THE HEALTH SECTOR IN NORTH MACEDONIA: ANALYSIS OF THE IMPACT ON THE NATIONAL ECONOMY
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Lorenzo Lionello, Vladimir Dimkovski and Timotej Jagrič
Abstract
North Macedonia is currently undergoing important social, economic and political changes. This report describes the important role of the health-care sector in the country’s future economic and social development, in addition to providing good health care and improving the well-being of the population. The report incorporates findings from two related studies carried out in North Macedonia: an input/output analysis for 2010 and 2015, and a Health Insurance Fund combined analysis of health sector employment/legislation and survey on the social impact of health facilities. Use of a set of five input/output table multipliers identified that the health-care sector has a substantial economic role in the national economy. Through satisfying the demand for health-care services, the health-care sector promotes a country’s economic development, with ripple effects on economic growth, human capital and social impact throughout all other sectors. The report found that health institutions can (i) directly contribute to the growth of the national economy and (ii) have a microsocial impact on local communities and local development planning through their procurement, employment and social practices, thereby setting an excellent example for other institutions and businesses. These findings suggest that government policy should prioritize socially conscious procurement practices favouring local businesses in order to achieve important local and national economic benefits. As these benefits strictly depend on the economic capacity of the health-care sector, it is imperative that its budget is maintained in periods of austerity to avoid increasing health inequities and hindering the economic growth generated by health systems.

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Abbreviations

GDP   gross domestic product
GVA   gross value added
IOT   input/output table
Key messages

The current impact of the health-care sector on the national economy in North Macedonia has three dimensions: the economic impact, the social impact and the potential to drive local development.

1. Economic impact. The health-care sector makes an important contribution to the economic development of North Macedonia. It contributes to the growth of every other economic sector as follows.

   a. In 2015 each additional €1 invested in goods and services generated by the health-care sector in North Macedonia would have led to an increase of €2.36 in total national economic output (including direct, indirect and induced effects).

   b. In 2015 each additional €1 invested in the health-care sector would have led to an increase of €1.06 in the gross value added (GVA) to the whole economy (including direct, indirect and induced effects). This increase is greater than the average value for all sectors of the national economy (the average increase in GVA was €0.80), and only eight of the 62 sectors contributed to a higher increase in GVA following the same stimuli compared with the health-care sector.

   c. Based on employment multiplier estimation for 2015, an additional spending of €100 000 on goods and services of the health-care sector would have resulted in the creation of 11.2 new jobs across the national economy when direct, indirect and induced effects are included. In 2015 the creation of one additional job in the health-care sector would have resulted in the creation of 1.53 jobs across all sectors of the national economy (including direct, indirect and induced effects).

   d. For economic policy, low values of import multipliers are favourable. From 2010 to 2015, the ranking of the health-care sector within the national economy improved substantially. Additional demand for the goods and services of the health-care sector led to less change in imports compared with other sectors in the national economy (in 42 of the 62 sectors, the same initial change in the final demand caused a large increase in imports).

   e. In an international comparison for 2010, North Macedonia was ranked among countries in which the same level of investment in the health-care sector had by far the highest positive impact on creating new jobs across the whole national economy. The relationship between gross domestic product (GDP) per capita and the employment multiplier shows that although the employment multiplier is expected to fall with GDP growth, the value of the multiplier remains positive and stabilizes when the GDP per capita becomes higher, e.g. above €20 000. Investment in the health-care sector’s products and services made a large contribution to creating new jobs in developing countries and continues to make a positive contribution to the employment rate in highly developed countries.

2. Potential to drive local development. The health-care sector has great potential to drive sustainable, inclusive growth and well-being in North Macedonia at local level.

   a. Through socially responsible procurement and good employment practices by local health facilities, health systems drive the overall economy and investment in human capital, as well as significantly improving the well-being of the local population.
b. An example of the impact of the health sector on the local economy is that it mostly employs workers from the local community, with 84% of employees living within 10 km of their place of employment.

