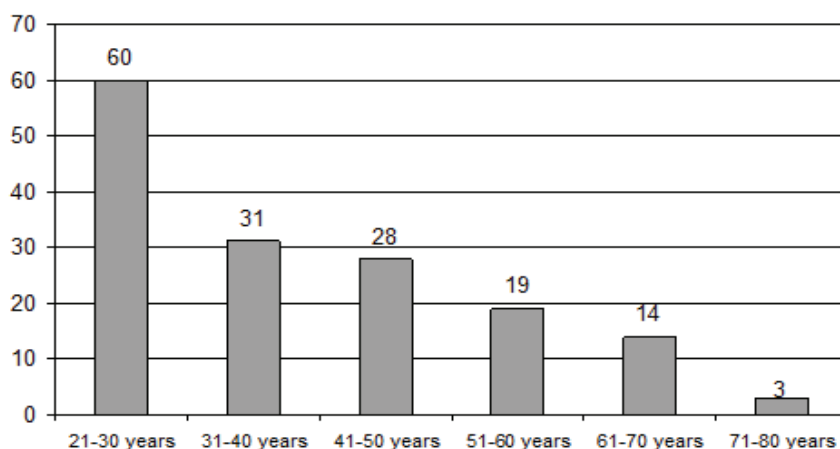


Figure 2. Age

According to the place of the residence most of the examinees were from Skopje 107 (69.%) which is 2/3 from the representative sample. From the other towns PWD are met from Tetovo (8.6%) and Kumanovo (4.5%). The others towns participate with 17.9%. The distribution of the participants in the study can be seen on figure 3.

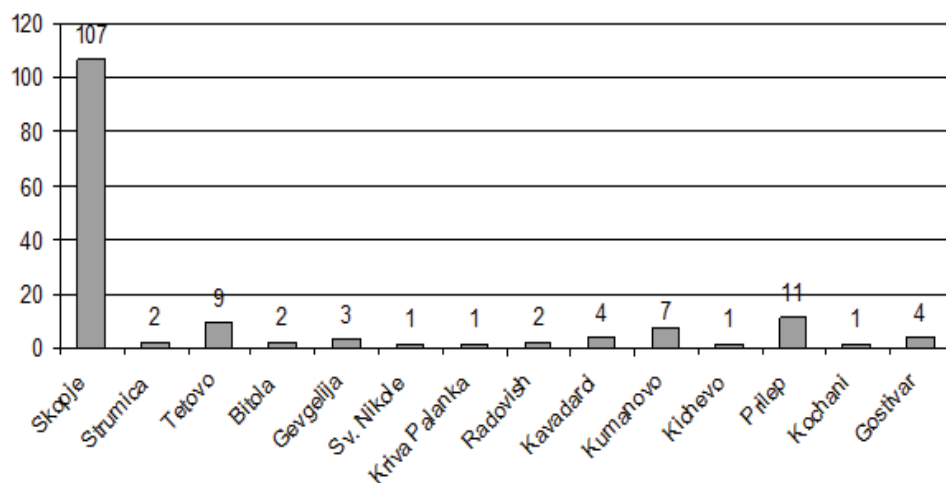


Figure 3. Place of residence

According to the type of disability the examinees were divided into 22 groups out of which significant notice got the examinees with labored movement independently (27.7%), hearing impairment with speech disorders (10.8%), wheelchair users with assistance (8.1%) and partial visual impairment (5.4%). The other types of disability were present with around 48% (Table 1).

