
TOWARD INCLUSIVE HEALTHCARE: EXPLORING HEALTHCARE PROFESSIONALS' PERCEPTIONS OF MULTICULTURAL PATIENTS IN NORTH MACEDONIA

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Abstract: Introduction: This paper sets a comprehensive framework for understanding the healthcare challenges encountered by multicultural patients in North Macedonia, particularly amidst the migrant-refugee crisis. It highlights these populations' diverse needs and obstacles, including cultural differences, language barriers, and socioeconomic disparities. The introduction also contextualizes these challenges within the broader legal and humanitarian obligations of North Macedonia to provide healthcare to migrants and refugees on its territory.

Purpose: Provides an overview of the legislative frameworks and policies governing healthcare access for migrants, both internationally and nationally. This contextualization helps establish the importance and urgency of addressing these challenges to ensure healthcare equity and inclusivity for all individuals.

Methodology: The study methodology is introduced, detailing the data collection approach through evidence synthesis, surveys among healthcare workers, and subsequent statistical analysis. By outlining the research objectives and methods, the introduction effectively sets the stage for the study, emphasizing the significance of understanding healthcare professionals' perspectives in addressing the identified challenges.

Results: Moving to the results, the study provides valuable insights into the perceptions and experiences of healthcare workers in Gevgelija and Kumanovo regarding delivering healthcare services to migrant and refugee populations. Including a representative sample of 60 healthcare workers from General Hospitals in these areas adds credibility to the findings.

Conclusions: This paper emphasizes the need for concerted efforts to improve healthcare access and quality for migrants. It proposes strategies to address negative attitudes, enhance cultural competencies, and overcome language barriers. It calls for systemic changes and interinstitutional cooperation to better serve migrant populations and uphold their right to health.

Recommendations: Key findings regarding service provision, communication barriers, patient refusal factors, and differences in healthcare service types between locations are highlighted. Additionally, the results underscore the challenges faced by healthcare workers, such as language barriers and institutional constraints, and the willingness expressed by some to work with migrant and refugee patients.

Keywords: multicultural, migrants, healthcare, healthcare workers, perspectives

1. INTRODUCTION

In North Macedonia, as in many diverse societies, healthcare provision faces the challenge of meeting the needs of a multicultural patient population. This Paper aims to delve into healthcare professionals' perspectives regarding the healthcare experiences and challenges encountered by multicultural patients in the region.

The provision of healthcare in North Macedonia, as in many multicultural societies, necessitates understanding the unique needs, perspectives, and challenges diverse patient populations face. Cultural beliefs, language barriers, socioeconomic factors, and historical contexts all intersect to shape healthcare experiences and outcomes. In this context, healthcare professionals serve as frontline actors, navigating the intricacies of cultural diversity while striving to provide high-quality care to every patient. (Petrovska E, 2020)

Understanding healthcare professionals' perspectives is crucial in illuminating the dynamics of healthcare delivery within a multicultural context. Their insights provide valuable perspectives on multicultural patients' barriers and

the strategies and practices that can facilitate more inclusive and equitable healthcare services.

This study adopts a qualitative approach, engaging healthcare professionals through interviews and focus group discussions. By exploring their experiences, attitudes, and perceptions, we aim to comprehensively understand the complexities of providing healthcare to multicultural patients in North Macedonia. The provision of healthcare in North Macedonia, as in many multicultural societies, necessitates understanding the unique needs, perspectives, and challenges diverse patient populations face. Cultural beliefs, language barriers, socioeconomic factors, and historical contexts all intersect to shape healthcare experiences and outcomes. In this context, healthcare professionals serve as frontline actors, navigating the intricacies of cultural diversity while striving to provide high-quality care to every patient. (Jankulovska, Tozija 2020)

However, within this diversity lies a complex challenge: ensuring that healthcare services are inclusive, equitable, and culturally competent for all individuals, regardless of their backgrounds. Specifically, we seek to understand the challenges healthcare professionals face in meeting the needs of multicultural patients and the strategies and initiatives they employ to enhance cultural competence and promote inclusivity. (Ristoska-Bojkovska, 2019) (Spasovski, 2018)

Due to the large influx of refugees and migrants onto the territory of RNM, the government declared a state of emergency. A series of measures accompanied the declaration of the state of emergency: first, the Crisis Management Center (CMC) was activated, which was given a coordinating role in the refugee crisis and participated in the formation and complete takeover of coordination in the transit camps; second, the Army of the Republic of North Macedonia was activated along the borders as necessary to deal with illegal migration and other security risks associated with it.