3. **Social impact.** The health-care sector in North Macedonia is an important employer that provides decent work with social benefits for all employees.

a. Almost 70% of employees in the sector are publicly employed, and 97.71% of these across all roles have decent contracts with social benefits in the form of pensions, health insurance and unemployment benefits.

b. Over the last 10 years the growth in wages was significantly greater in the health-care sector than in the rest of the economy (35% vs 24%).

c. In both 2010 and 2015, a €1 increase in income in the health-care sector would have led to an increase of €1.31 in household incomes.
Introduction to the North Macedonian health system

The North Macedonian health-care sector is primarily administered by two bodies: the Ministry of Health and the Health Insurance Fund of the Republic of North Macedonia. The Ministry of Health is responsible for developing and implementing public health policies, enforcing health legislation and ensuring the performance of health systems across the country. It allocates funds from its budget for infrastructure development and medical equipment, as well as for implementing wider public health measures (1). In contrast, the Health Insurance Fund is responsible for purchasing public health services, mainly through performance-based contracts with public and private health providers. Both bodies have a close relationship with the Ministry of Finance, which supervises and approves their annual budgets (1). Upon gaining independence in 1991, North Macedonia inherited a fairly advanced health-care system, but has since been adapting it to the country’s changing political, demographic and social context (2). While some attempts have been made to give greater independence to regional administrations, the process of decentralization has stalled and the system remains heavily centralized (1). The Act of 1991 on Health Care opened the health-care sector to privatization (3): according to the latest data, there are now around 2900 private general practitioners, 470 specialists and several large private hospitals (1). One of the most important developments to expand health-care provision was the establishment of the country’s Health Network in 2012 (4), in accordance with the new Act on Health Care, with the scope to create a geographically well-distributed network of public and private health providers. In 2008 the existing health system was able to provide 90% of the population with access to a health facility in a journey time of less than 30 minutes (2). The latest data indicate that in North Macedonia spending on health care as a percentage of GDP significantly decreased over the last decade: from almost 10% of GDP at the end of the 20th century, it had reduced to 6% by 2014 and has remained at this level ever since (1). However, government spending on health care as part of the Ministry of Health budget has significantly increased over the same period: in 2016 public expenditure was over 60%, while private expenditure was 35%. Finally, the health-care system is mainly financed through three mechanisms: compulsory wage-based insurance contributions, the allocation from the country’s central budget and direct out-of-pocket expenditure by citizens. The latter contributed 36.7% in 2014 and 35.4% in 2016 to the total health expenditure (according to the latest available data).

North Macedonia is currently undergoing important social, economic and political changes. This report describes the important role of the health-care sector in the country’s future economic and social development, in addition to providing good health care and improving the well-being of the population. Our analysis showed that the health-care sector has a substantial economic role at both local and national levels. Health facilities can be incredibly powerful local development engines through their procurement, employment and social practices, thereby setting an excellent example for other institutions and businesses. This report aimed to understand how the health-care sector actively engages in promoting local growth by studying the procurement and employment practices of health systems. Too often the health-care sector is portrayed as a lost cost and is, therefore, often among the first to suffer from budget cuts in periods of economic austerity. Here, we will also outline the health-care sector’s macroeconomic impacts on the rest of the economy by looking at its direct, indirect and induced effects on other sectors (5). This analysis is part of a wider project to quantify the economic and social impacts and benefits of health systems to the national economies of Member States the WHO European Region (6).
Methodology and limitations

This report incorporates findings from two distinct, but related, studies carried out in North Macedonia. The first is an input/output analysis for selected years for which complete data was available: 2010 and 2015. (See Annex 1 for a glossary of all terms and definitions used in this report.) The methodology published by Bekő et al. (5) was used to calculate the effects of changes to exogenous factors in the output (production of goods and services) of the health-care sector on the rest of the North Macedonian economy, with input/output tables (IOTs) describing the national economy through the economic flow between its sectors. The impact of a single sector (in this case, the health-care sector) on the whole economy was assessed using a set of five input/output multipliers: output, value added, income, employment and imports. All IOTs followed a product-by-product model that describes how much of each product was being used as input for another product by another industry (or sector). The data on IOTs and labour statistics for the first study were obtained from the State Statistical Office of the Republic of North Macedonia. Some supplementary data was obtained from the Central Bank of the Republic of North Macedonia. The input/output analysis was based on some important assumptions, which also define its limitations. First, the analysis was retrospective and based on two selected years (2010 and 2015). This was necessary because complete tables needed to carry out the analysis were not available for North Macedonia for other years. The calculated multipliers retain the characteristics of the economy in these years. Therefore, the results should be interpreted for the two selected years only. Their validity for longer time periods cannot be assumed and should be investigated empirically since this depends on factors such as structural changes in the national economy, cyclical impacts on the analysed sector, and the available capacity of individual sectors. The results of studies done in other countries indicate that multipliers could be considered stable in these countries for about six years from the year in which they were derived (5). Secondly, due to a lack of available data for deflating, calculations for both years were done on data at current prices; therefore, nominal values cannot be compared between the two years. However, the ranking of the health-care sector can be compared between years.

