Health inequity and COVID-19 in North Macedonia
What are health inequities and why are they important?

Health inequities are the unfair and avoidable differences in health status within a population. In North Macedonia and across countries of the WHO European Region, some people live healthier lives and have better health outcomes than others, even with the same access to health services, due to insecurity in livelihoods (e.g. income, living conditions, employment, quality and security of local neighbourhoods). For example, even though improvements have been made in average levels of health and life expectancy, these gains have not been shared equally across different sections of society.

Health inequities are not new. Prior to the arrival of the novel coronavirus disease (COVID-19) in North Macedonia, women with the most years of education could expect to live three years longer than women with the fewest years of education, while men with the most years of education could expect to live almost six years longer than men with the fewest years of education (1).

People’s quality of life is linked to the conditions in which they are born, grow, learn, work and age, as well as to health systems. Living with long-standing limiting illness (e.g. noncommunicable diseases, respiratory disease, and depression/anxiety disorders) reduces a person’s quality of life and is a risk factor for poverty and social exclusion, as well as for severe illness and premature death from COVID-19, if infected. In North Macedonia, there is a greater gap in living with long-standing limiting illness between men and women with fewest years of education, and women with fewest years of education are most affected (2). Equity-proofed investments in health systems can help to reduce unmet need for health care and the number of people living with long-standing limiting illness, and they also increase the health, social and economic resilience of individuals, families and communities.
How has the COVID-19 pandemic affected health inequities?

While the world was already an unequal one when COVID-19 emerged, the pandemic has deepened health inequities, particularly for people experiencing multiple insecurities and forms of deprivation (e.g. poverty and not being able to make ends meet). The health impact of COVID-19 varies according to socioeconomic factors, pre-existing health conditions, geography, age and gender (Table 1). In addition, new risks have emerged.

Table 1. Health equity impact of COVID-19 in North Macedonia, January 2021

| Comorbidity | • 31% of all registered cases had at least one chronic health condition and these cases accounted for 72.8% of deaths. |
| Regions and municipalities | • Two regions (Polog and Northeastern) with relatively low scores on the Human Development Index (HDI) (compared to the national average) are particularly affected by relatively low incidence rates and relatively high case fatality rates. Municipalities in other regions with relatively low HDI are seeing the same trends, including Delchevo, Strumica and Radovish. |
| Age | • While the incidence rate was greatest for people aged 50–59 years, mortality rates were highest in people aged over 60 years, accounting for 78.8% of deaths. |
| Gender | • While men and women accounted for similar proportions of cases, men accounted for 62.8% of deaths. In addition, women occupy 74% of jobs in the health-care sector*; they are more likely to be front-line health workers and are thus at greater risk of COVID-19 infection. |

Sources: * WHO Regional Office for Europe, 2020 (3); Institute of Public Health of the Republic of North Macedonia (4).

COVID-19 and its long-term health, economic, and social consequences can leave individuals and families at risk of poor health as well as poverty and social exclusion. When occurring together, poor health and multiple forms of deprivation can result in some geographical areas lagging behind, with negative effects on social cohesion and economic prosperity.
What are the main drivers of health inequities?

Health inequities are driven predominantly by weak health systems, financial insecurity, poor living conditions, lack of social and human capital, and non-secure employment and work. This makes it hard for individuals and families to escape health inequities – unless we take action. The health and well-being of the bottom 20% according to income and education and those living in underdeveloped communities and regions are most likely to be affected by many or all of these drivers.

1. Health services.

Just under 5% of people in North Macedonia declared some form of unmet need for medical examination in 2019 (5). Men with the fewest years of education were 4.5 times more likely to declare some form of unmet need for medical examination than those with the most years of education. Among women across the same education categories, the number rises to 4.7 times. COVID-19 has led to delays in or cessation of normal provision of health services, especially for people living with chronic conditions. These treatment-sensitive conditions increase with age and frequently predominate among poor and marginalized groups at all ages.

If unaddressed, the increase in chronic and treatment-sensitive conditions will:

- increase the burden of poor health in poorer families and rural areas;
- increase the risk of economic and social exclusion; and
- wear down the resilience of those already struggling to stay healthy and participate in employment and civic life.

2. Income security and social protection.

Almost 40% of the population in North Macedonia were at risk of poverty or severe material deprivation, or were living in households with very low work intensity in 2019. Furthermore, 43.8% of children in North Macedonia were at risk of poverty or social exclusion (6). There is a strong association between material deprivation and under-5 mortality rates. Poverty and poor health in children constitute a priority area for action across many sectors because of its effects over the life-course and wider economic and societal impacts.
If unaddressed, child poverty will result in:

- poorer mental and social health;
- poor education outcomes;
- higher risk of not completing schooling; and
- increased likelihood of low-paid work and frequent periods of unemployment, reinforcing the cycle of poverty and poor health in later life.

3. Living conditions.

People in the bottom 20% according to income in North Macedonia were nearly two times more likely to live in overcrowded households in 2019 compared to those in the top 20% according to income in which nearly one third still lived in overcrowded homes (7). People in cities, children and households with dependent children are more likely to experience overcrowded living conditions.