Table 1. Type of Disability

Kind of Disability		N	%
1.	Wheelchair user with assistance	15	8.1%
2.	Wheelchair user without assistance	6	3.2%
3.	Laboured movement with assistance	7	3.8%
4.	Laboured movement independently	51	27.7%
5.	Lack of limbs	1	0.5%
6.	Laboured movement of upper limbs	6	3.2%
7.	Total visual impairment	7	3.8%
8.	Partial visual impairment	10	5.4%
9.	Partial speech impairment	5	2.7%
10.	Total speech impairment	5	2.7%
11.	Total hearing impairment	4	2.1%
12.	Partial hearing impairment	3	1.6%
13.	Chronic diseases/physiological impairments	8	4.3%
14.	Speech disorders	5	2.7%
15.	Hearing impairments with speech disorders	20	10.8%
16.	Visual impairments and chronic diseases	2	1%
17.	Laboured movement with partial sight impairment	10	5.4%
18.	Partial visual impairment with partial hearing impairment	4	2.1%
19.	Multiple disabilities	5	2.7%
20.	Mild mental retardation	10	5.4%

In such studies one of the crucial questions is if really the disability is congenital or is acquired. At 46% is congenital and at 54% is acquired due to injury or chronic disease. (Figure 4).

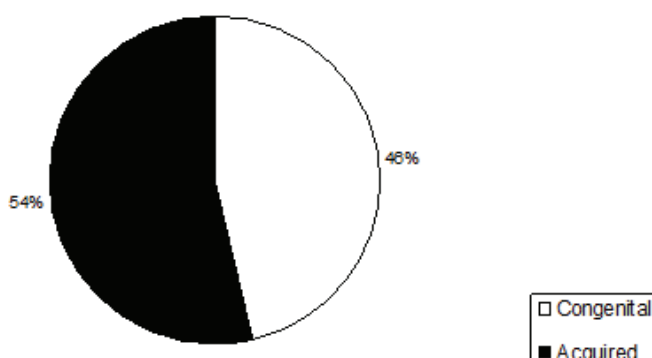


Figure 4. Origin of disability

At the ones that it was ascertained that they acquired the disability, followed the question: If it is acquired when did you get it? Almost 68 of them it showed at the age of two and seventh and rarely was between seventh and nineteenth, 25 of them. At six of them it was work-related injury or accident and at six was age-related or disease-related acquired disability. More detailed distribution can be seen on Figure 5.

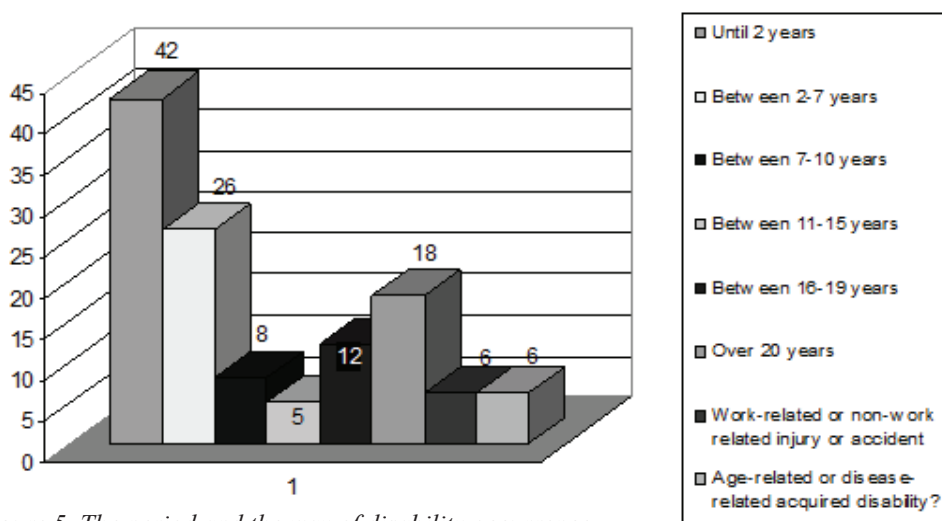


Figure 5. The period and the way of disability occurrence

At the half of the examinees (51%) existing health institutions in their municipalities do not fulfill their health needs, at 30% do fulfill, and 19% are not sure in their answer (Figure 6).