The second study, by the Health Insurance Fund of the Republic of North Macedonia, analysed the social impact (through inclusive growth, employment and equal opportunities) generated by health facilities through the following.

1. A 12-question survey sent to all 103 public health providers in the country, but only 58 institutions answered the survey (58% response rate). The survey was open-ended and health providers were asked to give a detailed response to each question (see Annex 2).

2. Administrative data from computerized health systems in the country were collected and analysed. The e-Health Directorate of the Ministry of Health of the Republic of North Macedonia (7) provided the latest available data on 16,971 people employed in the health-care sector (90.36% of the total health-care workforce), and the health treasury system provided data on the payments and transactions of public health providers.

3. A legislation analysis was performed, with a specific focus on employment and procurement practices in the public health sector.

Limitations of this survey are that it was not completely representative of the health-care sector because only 58% of public health providers responded; furthermore, private health providers were not included. Moreover, the survey was semi-structured and created ad hoc for this study. However, its scope and purpose were specifically tailored to the analysis of the North Macedonian health-care sector.
Results: the economic, human capital and social impacts of the health-care sector in North Macedonia

The health-care sector in North Macedonia retains the stigma of not contributing to the economic growth of the country and of being a costly part of the economy because the returns on investments related to its main output, people’s health and well-being, seem difficult to quantify. However, the health-care sector contributes to economic growth in several ways. Its most direct effect is keeping the population healthy and, consequently, in the labour market with increased productivity. Moreover, health systems purchase goods and services from other sectors of the economy, and use them to produce their own goods and services. This direct relationship is fundamental because, through purchasing goods and services from other sectors, the health-care sector contributes to the economic growth of all other sectors. Because the demand for health care is fairly consistent, the level of purchasing by health systems is likely to be constant and stable. Therefore, cuts to health-care budgets are especially detrimental because health systems are likely to find themselves having to satisfy the same (or greater) demand with less economic means. For a country with a quickly developing society and a rapidly changing demographic profile, such as North Macedonia, the health-care sector can play a central role in enhancing its socioeconomic development. This analysis aimed to estimate the ripple effects of satisfying the demand for health-care services on the rest of the economy, with the intention of changing the erroneous portrayal of the health-care sector as a burden to public budgets. Within the health systems, public institutions are usually anchored within their local communities (i.e. are unlikely to leave), regardless of the economic climate. This means that they can become important hubs for local development and leaders in best practice to promote local growth. This study also aimed to capture the microsocial impact on communities of health systems through their procurement practices and employment behaviours, in order to highlight the consequences for local development planning.

Economic impact

Two particularly reactive indicators of the economic impact of production of the health-care sector’s goods and services on the rest of the national economy are the output multiplier and the value-added multiplier (See Annex 1 for definitions). The total output multiplier of the health-care sector was equal to 2.38 in 2010 and 2.36 in 2015 (including direct, indirect and induced effects). These values were greater than the corresponding average output multipliers across all 62 sectors of the national economy (which were 2.21 and 2.15, respectively). When the values of all 62 individual sectors are compared, the health-care sector ranked as 20 in both 2010 and 2015, which means that 19 of the 62 sectors had a higher impact on output in terms of total output multiplier.

The simple, total and truncated income multipliers for both 2010 and 2015 revealed another advantage of promoting investments into health: despite low absolute values for these multipliers, the health-care sector had a high ranking compared with other sectors in the national economy. Based on estimates for 2010 and 2015, the same initial investment (e.g. €1) in only nine sectors in the North Macedonian economy would have led to a higher household income compared with the health-care sector.
The value-added multipliers also give promising results. For each additional €1 invested in the goods and services of the health-care sector, the value added for the whole national economy would have increased by €1.007 in 2010 and €1.060 in 2015 (measuring with the total and truncated multipliers gave the same value in this case). The ranking of the health-care sector’s multipliers across all sectors increased between 2010 and 2015 (from fourteenth to ninth). Thus, in 2015 investment in only eight of the 62 sectors would have had a greater impact than the health-care sector on the GVA for the whole economy.

