Republic of Macedonia

Ministry of Health
Republic Institute of Health Protection

Reporting period: January 2003 – December 2005
**Status at a glance**

**Strategic, Policy, and Regulatory Framework**

The last available official census data (2002) for Macedonia puts the population total at 2,022,547. Macedonia gained independence in 1991. Since then the country has undergone dramatic changes to adjust itself to a new political and economic environment, and bring itself closer to the EU. Successful implementation of the economic and social reforms and fulfilment of the Ohrid framework agreement’s decisions brought the country the EU candidate status in December 2004. A status that opened another chapter of comprehensive policy reforms and legal framework adjustments in every area (including health, social care, education and HIV and AIDS) that yet have to be implemented to allow the country full EU membership.

As a follow up of the responsibilities undertaken with the adoption of the Declaration of Commitment on HIV/AIDS at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, Macedonia established its National Multisectoral HIV/AIDS Commission (NMC) in April 2003. The NMC comprises of 28 members, including representatives from the ministries of Health, Interior, Justice, Finance, Education, Labor, and Local Self Government; NGOs; religious organizations; academic institutions; medical services; and the UN Theme Group on HIV/AIDS (UN TG).

In July 2003, the National Multisectoral HIV/AIDS Commission approved the Macedonia HIV/AIDS National Strategy 2003-2006. The Strategy was designed as a framework to guide development, implementation, monitoring, and evaluation of HIV/AIDS-focused programming in the national context. Accession to the European Union presents an additional strong incentive for Macedonia to implement an appropriate strategy for HIV/AIDS. Some of the priorities identified in the National Strategy are:

- Preventing the spread of HIV/AIDS among vulnerable groups (youth, IDUs, sex workers, MSM, mobile groups, Roma, and prisoners)

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In September 2003, the GFATM approved a grant of $6.3 million over three years for the National Strategy. The grant proposal has 10 objectives. The first six focus on preventing HIV among vulnerable groups, including youth, IDUs, sex workers, MSM, Roma, and prisoners. Expected results include increasing the number of members of vulnerable groups that are reached with targeted HIV/AIDS interventions in three years. The GFATM grant application, boosted cooperation among key stakeholders in the country. It enabled the establishment of a missing link between Government organizations and NGOs, and supports the development of harm reduction approaches to decrease vulnerability of drug users to HIV/AIDS.

UNAIDS in cooperation with the UN TG members strongly promoted the ‘Three Ones’ and the necessity of the establishment of a comprehensive Monitoring and Evaluation system in the country. Thus in September 2003 the process of harmonization of indicators and training of basic M&E concepts was initiated, and in April 2004 the first National M&E plan was produced.

### Overview of the AIDS epidemic

#### Epidemiological Overview

The true epidemiological picture for HIV/AIDS in Macedonia is still not clear although the overall reported incidence of HIV/AIDS is low. There is a relatively weak national surveillance system that lacks specific data for the most vulnerable groups in society.

The first HIV infection was registered in 1987, and the first AIDS case in 1989. According to data released by the Republic Institute for Health Protection, RIHP, (the National Institution that has the mandate for surveillance and monitoring and evaluation of the national HIV responses, and is hosting the Country Response Information System, CRIS) the cumulative total number of HIV/AIDS cases as of
December 2005 is 79. In the period 2003-2005, 15 new AIDS cases were registered (0 in 2003, 3 in 2004 and 12 in 2005) while in the same period.

Figure 1

Macedonia: AIDS cases (63) 1989-2005

Source: RIHP Macedonia

Most of the cases were diagnosed when AIDS was fully developed, trend that continues since the onset of the epidemic in the country, and is linked both with confidentiality and stigma and discrimination associated with the HIV testing. Out of a total of 79 reported HIV/AIDS between 1987 and 2005, nearly two thirds were males; heterosexual transmission was assessed to be predominant route of transmission. Nearly a third of reported cases were in age group 30-39 years followed by age group 20-29 years, which contributed as one quarter of the reported cases.

Figure 2

Macedonia: AIDS cases by sex 1989-2005

Source: RIHP Macedonia
A great effort was made to promote VCCT and in addition of the ongoing VCCT programmes supported by UNICEF and WHO, under the implementation framework of the GFATM, 68 professionals were trained on VCCT and total number of 1247 clients were counselled and tested in 2005. Under the framework of the implementation of the GFATM funded HIV project, a combined behavioural and serological survey was conducted among hard to reach populations in the period May-September 2005. The final report of the behavioural study that will offer crucial insight of the status of the knowledge, behaviour and attitudes of IDUs, SWs, MSM, Roma, young people, and prisoners will be available in February 2006.