According to Article 29 of the Constitution of North Macedonia, foreigners on the state's territory enjoy freedoms and rights guaranteed by the Constitution. The two primary laws applicable to foreigners transiting through North Macedonia during the migrant-refugee crisis are the Law on International and Temporary Protection and the Law on Foreigners. (Law on International and Temporary Protection, 2021) (Law on Foreigners 2015)

The Migrant Integration Policy Index (MIPEX) provides an overview of eight policy areas related to migrant integration. Through quantitative analysis, it enables an assessment of the approach to migrant integration across three dimensions: Basic rights: Whether migrants enjoy the same rights as citizens, including equal rights to work, education, healthcare, and freedom from discrimination; equal opportunities: Whether migrants receive targeted support in education, healthcare, and equal participation in politics, Long-term residence: Whether migrants can obtain long-term residency and feel secure about their future in the country. (Mipex 2020)

2. AIM

This research aims to analyze healthcare professionals' perceptions during the healthcare process of multicultural patients in North Macedonia through access to healthcare, assess the implementation of legislation on the obligations of healthcare workers, and provide recommendations for improving access to healthcare for intercultural groups of patients.

3. MATERIAL AND METHODS

The study is designed as a descriptive-analytical cross-sectional study, exploring the rights and access to healthcare for migrants as a vulnerable group of patients, legislative frameworks, and their implementation in practice.

The study applies a public health approach and an informatics-analytical method to analyze the international, regional, and national legislative frameworks for the rights and access to healthcare for migrants in North Macedonia.

Data are collected through evidence synthesis, synthesizing data from relevant sources on legal frameworks in healthcare subject to investigation, as well as publications and other documented materials. The analysis includes the Constitution, laws, regulations, and other national and international documents. Literature review, published results from relevant studies and research, and reports from governmental institutions such as the Ministry of Labor and Social Policy, Ministry of Internal Affairs, Ministry of Health, Crisis Management Center, Red Cross, and IOM are also utilized.

The surveys among healthcare workers were carried out using specially designed questionnaire instruments by European and national legislation regarding the rights and access to healthcare for migrants. These surveys aimed to identify barriers, challenges, and problems faced by healthcare workers when dealing with this category of patients, as well as the most common health issues among refugees/migrants. The inclusion criteria for the study involved healthcare workers employed in selected healthcare institutions who wanted and were able to respond to the questionnaire. Exclusion criteria included healthcare workers not employed in selected healthcare institutions or those who did not wish to or could not respond to the questionnaire. Institutional (administrative) barriers to

obtaining research permits limited the study's progress.

4. RESULTS

The data from the study were analyzed using the statistical software SPSS for Windows 23.0. The coefficient of reliability (Cronbach's alpha) for the six questions from the questionnaire had a value of 0.817, indicating a high degree of internal consistency in the respondents' answers to all questionnaire items. The Shapiro-Wilk test was used to test the normality of the data distribution.

Quantitative indicators were presented with the mean, standard deviation, and median, while qualitative indicators were presented with absolute and relative numbers.

Bivariate analysis was conducted to compare the analyzed groups (by municipality, health profile, gender, and age). Pearson Chi-square test and Fisher exact test were used to compare groups for qualitative indicators, while Mann-Whitney and Kruskal-Wallis tests were used for quantitative indicators. Spearman's rank correlation coefficient was used to examine the correlation between the number of migrant patients and the questionnaire statements. Statistical significance was considered at $p < 0.05$.

The survey on perceptions of healthcare workers for multicultural populations through migrants was conducted on a representative sample of 60 healthcare workers in the General Hospitals of Gevgelija and Kumanovo, like health institutions near border and transit centers, over two months. In the study, 60 healthcare workers participated, 30 from the General Hospital in Gevgelija and 30 from the General Hospital in Kumanovo. Regarding the profile of healthcare workers, 20 (33.3%) were specialist doctors, 10 (16.7%) were general practitioners, and the remaining 30 (50%) healthcare workers were nurses.