In North Macedonia, most spending on health is done through the Health Insurance Fund, which purchases public health services. The demand for health services, as dictated by the population’s health needs and regulated by Ministry of Health policies, is mainly met by the budget that the Fund establishes with the Ministry of Finance each year. Importantly, the effects revealed by these multipliers are obtained through the usual provision of the health-care sector’s usual services: in order to operate and satisfy its own demands, this sector needs to purchase goods and services from other sectors, thus perpetuating a production chain. If health systems were to consciously direct this purchasing power to the communities where they are established, they could steer this growth locally. Socially conscious public procurement is a powerful tool through which established institutions, such as health systems, can directly contribute to the growth of the local economy. In 2018 public health providers in the country had around 19 billion Macedonian denar (approximately €308 million) at their disposal, of which 49% was allocated to procurement. However, on average only 4% of this spending went to local businesses; thus, much of the potential economic impact of health systems procurement was lost to their local communities (Fig. 1).

**Fig. 1. Percentage of the procurement budget spent locally by six public health providers, 2018**

![Percentage of the procurement budget spent locally by six public health providers, 2018](image)


Most public health providers in the country stated that the greatest obstacle to including local businesses in their procurement are the tenders regulations. In 2019 the new Law on Public Procurement introduced a requirement to justify the selection of public bids based on the economically best offer, as measured via a price–quality ratio (8). Alongside the more inclusive tendering measures, the Law also introduced simplified procedures for lower value expenses to promote the inclusion of small- and medium-sized businesses. North Macedonian public procurement legislation now allows public institutions to acquire goods and services...
not exceeding €500 without a public bid: 60% of the public health providers surveyed said that they predominantly source such goods and services from local businesses.

The health sector also seems willing to direct more of these investments towards small- to medium-sized enterprises: 65% of institutions surveyed said that they consider the existing capacities of local businesses when designing/preparing their procurement bids. Moreover, 41% said they would be willing to introduce social criteria, as included in the new Law on Public Procurement, in some of their future tenders.

**Human capital**

The employment and income multipliers are powerful indicators of the real socioeconomic effect that the health-care sector can have on its own workforce, as well as on the whole economy. These multipliers can reveal not only the growth in job numbers and household incomes for every euro invested in the health-care sector’s output but also the direct effects on the rest of the economy of additional jobs or growth in income in the health-care sector.

The employment multiplier reveals how many jobs would have been created in the national economy for every additional investment over €100 000 spent on the output of the health-care system. In both 2010 and 2015 this would have led to the creation of 11 new jobs in the national economy of North Macedonia. Moreover, for every job created in the health-care sector, 1.4 jobs (estimated based on the IOT for 2010, a type II employment multiplier) or 1.5 jobs (estimated based on IOT for 2015, type II employment multiplier) would have been created in the whole national economy.

The income multipliers show how household income in the national economy would have grown as a consequence of investments in the goods and services of the health-care sector. Household income in the national economy would have grown by €0.62 for each additional €1 spent on the final demand for goods and services of the health-care sector (estimated on data for 2010) and by €0.57 (estimated on data for 2015) when direct, indirect and induced effects are included. For both 2010 and 2015, the type II income multiplier was estimated to be 1.31, meaning that an increase of household income of €1 in health-care sector workers would have led to an increase of €1.31 in household income (all, direct, indirect and induced effects included) across the national economy.

The average salary in the health-care sector increased by 35.51% increase during 2009–2019 (Fig. 2), which is significantly higher than the rate in the rest of the economy (24.09%).

These findings indicate that the health-care sector could have significantly contributed not only to the well-being of its own workers (comprising over 43 000 people in 2019 and making up 6.95% of the total workforce) but also to a steady improvement in the well-being of the rest of society. The analysis also showed that the sector provides good-quality jobs with non-precarious employment contracts. In North Macedonia, permanent public contracts include social insurance for pension, health and unemployment benefits: almost 70% of the employees in this sector are publicly employed and 97.71% have a permanent contract. The economic policy typically favours new investments and additional public spending in sectors that provide good jobs and create new ones because the well-being and growth of the economy are often measured against these gradients.
Fig. 2. Growth in real wages in the health-care sector and in the average salary in North Macedonia (in Macedonian denar), 2009–2019

![Chart showing growth in real wages and average salary](chart.png)

Source: data was obtained from the MakStatDatabase (9).