If unaddressed, overcrowded homes will result in:

- increased risk of COVID-19 infection among household members, which in turn can increase stress and anxiety disorders; and
- other socioeconomic inequities being further compounded, by, for example, negatively impacting children and young people learning from home.


In 2019, 18.1% of young people aged 15–24 years in North Macedonia were not in employment, education or training (NEET) compared to 10.1% in the European Union (8).

If unaddressed, high rates of young people in the position of being NEET will result in:

- increased substance abuse;
- poorer mental health and increased suicide rates; and
- insufficient skills development to participate in the labour market, which is required for economic and social recovery and sustainable development.
5. Employment and working conditions.

In North Macedonia, although the number of jobs has increased, their quality remains a challenge. The in-work poverty level was at 8.5% in 2019, with the informal economy still large (between 20% and 40% of gross domestic product) (9,10). Temporary employment is also on the rise, and not through the choice of workers themselves. Women, young people and those with fewer skills have been most affected, placing them at greater risk of worse health, social and economic outcomes.

If unaddressed, inequities in employment and working conditions will result in:

- a 50% increase in the risk of fatal and non-fatal cardiovascular events from work-related stressors (11);
- poorer mental health, particularly for workers in insecure work and temporary employment; and
- increased alcohol use, mental disorders, homelessness and exposure to violence and crime for young people and others experiencing long-term unemployment.
What unwanted scenarios will emerge if health inequities are not addressed during COVID-19 recovery and transition?

If we only focus on the economy now and not on tackling physical and mental health problems, long waiting lists, unmet need and unaffordable care, the required levels or quality of human capital will not be achieved, nor will the community and family resilience that is needed for people to participate in economic life and social enterprise. Together this could result in a number of unwanted scenarios.

- **Unwanted scenario 1.** Predicted levels of unemployment and underemployment, coupled with a decline in labour income and job quality, will widen and deepen the number of people and families living with chronic income and livelihood insecurity. Acute insecurity is most likely to be experienced where economic sectors fail to recover and in families experiencing vulnerability and/or who lost household breadwinners, either through death or disability, during the COVID-19 pandemic. For women, this will exacerbate reduced labour force participation due to gender inequalities in family responsibilities, unpaid domestic work and child care. Together, this will contribute to a major spike in gendered patterns of poor mental health outcomes, including increased incidence of anxiety, depression and self-harm.

- **Unwanted scenario 2.** Predicted spikes in poverty risk, coupled with inadequate universal health and social protection coverage will result in new socioeconomic and gender inequities that prevent people from living safely and healthily. For example, poorer women, women from ethnic minorities, and disabled women will have less access to resources and support to be able to exit abusive and/or violent relationships. This will likely lead to increased risk of physical and mental harm, sexually transmitted infections,

The above scenarios will have an impact on the health and social care workforce and the wider labour force participation rate, leading to low levels of human and social capital to support economic recovery.
How can investments be directed to build a fairer and more equitable future for all in North Macedonia?

The time has come to build a healthier world for everyone, by placing health inequities at the heart COVID-19 recovery. With the right policies in place, gaps in health can be reduced in as little as four years (12).

Society and its development, the health of all people, and the resilience of the economy are interdependent. Investing in the health system and in well-being for all is critical for rebuilding the wider economy and society.

At a minimum, jointly building a better future must include prioritization of and investment in actions that:

• scale up universal health coverage to encompass the whole of the population, aiming to eliminate out-of-pocket payments and increase access to and quality of community and primary health care services, with a special focus on removing barriers to care for groups at high risk of poverty, social exclusion and poor health;

• strengthen mental health promotion services and early detection and treatment through increased outreach services at the community level, using expanded models of primary care in partnerships with civil society and community-based organizations;

• extend COVID-19 financial protection programmes to individuals and families at risk of poverty specifically to ensure the conditions needed to live a healthy life, including housing, food and fuel security (with consideration to be given to the initiation of a national policy to ensure universal basic services);

• invest in youth- and gender-responsive active labour market programmes and prioritize new income and employment models to compensate for employment gaps and new insecurities in sectors that may be lost or slow to recover;

• ensure the safe and equitable re-opening of schools, combined with intensified learning support to children and young people who have fallen the furthest behind;

• improve physical digital infrastructure and scale up affordable Internet coverage to equalize capabilities for learning, accessing telemedicine, social connectivity and working from home (particularly critical in the light of ongoing and localized changes to containment measures as the pandemic evolves);
• upgrade housing quality with a focus on families in overcrowded dwellings and single-income households; and

• strengthen routine monitoring of health equity and track the progress of policies and services to deliver equal gender, socioeconomic and health outcomes, aiming to inform ongoing investment in building fair and healthy societies and economies that leave no one behind.

The road to a fairer and more equitable future for all in North Macedonia requires recognition of the inextricable link between health equity and the following factors: human capital; fiscal stability and sustainable labour market recovery; decent work and smart, inclusive and sustainable growth; social cohesion and community resilience; safety and security; and sustainable development. Orienting COVID-19 recovery and transition towards the achievement of multiple co-benefits for a healthy population, a healthy economy and a healthy society provides a foundation for united action to ensure that North Macedonia builds back, better, and leaves no one behind.


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