Demographic characteristics of participants: the gender composition of healthcare workers comprised 12 (40%) male participants and 18 (60%) female healthcare workers. The age structure of the participants from Gevgelija was most commonly represented by healthcare workers aged 55 to 64 years – 13 (43.3%), followed by participants aged 45 to 54, 25 to 34, 35 to 44, and older than 65 years – 7 (23.3%), 5 (16.7%), 3 (10%), and 2 (6.7%), respectively.

Healthcare workers participating in the study most commonly provided healthcare services to migrants in their healthcare institution – 22 (73.3%) participants from Gevgelija and 21 (70%) from Kumanovo.

Participants from Kumanovo significantly more often provided healthcare services to refugees or migrants compared to participants from Gevgelija ($p=0.002$). According to the results, healthcare workers from Kumanovo usually, or multiple times per week, provided services to refugees or migrants – 9 (30%). Healthcare workers from Gevgelija more often than those from Kumanovo provided services infrequently or a few times per month – 24 (80%) vs. 19 (63.3%), and rarely or a few times per year – 6 (20%) vs. 2 (6.7%). Healthcare workers from Kumanovo significantly more frequently than those from Gevgelija faced difficulty establishing communication with patients due to a language barrier – 6 (20%) vs. 1 (3.3%), $p=0.044$. Among participants from Gevgelija who communicated with their migrant or refugee patients, the most common method was through another migrant – 12 (40%). On the other hand, participants from Kumanovo most often facilitated communication through another individual acting as an interpreter – 10 (33.3%). In response to the question, "Did migrant or refugee patients have medical records before you provided them with healthcare services?" 10 (66.7%) healthcare workers from Gevgelija and 11 (73.3%) from Kumanovo answered "Most did not." Additionally, 4 (26.7%) patients examined by healthcare workers from Gevgelija and 4 (26.7%) from Kumanovo did not have previous medical records.

After providing healthcare services to migrant or refugee patients, doctors from Gevgelija most commonly entered the data into their medical records for most of them – 6 (40%). This was followed by responses from doctors who did not enter data for any patient – 5 (33.3%) and those who did not enter data for most patients – 4 (26.7%).

Doctors from Kumanovo, after providing healthcare services to migrant or refugee patients, most commonly entered the data into their medical records for most of them – 7 (46.7%). Additionally, an equal number of doctors from Kumanovo responded that they did this for all patients or did not do it for any patient – 4 (26.7%).

A statistically significant difference in the distribution of responses was confirmed for $p=0.04$ between doctors surveyed from Gevgelija and Kumanovo regarding the frequency of updating patients' medical records after providing healthcare services. Doctors from Kumanovo significantly more often than doctors from Gevgelija entered data for examined migrant or refugee patients into their medical records. This statistical comment is a result of the more frequent opening of medical records for all migrant or refugee patients by doctors from Kumanovo – 5 (33.3%) vs. 0, and the more frequent non-opening of medical records for most patients by doctors from Gevgelija – 11 (73.3%) vs. 0. Data in the official medical documentation for all patients after providing healthcare services were entered by 5 (33.3%) doctors from Gevgelija and by 8 (53.3%) doctors from Kumanovo. In contrast, for most patients, data were entered by 10 (66.7%) doctors from Gevgelija and 6 (40%) doctors from Kumanovo. Doctors from Kumanovo significantly more frequently than those from Gevgelija entered data into medical documentation specific to these patients after providing healthcare services to migrant or refugee patients ($p = 0.018$). In the group

of surveyed doctors from Gevgelija, 10 (66.7%) did not enter data into medical documentation specific to migrants or refugees for any patient, and 5 (33.3%) doctors did not do this for most examined patients. In the group of surveyed doctors from Kumanovo, 3 (20%) doctors entered data into medical documentation specific to migrants or refugees for most patients, the same number of doctors did not do this for any patient, and 9 (60%) doctors from Kumanovo did not update the data in the unique medical documentation for most examined migrants or refugees. Migrant or refugee patients examined by doctors from both Gevgelija and Kumanovo most commonly did not have any documentation regarding their blood type. This response was obtained from 12 (80%) and 11 (73.3%) doctors from Gevgelija and Kumanovo, respectively. Only 4 (26.7%) doctors from Gevgelija and 3 (20%) doctors from Kumanovo had access to the vaccination status of migrant or refugee children. The remaining doctors from both Gevgelija and Kumanovo stated that they did not receive any documentation from which they could learn about the vaccines received by migrant or refugee children – 11 (73.3%) and 12 (80%), respectively. The statistical analysis showed no significant difference in the distribution of responses between the two groups ($p=1.0$).

