ARAS — ASOCIATIA ROMANA ANTI-SIDA

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FYR of MACEDONIA

Most-at-risk adolescents and young people, HIV and substance use

COUNTRY MISSION REPORT

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THE FYR OF MACEDONIA

Most-at-risk adolescents and young people, HIV and substance use

Country Mission Report

2006

produced within the

"Support Network for HIV Prevention among Injecting Drug Users in South Eastern Europe"

Prepared by:

NORA STOJANOVIK, Macedonian Harm Reduction Network, nora_stojanovik2003@yahoo.com

BRANKO DOKUZOVSKI, Healthy Options Project Skopje, brankod@hops.org.mk

Contributors and interviewees:

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> *Dr. Zarko Karadzovski (Head, Department for Epidemiology and Microbiology, Republic Institute for Health Protection), Dr. Sandra Kuzmanovska (Head of Unit for Implementation of GFATM Funded Programme), Dr. Vladanka Andreeva (UNAIDS Focal Point), Mr. Zoran Jordanov (Executive Director, NGO EGAL), Mr. Bojan Jovanovski (Coordinator, NGO H.E.R.A.), Dr. Stefan Stojanovik (Coordinator, NGO H.E.R.A.), Ms. Katerina Miovska (President, NGO H.E.R.A.), Mr. Vlatko Dekov (Executive Director, NGO HOPS), Ms. Marija Toseva (Director of the Programme for Support of SW, NGO HOPS), Ass.Dr. Liljana Ignjatova (Head of the Center for Prevention and Treatment of Drug Addiction – Psychiatric Hospital Skopje), Mr. Koco Andonovski (NGO MASSO), Ms. Keti Todorova (President, NGO TRUST), Ms. Arta Kuli (National Professional Officer – Public Health, WHO Country Office, Skopje), Mr. Alen Nanov (Coordinator, NGO CHOICE), Mr. Vanja Dimitrievski (Coordinator, Macedonian Harm Reduction Network), Mr. Zarir Simrin (Executive Director, NGO PASSAGE), Ass.Dr. Milena Stefanovic (National Coordinator for VCCT, Clinic for Infectious Diseases and Febrile States), Ms. Marianne Ohlers and Igor Veljkovic (HIV/AIDS Project Officers, UNICEF – Skopje), Ms. Suzana Velkovska (Head of the Unit for Social Inclusion, Ministry of Labour and Social Policy) and Tania Goldner (UNICEF Romania), Paula Bulancea (UNICEF Romania), Maria Georgescu (ARAS Romania).*

The aim of the Macedonian Report is to assess risk and vulnerability to HIV and problem drug use, to map national and local response and capacities, as well as identify potential ways to strengthen national policies and strategies in the field of HIV and substance use.

This report is based on gathered information and views, as well as previous research and analysis, available statistics and legal documents, through desk reviews and field interviews. It was officially launched at the regional Inter-country Consultation “Counting Lives” in Bucharest, on February 15-17, 2006.

This report is part of the project “Support Network for HIV Prevention among Injecting Drug Users in South Eastern Europe”, which is implemented under coordination of Romanian Harm Reduction Network, with financial and technical support from UNICEF.

The opinions expressed in this report do not necessarily reflect policies or views of the Romanian Harm Reduction Network and UNICEF. The designations employed and the presentation of the material (including maps) do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or its authorities or the delimitations of its frontiers.

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Tel./Fax: 0040-21-211-89-76
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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CC	Criminal Code
CCM	Country Coordinating Mechanism
SW	Sex Worker
CIDA	Canadian International Development Agency
CRIS	Country Response Information System
DCI	Development Cooperation Ireland
DU	Drug user
ELISA	Enzyme-Linked Immuno-Sorbent Assay
EMCDDA	European Monitoring Center for Drug and Drug Addiction
EU	European Union
ESPAD	European School Project for Alcohol and other Drugs
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HERA	Health Education and Research Association
HIV	Human Immunodeficiency Virus
HOPS	Healthy Options Project Skopje
ICD	International Classification of the Diseases
IDU	Injecting Drug User
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
KAP	Knowledge, Attitudes and Practices
MARA	Most at risk adolescent boys and girls
MHRN	Macedonian Harm Reduction Network
MIA	Macedonian Inter-ethnic Association
MSM	Men who have sex with men
MOI	Ministry of the Interior
MOH	Ministry of Health
MLSP	Ministry of Labour and Social Policy
NMC	National Multi-sectoral HIV Commission
NGO	Non-governmental organization
PLHIV	People living with HIV
RAR	Rapid Assessment and Response
RIHP	Republic Institute for Health Protection
SFRY	Socialist Federal Republic of Yugoslavia
SEE	South Eastern Europe or South-Eastern European
SIDA	Swedish International Development Agency
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commissionaire for Refugees
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

Foreword

Every year the number of the HIV-positive young people increases dramatically. The most common ways of HIV spreading are the drug use and the heterosexual intercourse. The data reveals that the region of Eastern Europe and Central Asia is experiencing the fastest-growing HIV/AIDS epidemic in the world.