Within the behavioural survey, a VCCT was offered to the members of the most at risk groups, and not all participants accepted this offer. In total 88 IDUs, 14 MSM, 45 SWs and 200 prisoners were tested, and none of them was found HIV positive.
The HIV/AIDS response is one of the first areas where Government included the civil society since the very beginning of national efforts to combat the epidemic. The proven partnership was further intensified with the creation of the National AIDS Commission in April 2003, joint formulation of the first National AIDS Strategy, and GFAT application (where side by side Government and Civil Society organizations were nominated to act as implementing partners). The climax of the civil society engagement is noted especially in 2005 (the first year of the GFATM grant implementation) when civil society organizations are actively working with hard to reach populations, and a couple of new NGOs were created.

In 2005, in support to the implementation of the National Strategy the government allocated and spent US$ 220,744 (US$145,882 budget allocation for Ministry of Health HIV/AIDS related activities, and US$ 74,862 for the Clinic for Infectious Diseases). The additional financial mobilization through the GFATM (US$ 1.3 million for 2005) made possible the implementation of the planned preventive activities as envisaged in the National AIDS Strategy 2003-2006. As a result of the first year of the grant implementation, for the very first time a Behavioural Surveillance Study among hard to reach population was conducted, the preparation of the first National Treatment Protocol was supported and in addition close cooperation between the Health Insurance Fund, Ministry of Health and Clinic for Infectious Diseases emerged to assure sustainability of access to ARV treatment (drugs for 10 patients were provided through the GFATM HIV project) and inclusion of 17 ARV drugs on so called “positive drug list” supported by the Health Insurance Fund.

Only in 2005, a new Youth Educational Centre was established, and 41,219 young people were covered with the educational messages, 151 peer educators were trained and 485 high school teachers were included in the HIV/AIDS training on how to transfer the newly gained knowledge to their students. Throughout the country 5 new harm reduction programmes were established and 520 professionals were trained, and 6 new methadone centres created. In total 207,478 condoms were distributed.
In order to monitor the results of the undertaken activities in the period 2003-2005, and in response to the UNGASS obligations, Macedonia selected the 9 indicators for countries with low epidemic (as suggested in the Revised Monitoring Framework promoted by UNAIDS in July 2005) to report against:

1. Government funding for HIV/AIDS
2. Government HIV/AIDS policy development and implementation status: National Composite Policy Index
3. Most-at-risk populations: HIV testing
5. Condom use among sex workers
6. Condom use among men who have sex with men
7. Safe injecting and sexual practices among injecting drug users
8. Reduction in HIV prevalence among most-at-risk populations

Most of the data (indicators 3-8) were collected under the framework of the behavioural and serological survey conducted among hard to reach populations in the period May-September 2005.

<table>
<thead>
<tr>
<th>Hard to reach populations</th>
<th>BS participants</th>
<th>SS participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDUs</td>
<td>431</td>
<td>128</td>
</tr>
<tr>
<td>SWs</td>
<td>72</td>
<td>48</td>
</tr>
<tr>
<td>MSM</td>
<td>189</td>
<td>14</td>
</tr>
<tr>
<td>Prisoners</td>
<td>201</td>
<td>200</td>
</tr>
<tr>
<td>STIs</td>
<td>44</td>
<td>51</td>
</tr>
<tr>
<td>Youth</td>
<td>2868</td>
<td></td>
</tr>
<tr>
<td>Roma</td>
<td>530</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4335</strong></td>
<td><strong>441</strong></td>
</tr>
</tbody>
</table>

The data for the core UNGASS indicators were extracted from the questionnaires, while the thorough qualitative analysis will be ready in February 2006. As this is the very first Behavioural Study conducted among the hard to reach population, not much comparison can be made with the existing information based on anecdotal reports.
Most-at-risk populations: HIV testing

When looking at the data collected on knowledge about the HIV prevention and percentage of the hard to reach groups (IDUs, MSM, SWs, and prisoners) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, it is visible that the SWs have the lowest knowledge level (out of 71 respondents, only 7 or 9.85% gave correct answer to all five questions) while MSM is the most knowledgeable group (out of 186 respondents, 63 or 33.87% gave correct answer to all five questions).