Social impact

It is important that growth in the health-care sector is also inclusive, not only by providing good jobs but also by actively employing fairly through giving equitable employment opportunities to improve both social and economic well-being. An analysis of 2015 found that the health-care sector in North Macedonia is an important employer that provides decent work with social benefits for all employees (10). In 2017 74% of the workforce in the health-care sector were women, of whom 41% were in top managerial positions and 62% were doctors (Fig. 3a).

The educational profile of the health-care workforce is also informative in showing whether the sector is actively employing people from various socioeconomic backgrounds. Almost half of the those employed in the health sector have tertiary and post-tertiary education levels (48.05%), 44.31% have secondary level education and 7.63% have only primary level education (Fig. 3b).

By taking educational attainment as a gradient of socioeconomic status, we showed that the health-care sector is not only an employment hub for the best-off in society. Our survey found that the health-care sector predominantly creates local jobs, with 84% of the workforce living within a 10 km radius of their workplace. Public health providers in the country indicated an active appreciation for their local wealth: 59% of responders said that they have some kind of measure in place to motivate young people to accept local health jobs. Health facilities are acting as anchor institutions and can be the central engine for local economic growth through their procurement practices and by actively employing local people, thereby providing economic stability and good-quality employment in the communities in which they are established.

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1 This is probably also partly due to outmigration in the health-care system, predominantly by men (11).
Fig. 3. North Macedonia's health workforce breakdown by gender (a) and educational level (b), 2018

Source: data on the workforce of the public health providers for 2019, obtained from microdata from the E-Health Directorate’s information technology system (7).
Conclusions and policy recommendations

An international comparison between GDP per capita and the employment multiplier of the health-care sector in 2010 revealed a strong inverse correlation between the two indicators, that is, that countries with lower GDP per capita tend to have a higher employment multiplier. For economic policy in a country such as North Macedonia (Fig. 4, shown in red), this means that investments in the health-care sector will result in more new jobs created in the national economy compared with countries with a higher GDP per capita. This has important implications for government policy because investments in the health-care sector could become part of stimulus packages to promote new jobs and better overall economic performance. The period of economic transition that North Macedonia is currently experiencing gives policy-makers the opportunity to utilize investments in health as a tool for development. As the North Macedonian health-care system adapts its health policy to the country’s rapidly changing socioeconomic and demographic profile, it has the chance to actively contribute to the economic growth of the country and the well-being of its citizens. Some measures identified in this report can help it to do so sustainably and efficiently.

Fig. 4. Inverse correlation between the simple employment multiplier and GDP per capita in 20 European countries, 2010

Notes: North Macedonia is shown in red; dotted line represents the model’s prediction.
Source: author calculations and unpublished data.2

Socially conscious procurement practices should be prioritized because favouring local business development can have important economic benefits. For example, a study based on data for 2017 showed that if 10 hospitals of the Leeds City Region (an area of the United Kingdom with a population of roughly 3 million people) were to shift just 10% of their procurement to local businesses, then this could contribute up to £196 million each year to the regional economy, equivalent to 14% of the total annual spend on goods and services.

of the 10 institutions (12). North Macedonian hospitals currently procure 4% of their total spend locally; thus, following the Leeds model, a relatively small shift could have a significant impact in a region with a similar population. The introduction of social criteria into the Law on Public Procurement to promote the participation of small local businesses (such as those introduced in 2019) could effectively galvanize this change (8). For example, through strong procurement policies introduced in 2005, Wales (which has a gross national income per capita of US$ 10 250 purchasing power parity, similar to the North Macedonian value of US$ 9430 purchasing power parity (13)) was able to increase its proportion of public spending to Welsh businesses from 35% in 2005 to 55% in 2015 (14).