Although the regional initiative **The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe** (SEE Collaborative Network) is less than 1 year old, it has already had a great impact in the region. It was established to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS in this region.

UNICEF Romania had the privilege to collaborate with Romanian Harm Reduction, member of the SEE Collaborative Network, in implementing the "**Support Network for HIV Prevention among Injecting Drug Users in SEE**" Project, aimed to strengthen the regional response for maintaining long-term, viable HIV/AIDS prevention, treatment and care services. Through this project, teams of international and national experts collected data about most at-risk adolescents (MARA), mapped the existent services for MARA, assessed the availability of international and national funds for HIV/AIDS services, and elaborated a general overview of the situation and the needs of at risk and vulnerable populations from Albania, FYR of Macedonia, Kosovo and Romania. Four country mission reports reflect all this information, creating the baseline for the development of the national evidence-based interventions, including advocacy.

Sharing experience and good practices among the SEE-CN members and improving their competence to plan advocacy activities and their skills to advocate for sustainable HIV services at the national and regional level represented two major objectives for this project. The inter-country consultation held in Bucharest, February 15-17, 2006, provided the opportunity to share lessons learned, to discuss common issues, and to establish contacts for further networking. The report of the meeting includes the main issues discussed during the consultations, conclusions and recommendations.

All the reports developed within the project represent useful advocacy tools for governments as well as for the local, national and international organizations that are involved in advocacy networking in the SEE region.

UNICEF Romania appreciates all the efforts that countries from the region have already started in this area and is willing to offer its support for the continuation of their endeavours in preventing the AIDS epidemic among young injecting drug users, with a focus on most at-risk adolescents, and in advocating for quality harm reduction services.

Pierre Poupard,
Representative, UNICEF Romania

Executive summary

TFYR of Macedonia still falls into the group of countries with the lowest clinically diagnosed incidence rate in the region and Europe – with 0.2 reported cases per 100,000, when compared to the EU average of 4.31, in 2001.[1] **The true epidemiological picture for HIV and AIDS in** TFYR of **Macedonia is still not clear although the overall reported incidence of HIV is low. There is a relatively weak national surveillance system, lacking specific data on the groups most at risk of HIV (injecting drug users, men who have sex with men and sex workers).** [2]

HIV infection was first registered in 1987, and the first case of AIDS reported 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 which is hosting the Country Response Information System (CRIS), the cumulative total number of people registered with HIV as of February 2006, was 82 (of these 64 had already developed AIDS).

Although there are efforts to improve the existing HIV surveillance system, there is still an insufficient capacity of relevant institutions in terms of knowledge and skills to address issues related to at-risk behaviour as well as lack of coordination among institutions with mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations.

Prevention of HIV among populations most likely to be exposed to HIV (IDUs, MSM, SW, Roma & inmates) is one of the defined priorities in the National HIV/AIDS Strategy. Significant scale-up of the existing services and introduction of new programmes and approaches through active collaboration between public and non-governmental sector have been achieved within the framework of the GFATM project. Over 50% of the GFATM granted funds are allocated to NGOs as sub-recipients and over 60% of the funds are to be used for activities targeting at-risk groups.

Unlike the situation with HIV, response to increasing drug use has drawn less political will and commitment. Even though drug use has always been high on the political agenda of each government in TFYR of Macedonia, nine years after adopting the "National Programme for the Suppression of Drug Abuse and Trafficking", the government is still lacking a political framework to deal with existing drug related problems.

In 2005, two processes were initiated for the development of the National Drug Control Strategy and an Action Plan (2006 – 2010), one on the level of the Inter-Ministerial Commission for Combating Illicit Production, Trade and Abuse of Drugs and the other within the Ministry of Health. Both processes have considered harm reduction as an integral part of the drug demand reduction policy and have acknowledged the importance of civil society involvement, although the commitment to actively involve NGOs as well as communities most affected in the decision making processes, have been more reflected in the process led by the Ministry of Health. Developing mechanisms and defining management processes that will allow constant consultative status of the civil sector in the field of drugs and drug use is seen as a priority for strengthening coordination and networking on the national level.

