

Macedonia, FYR

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	2.11 M
Urban population (2012)^a	1.25 M
Rural population (2012)^a	0.86 M
Population growth rate (2012)^a	0.08%
Gross domestic product USD (2012)^b	9.61 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	6.5
Under 5 mortality / 1,000 live births (2012)^c	7.4
Life expectancy at birth (2012)^d	76 yrs
Diarrhoea deaths attributable to WASH (2012)^e	1

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING- WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	91%
Use of drinking-water from improved sources (2012)^f	99%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

Sanitation, drinking-water and hygiene status overview^{*}

Macedonia currently has a high level of access to both water and sanitation, with 100% of Macedonia's urban population having access to safe drinking-water.

Drinking-water quality is of great importance in Macedonia with drinking-water tested for physical, chemical and biological elements in addition to radiological analyses. The water testing is consistent with international standards and European directives for drinking-water.

The impact of deficiencies in the collection and treatment of wastewater from sanitation services in many areas of Macedonia is of great concern with the lack of wastewater treatment being a major source of water pollution. Although countrywide 80% of the population has access to wastewater collection, only 10% of the sewage is currently being treated. Most of the wastewater is being discharged directly into rivers and lakes.

The current condition of sewage systems varies in urban and rural areas. Generally the sewage systems are rather old. Often pipes are cracked and wastewater leaks into the ground. Additionally, the capacity is often insufficient to collect all of the wastewater. There are no separate systems for urban wastewater and precipitation, and during floods, the pipes are overloaded and suffer from increased pressure. In urban areas where sewage systems are renovated or newly constructed, collection and disposal of the wastewater is effective.

With regard to hygiene, Macedonia has universal hygiene standards and undertakes activities to promote them.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

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Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Several ministries and institutions share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Environment and Physical Planning	✓		
State Sanitary and Health Inspectorate/Public Health Institutions		✓	✓
Ministry of Labor and Social Planning	✓	✓	✓
Public Enterprise	✓	✓	
Food and Veterinary Agency		✓	

Number of ministries and national institutions with responsibilities in WASH: **8**

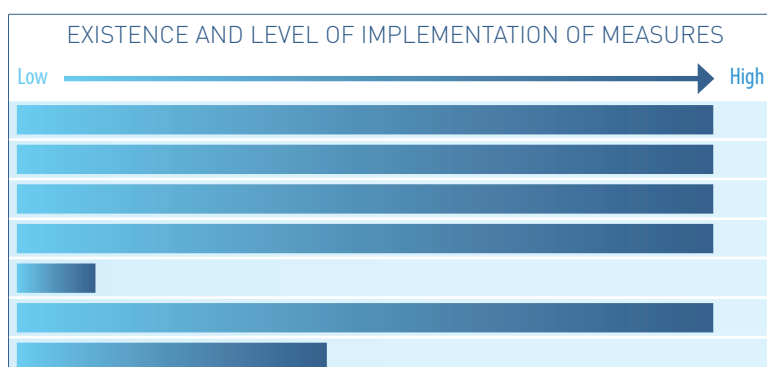
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓		
Rural sanitation	✓		
Sanitation in schools	✓	100	
Sanitation in health facilities	✓	100	
Urban drinking-water supply	✓	100	
Rural drinking-water supply	✓		
Drinking-water in schools	✓	100	
Drinking-water in health facilities	✓	100	
Hygiene promotion	✓	100	
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓	100	

While there are specific plans addressing improvements and sustainability of sanitation and water services, the current condition of the water-supply system is generally poor resulting in high water loss and water quality issues. With regards to sanitation, only 5% of wastewater is treated resulting in poor water quality in the recipient rivers or water basins.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		2013
Use of performance indicators^a	✗		✗		●
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✗		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✓	✓	✓	
Communication^a					
Performance reviews made public	✓	✗	✓	●	
Customer satisfaction reviews made public	●	✗	✓	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for drinking-water in urban areas and hygiene, though some gaps and follow up actions have not been identified. No plans are developed for sanitation. The most important constraints identified for WASH human resources are the lack of financial resources and encouraging skilled workers to live and work in rural areas of the country.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	✗		●		●
Strategy defines gaps and actions needed to improve^a	✗		●		✗
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	✗		●		
Availability of education/training organisations	✓		●		✓
Skilled graduates	✓		✓		✓
Preference by skilled graduates to work in other sectors	✓		●		✓
Emigration of skilled workers abroad			✓		
Skilled workers do not want to live and work in rural areas			✗		
Recruitment practices					
Other					

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most areas of WASH, however, there are reported difficulties in absorption of donor commitments.

FINANCING

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Financing plan for WASH				
Assessment of financing sources and strategies ^a	✓	●	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✗	✗	✗	✗
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b				

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	NA
Health ²	7.0
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, six disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation			✓	
Participation and reporting^a				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning				
Effective complaint mechanisms	✓	✗	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Displaced populations
5. Ethnic minorities
6. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

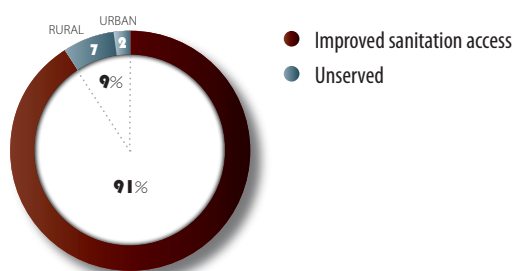
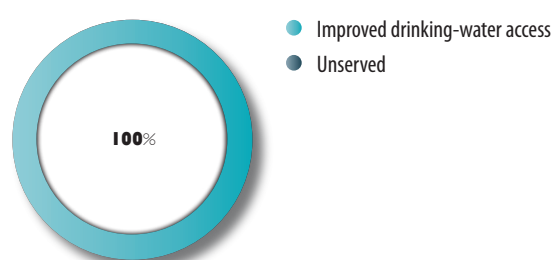


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.