Although economic impacts are important, they are not the only values to consider. As the analysis showed, health facilities are local, inclusive hubs that can promote growth in their local area, along with social cohesion and well-being. By concentrating public procurement practices in the local area, health facilities can significantly contribute to the growth of local businesses and, because they are unlikely to move out of the area, can also function as stable sources of employment. Employment practices need to be particularly tailored towards a local development model that prioritizes the needs of health systems when recruiting and training professions. Recently, there has been a mismatch between the demand and supply of doctors in North Macedonia, with many vacancies remaining empty due to a lack of applications from health-care professionals. This can have substantial detrimental effects on both the economy and the health of the population, which costs jobs and inevitably jeopardizes the delivery of health sector services. The health labour market of North Macedonia should therefore focus on developing a health workforce scheme to close this gap that includes prioritizing the development of health professionals and incentivizing students to apply for local jobs within the health system. Finally, these changes strictly depend on the economic capacity of the health-care sector, and it is imperative that its budget is not reduced in periods of austerity to avoid increasing health inequities and hindering the economic growth generated by health systems.
References


Annex 1. Key terms and definitions

**Input/output tables.** IOTs describe the national economy by presenting the flow from one sector of the national economy to another. There are two types: the industry-by-industry type or the product-by-product type (1,2).

**IOT multipliers.** If changes in actions over the short term are assumed, then the impact of these changes can be assessed with the help of IOT multipliers. Therefore, they enable study of the impact of an exogenous change in the final demand for goods and services of a selected sector (e.g. health care sector) on the national economy (2). There are five types of multipliers: output, income, employment, value-added and the import multiplier (2):

- **output multipliers** capture the impact of initial change in the demand for a selected sector’s goods and services (e.g. the health-care sector) on the total output of the national economy. Depending on which impacts are included (direct, indirect, truncated), either the simple, total or truncated output multiplier can be calculated. The simple multiplier captures the direct and indirect effects, while the total multiplier also includes induced effects. The truncated multiplier is different to the total multiplier because it accounts only for a certain number of sectors of the national economy.

- **income multipliers** capture the economic impact of an initial change in demand for a selected sector’s goods and services (e.g. the health-care sector) as measured by the change in household earnings (income). There are simple, total, truncated, type I and type II income multipliers. Type I and II multipliers express the change of household income in the national economy resulting from a change in income of one monetary unit in the health-care sector: type I uses the simple multiplier as the numerator, whereas type II uses the total multiplier.

- **employment multipliers** capture the impact of initial changes in the demand for a selected sector’s goods and services (e.g. the health-care sector) as measured by change in the number of jobs in physical terms (e.g. number of employees; simple, total and truncated). There are simple, total, truncated, type I and type II multipliers. Type I and II multipliers express the change in employment in the national economy as an effect of a change in employment in the selected sector where the initial change was assumed.

- **import multipliers** capture the impact of an initial change in demand for a selected sector’s goods and services (e.g. the health-care sector) as measured by the change in imports in the national economy (simple, total and truncated). The change in imports for the whole national economy is calculated if imports in the selected sector have changed (type I and II multipliers). There are simple, total, truncated, type I and type II multipliers.

- **value-added multipliers** capture the impact of an initial change in demand for a selected sector’s goods and services (e.g. the health-care sector) as measured by the change in value-added of the national economy (simple, total and truncated). Types I and II capture the change in value-added for the whole national economy resulting from a change in value-added in the selected sector. There are simple, total, truncated, type I and type II multipliers.
References


Annex 2. Health Insurance Fund survey of North Macedonian public health providers, 2019

Survey for public health providers

1. How many of your employees live within a radius of 10 km?
2. How many disabled persons do you employ?
3. Do you take any actions to encourage local young people to work in health systems? If yes, please list some of them.
4. Do you take any actions to encourage disabled people to work in health systems? If yes, please list some of them.
5. Do you take any actions to encourage women who have had children to return to work in the health system? If yes, please list some of them.
6. Are staff trained in procurement processes, and do they keep up with changes in the procurement processes?
7. When planning and preparing for a procurement, are you looking into goods and services that can be procured from local businesses?
8. In small procurements without tender procedures, do you prefer local suppliers?
9. Have you taken any action to encourage and educate local businesses to apply for health system tenders? If yes, please list some of them.
10. Based on the recent changes to the Law on Public Procurement, where social aspects are included in the procurement criteria (Article No. 29 (1)), would it be possible for your institution to include this in future tenders? Please explain your answer.
11. Regarding the recent changes to the Law on Public Procurement (Article No. 48 (1)), do you think that the country has the capacity to take the further step of including small- and medium-sized enterprises in all tenders?
12. What do you think is stopping your institution from making more purchases from local suppliers?

Reference
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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