Although the scale of HIV prevention interventions has been gradually increasing over time, it is very difficult to estimate the actual coverage of at-risk populations (IDUs, SW and MSM) due to lack of reliable data on the size of at-risk groups, in particular those under 18 years old.
Preventive interventions targeting youth and at-risk populations are mainly provided by the NGO sector. With some exceptions (i.e. peer education) these activities are concentrated mainly in the capital, Skopje. Despite all the efforts of existing HIV prevention interventions and services, there is lack of focus on Most at Risk Adolescents (adolescent boys and girls who inject drugs or sell sex, and adolescent boys who have sex with other males and almost no interventions for adolescent boys and girls within closed institutions (juvenile delinquents). The same goes for the harm reduction interventions in prisons. More advocacy efforts are needed for a creating supportive environment that will enable provision of

[1] Government of Republic of Macedonia – Report of the Republic of Macedonia on Millennium Development Goals. 2005.
[2] Republic of Macedonia, Ministry of Health, Republic Institute for Health Protection – UNGASS Report, January 2003-December 2005. Skopje 2006.

preventive materials (injecting drug paraphernalia) along with planned education and information messages for inmates.
Both for adolescent girls and boys who sell sex and inject drugs specifically, there are legal and programmatic obstacles to involve them in harm reduction programmes like needle exchange and methadone treatment due to the fact that they are minors and because of the existing legislation related to drug use and sex work.

In TFYR of Macedonia, there is no comprehensive system for treatment and social rehabilitation of drug addicts. The treatment of drug dependency has been extremely centralized, limited and characterized by psychiatric treatment orientation. The majority of drug dependent people are treated in one centre in Skopje (Centre for Prevention and Treatment of Drug Abuse in Kisela Voda), within the Psychiatric Hospital Skopje. According to the available data, the existing capacity for treatment is approximately 10 times lower than the total number of estimated people dependent on heroin.

In 2005, significant progress was made in terms of enlarging the capacities for treatment in daily outpatient clinics in other cities in TFYR of Macedonia with the support of the GFATM (decentralization of the drug treatment programme). However, there is an urgent need to scale up drug treatment services, including substitution therapy, which will adequately respond to the growing demand for treatment, including the prison settings, accompanied by services for rehabilitation and social reintegration.

Although Macedonian Government has shown significant commitment on HIV, its financial contribution for the HIV and AIDS Strategy is still low and focused on the support of interventions within the public health sector. With the current economic conditions and political priorities of the country (incl. reforms in the public health sector) it will be very difficult to match the funds now provided through the GFATM. Long-term sustainability for these activities is uncertain or yet to be achieved.

Recommendations for:

Policy-Makers

- Continuing and further strengthening support for building a coordinated response to HIV on the national and local/municipality level;
- Developing and adopting National Drug Control Strategy (2006-2010) which will incorporate principles of harm reduction policy and protection of human rights of drug users, closely interlinked with the National HIV/AIDS strategy;
- Developing and adopting National Drug Control Action Plan (2006-2010) with clear division of responsibilities, timeframe, indicators, as well as adequate budget;
- Developing and adopting new legislation – separate Law on Drugs (Opium Code) based on principles of protection of human rights balancing ‘’drug demand reduction’’ and ‘’drug supply reduction’’ approach. The new legislation should be sensitive towards different quantities of drugs by introducing the concept of ‘possession of drugs for personal use’ as well as differentiating various types of drugs (according to the classification based on drug related harms);
- To develop a supportive policy environment that fosters adolescent and youth positive health outcomes;
- Government including local self-government should ensure allocation of adequate national funds that will ensure sustainability of existing intervention and services related to HIV and harm reduction;
- Establishing mechanisms that will enable greater involvement of civil society in decision-making processes related to HIV and drug use;
- Establishing mechanisms in cooperation with human rights groups and civil society which will enable independent monitoring and protection of human rights of at-risk populations;

Governmental institutions

- Improving coordination and collaboration of governmental and NGOs providing various services for at-risk populations;

- Improving coordination among institutions with the mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations.
- Improving access to public health and social services with special focus on prevention, treatment and care of STIs and HIV for at-risk populations, with special focus on MARA boys and girls;
- Ensuring confidentiality in provision of HIV and STI testing and treatment services;
- Creating supportive environment for provision of HIV prevention and harm reduction interventions in prisons;
- Scaling up and decentralizing drug treatment services which will adequately respond to the demand of treatment;
- Increasing capacity of professionals from the health care and social sector in provision of services for at-risk populations, with special focus on MARA boys and girls;
- Increasing knowledge on issues related to HIV, harm reduction, human rights and at-risk populations for police representatives and other law-enforcement entities;
- Actively involving at-risk population in the design, implementation and evaluation of services and interventions targeting at-risk populations;