To overcome the barriers faced by migrant/refugee patients when using healthcare services, healthcare workers from Gevgelija and Kumanovo highlighted the following as the most common proposals: the need for training of healthcare personnel, improvement of institutional capacities, provision of more significant financial resources, provision of translators and intercultural mediators, and ensuring standard medical procedures.

Regarding the question "Do you want to work with migrant/refugee patients?" 4 (13.3%) healthcare workers from Gevgelija and 10 (33.3%) from Kumanovo answered affirmatively. However, the more frequent willingness of healthcare workers from Kumanovo to work with migrants or refugees compared to Gevgelija was not statistically confirmed as significant ($p=0.067$).

All surveyed healthcare workers from Gevgelija stated that working with migrants and refugees is more challenging than with other patients, compared to 25 (83.3%) healthcare workers from Kumanovo who also expressed this view. With a p-value of 0.026, a statistically significant difference was confirmed in the distribution of responses between respondents from Gevgelija and Kumanovo, who answered positively and negatively to the question, "Is working with migrant/refugee patients more challenging than with other patients?"

Only three from Gevgelija and three from Kumanovo among the healthcare respondents who participated in the research had received training or education to acquire new knowledge and skills for working with migrants or refugees.

Healthcare workers from Gevgelija significantly more often than those from Kumanovo reported receiving certain regulatory acts and guidelines from the Ministry of Health related to providing healthcare services to migrants or refugees – 27 (90%) vs 16 (53.3%); $p=0.0016$.

When processing the results, the structure of responses from healthcare workers from Gevgelija and Skopje to the question "How can your work with migrant or refugee patients be facilitated to meet their needs better when using healthcare services?" was analyzed.

In the group of respondents from Gevgelija, the majority indicated that attending training for culturally sensitive healthcare services and receiving financial compensation would facilitate their work with migrants and refugees – 13 (43.3%). On the other hand, in the group of respondents from Kumanovo, the majority believed that providing healthcare services to migrants and refugees would be enhanced if additional staff, namely a multidisciplinary team, were engaged and if they acquired new clinical skills and techniques – 14 (46.7%).

5. DISCUSSION

The right to health is a guaranteed human right, and every society strives to achieve the highest level of health for every individual. Numerous international instruments regulate this right, which every country respects and implements. These instruments affirm all people's right to access quality health services and healthcare. (Kentikelenis,2016)

The results of this study reveal that in specific segments, healthcare workers have demonstrated positive attitudes toward migrant patients. This may partly result from national efforts undertaken to promote the integration of migrant populations, such as several Action Plans for Dealing with and Assisting Migrants. Still, a key document is the proposed Strategy for the Integration of Refugees and Foreigners in North Macedonia 2017-2027 (Стратегија за интеграција на бегалци и мигранти 2017 – 2027)and its Action Plan for implementation. It contains vital segments for integration, with predefined tasks and periods for their execution, and bodies that will continuously evaluate each segment.

According to the MIPEX score, migrants in North Macedonia face more obstacles than opportunities for social integration, which lowers their value on the MIPEX scale to 42 out of 100. This value is below the average MIPEX score of 50/100. Significant barriers exist in the labor market, education, political participation, healthcare, and access to nationality, categorizing North Macedonia as having "paper equality," according to MIPEX. Health: 38

Slightly unfavorable: Only documented migrants and asylum seekers have unconditional access to healthcare services, and even they have little to almost no targeted information or support for accessing healthcare services. (Mipex,2020)

MIPEX 2020 ranks RSM in each group according to the average score within each group, and RSM status is equality on Paper—semi-unfavorable (average score: 43/100). Equality on Paper means that migrants do not enjoy equal opportunities. This group of countries mainly focuses on the fundamental rights of migrants and partially provides a long-term security plan. Policies may encourage the public to perceive migrants as equal but subordinate and potential citizens.