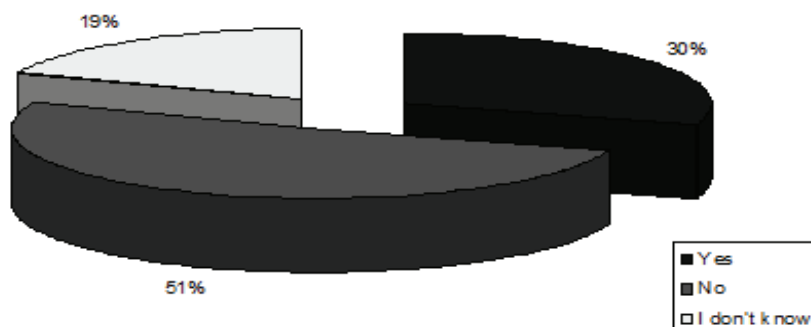


Figure 6. Do you think that health institution in your Municipality provides you with satisfactory health services?

The ones that are not satisfied said that they should be released from the participation (54.8%), improvement of the health services (25.6%), help and care of third person (15.8%), and more services by specialist doctors (3.8%) (Figure 7).

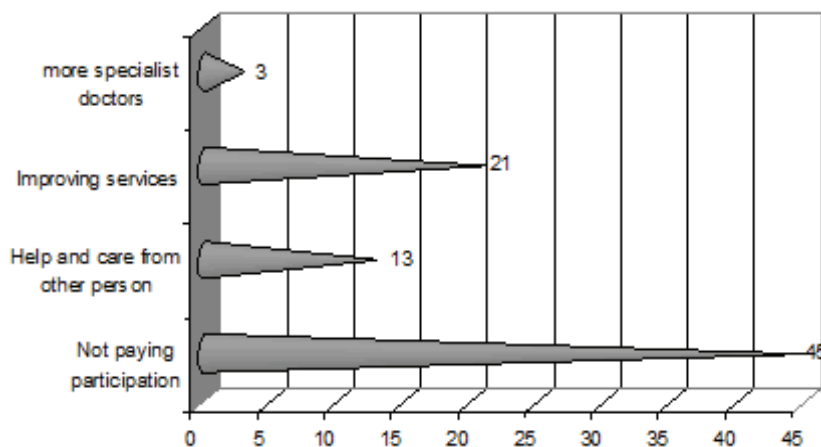


Figure 7. What has to be done to improve the health services in the Municipality?

DISCUSSION

There is need of advancement of the health of PWD and their families through the development of a comprehensive universal system for health care at the primary, secondary, and tertiary levels, sensitive to the general and specific needs for health care of PWD. Those persons with special needs have several rights such as:

- Right to life has priority in the application of medical assistance and health protection;
- Right to prevention and rehabilitation and then care;
- Right to quality medical service;
- Forbid discrimination and equal accessibility to medical services and appropriate

medical treatment regardless of the nature and severity of the disease;

- Establishment of rehabilitation programs for the individual needs of PWD as well as the principles for complete participation and equality.

In our recent study we found that health protection in Macedonia does not completely fulfill its obligations to the persons with intellectual disability and autism. Every patient is entitled to health protection without discrimination based on gender, race, language, faith, origin or any other status. Persons with those disabilities have need for more communication and information regarding their health condition, more access to the health specialist institutions, and extension of their age limit (over age 26 years) for free participation fee in the health institutions. Regarding the health workers, who agree that the medical examinations of persons with intellectual disability are more frequent, was determined that they need additional training that would help them to improve their work (Trajkovski, Trpeska, Todorovska, 2014). Our previous study shows that there is no unique central data base about PWD, no neonatal screening for genetic disorders which lead to some kind of disability. Health care does not cover all rural and small town areas. Also, there are not enough possibilities for primary and secondary health care and there are not enough services for house visits and patronage services. The constant shortage of medicaments from the positive list of the Macedonian Fund for Health Insurance is present, which forces citizens to buy them and pay the full price (Trajkovski, 2010).

Misconceptions about the health of people with disabilities have led to assumptions that people with disabilities do not require access to health promotion and disease prevention. Evidence shows that health promotion interventions such as physical activities are beneficial for people with disabilities. But health promotion activities seldom target people with disabilities, and many experience multiple barriers to participation. For example, limited access to health promotion has been documented for people with multiple sclerosis, stroke, poliomyelitis, intellectual impairment, and mental health problems (WHO, 2011).