Records - [1]

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Origin</th>
<th>Period</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLPE5 : Percentage of Sex Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</td>
<td>Macedonia</td>
<td>2005</td>
<td>9.85 %</td>
</tr>
<tr>
<td>CLPE5 : Percentage of prisoners who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</td>
<td></td>
<td>2005</td>
<td>9.95 %</td>
</tr>
<tr>
<td>CLPE5 : Percentage of MSM (men who have sex with men) who both correctly identify ways</td>
<td></td>
<td>2005</td>
<td>33.87 %</td>
</tr>
</tbody>
</table>
of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

| CLPE5 : Percentage of IDU (IV Drug users) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission | 2005 | 26.68 % |

Condom use

In order to use in the best possible way the data available on condom use, additional 4 UNGASS related indicators were created to reflect the condom use in the MSM and SWs group (Percentage of men reporting the use of a condom the last time they had anal sex with a regular male partner/ non-regular male partner and client in the last 12 months) and (Percentage of female sex workers reporting the use of a condom with their most recent client) respectively.

MSM tend to use condom with clients and non-regular partners (out of 149 respondents, 113 used condom in the last 12 month with a non regular partner) while most of them do not use condom with their regular partner (out of 69 respondents, only 15 used condom with their regular partner in the last 12 months) In the group of SWs, out of 64 respondents, 54 or 84, 37% claimed that they used condom with their most recent client.
**Major challenges faced and actions needed to achieve the goals/targets**

Limited information on behavioral patterns, and not having an overall National Monitoring and Evaluation framework that will assure collection and analysis of all available data was one of the major challenges. Thus the UN TG on HIV/AIDS used UNAIDS PAF funds to initiate the establishment of the National Monitoring and Evaluation System in September 2003.

Introduction of the Second generation of surveillance, was a special endeavour that the country had to face with in order to provide comprehensive behavioural data supported by biological data that will offer a better insight in the status of the epidemic, especially among hard to reach population.

A combined Behavioural/Serological study was conducted among hard to reach population in the period May-September 2005, and the collected data will serve as the basis for future comparison of the prevention activities and monitoring of the national responses.

**Support required from country’s development partners**

UN TG members also contributed to the national efforts for better implementation of the priorities highlighted in the National Strategy:

- Support to the establishment of the National M&E system (UNAIDS through PAF funds)
- Initiation of the formulation of national policies and standards for youth friendly health, social and education services, and assessment of the services provided to the young people (UNICEF)
- Efforts to strengthen HIV/AIDS/STI surveillance and support the surveillance capacity building (WHO)
- Assessment of the People Living with HIV opinion on the current available health, and social services (UNDP)

**Monitoring and evaluation environment**

Though Macedonia is considered to have low HIV prevalence, the country is affected by many factors which mean that it may be vulnerable to an HIV/AIDS epidemic, particularly among vulnerable sub-populations. Efforts are being made to prevent this happening, based on a national strategy for the period 2003-6. This response is financed from a number of different sources, including funds from government and
international donors. The most significant donor-supported program is that financed by the Global Fund, which began in October 2004.

Concerning monitoring and evaluation of the national response, there have been a number of initiatives under the umbrella of the UN TG on HIV/AIDS (using PAF funds) and GFATM:

- The national strategy includes some M&E elements, including a range of different indicators.
- In 2003, a country report was produced outlining progress made in monitoring the declaration of commitment made at UNGASS in 2001.
- The Global Fund-supported program has developed a framework for monitoring and evaluating the activities it supports, including the development of operational guidelines for M&E within the program, supported by the UN TG on HIV/AIDS
- In September 2003 a National M&E group was established
- In April 2004 the first national M&E plan was designed and formally approved by all stakeholders

Guiding principles followed in developing the M&E plan were that it should be based on the national strategy, incorporate required indicators for key donor-funded programs and allow reporting on international agreements, e.g. declaration of commitment for UNGASS. In practice, this document draws heavily on previous work done to develop an M&E system/plan for the Global Fund-supported program in Macedonia. A clear list of:

- Data flows for each service area and the national response as a whole
- M&E roles and responsibilities for the national response allocated
- Funds available and required for M&E activities, was also provided.

The Republican Institute for Health protection was the institution that has the overall mandate in collecting all available M&E data (using CRIS) and reporting to all national and international stakeholders.

**Annex 1: Consultation/preparation process for this national report**

The report was prepared by the Ministry of Health, in close collaboration with the Republican Institute for Health Protection, National M&E group, civil society and UN TG on HIV/AIDS. The draft report was present on a joint meeting with all national and international stakeholders on December 27, 2005.