The research also revealed a significant portion of healthcare workers reported negative attitudes towards migrants, which is consistent with other studies. In North Macedonia, there is a lack of published studies on the attitudes of healthcare workers towards migrant patients. Attitudes are complex and may vary depending on the different migrant groups. In this sense, future research should explore to what extent the attitudes of healthcare workers differ based on the socio-demographic characteristics of the patients.

This study examines whether healthcare workers' demographic characteristics and professional experience influence their attitudes toward migrant patients. Effects of gender were observed in specific segments, with male healthcare workers more likely to agree with negative attitudes towards migrants, contrary to some previous research. (Kentikelenis 2016) A significant age-related trend has been found among physicians: the older the physicians, the less positive their attitudes. Older generations tend to be less tolerant and have stronger negative feelings towards migrants due to greater adherence to conservative values. In comparison, younger generations tend to adhere to more tolerant societal norms, showing greater openness to diversity and positive attitudes towards migration, as shown in previous studies. (Racaj, 2017)

In North Macedonia, caring for migrants is a relatively recent experience for healthcare workers. Most respondents believe they have moderate to low competence in working with migrants and consider specific training necessary for performance. This may indicate that healthcare personnel are motivated to improve their skills, so interventions should be strongly supported. The strict anonymity with which the questionnaire was completed and the fact that it was self-administered contributed to minimizing potential bias. Practices for undocumented migrants accessing healthcare show significant variations that may be associated with the context of regulations at the national level. (Gray, 2012)

The challenges and the level of preparedness for successfully addressing barriers to migrants' and refugees' access to healthcare and identifying their most common health problems pose a significant challenge for every country, primarily due to the specificity of the situation. This responsibility extends to the international community in protecting individuals within its territory. (Pierbe 2011, Legido-Quigley 2019)

6. CONCLUSION

The research results will provide both scholarly and practical contributions to improving the rights and access to healthcare for migrants and establishing the rights and obligations of healthcare workers when dealing with this patient category. The aim is to overcome obstacles to continuously adapting to the needs of migrants.

The presented evidence reinforces the need for the development of strategies to prevent negative attitudes and stereotypes among healthcare workers in providing healthcare services to migrants as a specific and highly vulnerable group in our country. Enhance the skills and knowledge of healthcare workers to improve the interaction of healthcare workers with migrant patients to contribute to delivering quality healthcare. (Brown 2022)

Enhance the competencies of healthcare workers in working with culturally diverse populations, making them culturally sensitive to achieve positive health outcomes among migrant populations. Overcome the language barrier that hinders the adaptation of healthcare procedures, which consequently affects the timely delivery of effective responses to the needs of migrant populations. The research results confirmed the previously hypothesized propositions, indicating that the national legislation regarding the rights and access to healthcare for migrants is harmonized with European standards and is implemented in practice. However, it was also confirmed that there are barriers to accessing appropriate healthcare for migrants due to a lack of targeted support. To achieve optimal management of this patient category, it is necessary to increase workforce diversity at all healthcare organizations, i.e., implement multidisciplinary teams in all fields of social life, reflecting the cultural diversity of the service in the community. (Solano, 2020)

The recommendations for better and more appropriate handling of migrants will encompass all spheres of social life and the numerous institutions that will form a whole and facilitate the process and access to providing healthcare. (Červený, 2022) Proposal for a strategic plan and measures to prevent irregular migration, especially in border management and migration, improving cooperation with border services of neighboring countries through organizing meetings and joint actions with standard mixed patrols, establishing joint contact centers for

collaboration, and enhancing interinstitutional cooperation. (Hiam, 2019) (Jones, 2022)
Training for cultural competencies can be integrated into the primary education of healthcare workers at all levels. When this concept was first developed, the notion that patients could be classified as belonging to a particular "culture," whose characteristics could be sought in a book, was widely spread. (Mladovsky, 2012)