People with disabilities should be included in all general health care surveillance, and data on people with disabilities should be disaggregated. A good example at the state level is the Centers for Disease Control and Prevention Behavioural Risk Factor Surveillance System (BRFSS), which includes two general disability identifier questions to ensure provision of state-specific disability data. Research should also focus on the quality and structure of health care systems, examining, for example, reasonable accommodations needed for people with disabilities (Adams et al., 2009).

All groups in society should have access to comprehensive, inclusive health care. An international survey of health research priorities indicated that addressing the specific impairments of people with disabilities is secondary to integrating their health needs into primary health care systems. Primary care services are generally the most accessible, affordable, and acceptable for communities. For example, a systematic review of studies from six developing countries in Africa, Asia, and Latin America confirmed that local, affordable primary health care programmes were more effective than other programmes for people with mental health conditions (Patel et al. 2007).

Many people with mental health conditions do not receive mental health care despite the fact that effective interventions exist, including medication. A large multicountry survey supported by WHO showed that between 35% and 50% of people with serious mental disorders in developed countries, and between 76% and 85% in developing countries, received no treatment in the year before the study (Demyttenaere et al., 2004). A meta-analysis of 37 epidemiological studies across 32 developed and developing countries uncovered a median treatment gap between 32% and 78% for a range of mental health conditions including schizophrenia, mood disorders, anxiety disorders, and alcohol abuse or dependence (Kohn et al., 2004).

CONCLUSION

The health protection in Macedonia does not completely fulfill its obligations to the persons with disabilities. Every patient is entitled to health protection without discrimination based on gender, race, language, faith, origin or any other status. Persons with those disabilities have need for more communication and information regarding their health condition, more access to the health specialist institutions, and extension of their age limit (over age 26 years) for free participation fee in the health institutions. There are not enough possibilities for health care and there are not enough services for house visits and patronage services. The constant shortage of medicaments from the positive list of the Macedonian Fund for Health Insurance is present, which forces citizens to buy them and pay the full price.

There is need:

1. To prepare a single central data base with data about PWD in Macedonia which will be held at the Ministry for health or the Ministry for labor and social policy;
2. To ensure protocols for mandatory cooperation and the exchange of data between the central data base and other sectors responsible for gathering data about PWD;
3. To ensure constant up date of the central data base in the field of health protection of PWD;
4. To plan collection of information on PWD in the next population census;
5. To amend the legislative regulation so that health insurance will cover 100% of the cost for all rehabilitation services in health institutions and to ensure health protection without co-payment for all categories of PWD, regardless of the level or type of impairment;
6. To adopt program for development of quality relationships between the beneficiary (PWD) and health workers;
7. To develop program of activities in the field of prevention with the aim of increasing the number of prophylactic examinations and inhibit existing of disability and severe impairment of the human body;
8. To ensure equal access to health institutions and priority for PWD in the process of asserting their right to health protection;
9. To ensure receipt of adequate assistance and required appliances free of charge as required by their diagnosis;
10. To reconstruct or adapt all health institutions in Macedonia to meet existing standards for PWD;
11. To create mobile teams of physiotherapists to provide services to PWD in their homes;
12. Establishment of a control health services for the persons with disabilities in their homes in each municipality;
13. To create a network of development counseling centers that will ensure the provision of high quality services. The counseling centers will function as multidisciplinary teams to provide assistance to children with developmental impairments and to their families as well as to the other existing social services;
14. To create programs for the education of health workers at the level of primary health protection on the specific diseases and conditions of the PWD and to require this training as a condition for gaining a license to practice in this field;
15. In the bigger hospitals, to employ people who are translators of sign language;
16. Neonatal screening for early detection of hearing impairment and the introduction of neonatal screening for mental impairments that occur frequently as a possibility for tertiary prevention.

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