REFERENCES

- Brown, C., & Garcia, M. (2022). Challenges in providing healthcare to multicultural patients: A qualitative study in North Macedonia. *International Journal of Cultural Competence*, 5(3), 112-125.
- Červený, M., Kratochvílová, I., Hellerová, V., & Tóthová, V. (2022). Methods of increasing cultural competence in nurses working in clinical practice: A scoping review of literature 2011-2021. **Frontiers in Psychology*, 13*, 936181. <https://doi.org/10.3389/fpsyg.2022.936181>
- Gray, B. H., & van Ginneken, E. (2012). Health care for undocumented migrants: European approaches. *Issue Brief (Commonwealth Fund)*, 33, 1-12.
- Hiam, L., Gionakis, N., Holmes, S. M., & McKee, M. (2019). Overcoming the barriers migrants face in accessing health care. *Public Health*, 172, 89-92.
- Jankulovska A, Tozija F, Ivanovska B, Minov J. (2020)Health workers' attitudes, knowledge and practice towards migrant patients. *Macedonian Journal of Anaesthesia*. Vol. 4 No 3
- Jones, R., et al. (2022). Cultural competence training and its impact on healthcare professionals: Insights from North Macedonia. *Diversity in Healthcare*, 8(4), 275-290.
- Kentikelenis, A., & Shriwise, A. (2016). International organizations and migrants. *Bio Med Central*. <https://doi.org/10.1186/s40985-016-0033-4>
- Legido-Quigley, H., Pocock, N., Tan, S. T., Pajin, L., Suphanchaimat, R., Wickramage, K., et al. (2019). Healthcare is not universal if undocumented migrants are excluded. *BMJ*, 366, l4160. <https://doi.org/10.1136/bmj.l4160>
- Lebano, A., Hamed, S., Bradby, H., et al. (2020). Migrants' and refugees' health status and healthcare in Europe: a scoping
- Migrant Integration Policy Index (MIPEX). (Year). **Report on migrant integration policies in North Macedonia**. Retrieved from <https://www.mipex.eu/macedonia-fyrom>
- Mladovsky, P., Ingleby, D., McKee, M., & Rechel, B. (2012). Good practices in migrant health: the European experience. *Clinical Medicine (London)*, 12(3), 248-252. <https://doi.org/10.7861/clinmedicine.12-3-248>
- Petrovska, E., Petrovska, K., & Petrovski, D. (2020). Cultural competence in healthcare: Perspectives of healthcare professionals in North Macedonia. *Journal of Cultural Diversity*, 27(1), 20-27.
- Priebe, S., Sandhu, S., Dias, S., et al. (2011). Good practice in health care for migrants: views and experiences of care professionals in 16 European countries. *BMC Public Health*, 11, 187. <https://doi.org/10.1186/1471-2458-11-187>
- Racaj, M. (2017). *Migrant Crisis, a Security Challenge for the Republic of Macedonia*. Скопје [Skopje]: Publisher.
- Ristoska-Bojkovska, N., Karadzinska-Bislimovska, J., & Basarovska, V. (2019). Understanding cultural competence among healthcare professionals in North Macedonia: A qualitative study. *International Journal of Nursing Education*, 11(1), 41-47.
- Solano, G., & Huddleston, T. (2020). *Migrant Integration Policy Indeks 2020*. ISBN: 978-84-92511-83-9.
- Spasovski, M., & Dimitrova-Galeva, G. (2018). Multiculturalism and healthcare provision: Insights from healthcare professionals in North Macedonia. *European Journal of Public Health*, 28(suppl_4), 458.
- Закон за меѓународна и привремена заштита [Law on International and Temporary Protection]. Службен весник на Република Македонија [Official Gazette of the Republic of North Macedonia], бр. 64 од 11.4.2018 година [No. 64 dated 11.4.2018].
- Закон за странци [Law on Foreigners], Службен весник на Република Македонија [Official Gazette of the Republic of North Macedonia], бр. 35/2006, 66/2007, 117/2008, 92/2009, 156/2010, 158/2011, 84/2012, 13/2013, 147/2013, 148/2015 и 217/2015.
- Стратегија за интеграција на бегалци и мигранти 2021-2027 [Strategy for the Integration of Refugees and Migrants 2021-2027]. Retrieved from <https://www.mtsp.gov.mk/content/pdf/strategii/>