NGOs

- Advocating for a more supportive environment for implementation of HIV and harm reduction services for at-risk populations, with special focus on MARA boys and girls;
- Advocating for scaling up of HIV prevention, treatment, care and support services for at-risk populations (IDUs, SW, MSM, inmates), with special focus on MARA boys and girls;
- Continue providing HIV prevention, care and support services for at-risk populations with special focus on MARA boys and girls;
- Continue providing harm reduction services for at-risk populations (including prison settings) with special focus on MARA boys and girls;
- Advocating for scaling up drug treatment services, with special focus on prison settings;
- Lobbying and advocating for long term sustainability of HIV and harm reduction interventions and services;
- Lobbying and advocating for active involvement of NGOs and affected communities in decision making processes, as well as implementation and evaluation of services for male and female at-risk populations;
- Capacity-building of NGOs and affected communities to protect the rights of male and female at-risk populations;
- Promoting dignity and human rights of male and female at-risk populations in constant threat of discrimination, social exclusion, stigmatization;

Donors

- Improving donor coordination and communication in line with the national strategies and priorities based on the needs of male and female at-risk populations;
- Addressing funding gaps and priorities within the HIV and harm reduction strategies and interventions;
- Supporting collaborative and networking efforts to strengthen civil society at national and regional level;

Researchers

- Improving the existing HIV and STIs surveillance system;

Capacity-building of institutions with the mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations, in using qualitative methodologies in researches on HIV, drug use and at-risk populations.

I. Introduction

In June 2005, a new regional initiative ***South-Eastern European Human Rights and Treatment Collaborative Networking on HIV/AIDS and Drug Use*** (SEE Collaborative Networking) was launched in order to develop and implement a regional strategy to improve the health and rights of populations at risk of HIV through injecting drug use in this region. The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programmes and projects. It focuses on filling the existing gaps, building and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks, and individuals) from nine countries and territories (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, The Former Yugoslav Republic (TFYR) of Macedonia, Kosovo[3], Romania, Serbia and Montenegro, Slovenia) who share common interests and values related to building relationships, sharing knowledge and learning.

The goal of the project **"Support Network for HIV Prevention among injecting drug users in SEE"**, developed with financial and technical support from the UNICEF Regional Office in Geneva and the UNICEF Country Office in Romania, is to increase the capacity of the Romanian Harm Reduction Network to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment, care and support services.

II. Background

2.1 General information

Population	2,045,262 (July 2005 est.)
Political status	Parliamentary Republic
Language	Macedonian 66.5%, Albanian 25.1%, Turkish 3.5%, Roma 1.9%, Serbian 1.2%, other 1.8% (2002 census)
Ethnic Composition	Macedonian 64.2%, Albanian 25.2%, Turkish 3.9%, Roma 2.7%, Serbian 1.8%, other 2.2% (2002 census)
Neighboring Countries	Serbia & Montenegro
Children and Young People	21% (0-15 years) 29% (0-19 years) 37% (under 25)
Unemployment	36.5% (March 2005)
Population below national poverty line	30.2% (2003)

Source: State Statistical Office of Republic of Macedonia; www.stat.gov.mk

TFYR of Macedonia is located on the Balkan Peninsula in South Eastern Europe. The country is landlocked and has common boundaries with Albania in the West, Bulgaria in the East, Greece in the South, and Serbia and Montenegro (including Kosovo) in the North. The capital city, Skopje, lies in the North, on the Vardar River. Total area of the country is 25,333 sq km.

On September the 8th, 1991, TFYR of Macedonia declared its independence after the collapse of the former Soviet Union. Yugoslavia and asked for recognition by other states throughout the world. TFYR of Macedonia's relations with neighbouring countries reflect its legacy as a former Yugoslav state, manifested in part through an ongoing dispute with Greece over its name. In 1993, the United Nations recognized the state as „The Former Yugoslav Republic (TFYR) of Macedonia". The country is a full

[3] Currently under United Nations Administration (United Nations Interim Mission in Kosovo)

member of the United Nations (1993). Accession to the European Union (EU) is a major policy objective driving the government agenda.[4]

In 2004, TFYR of Macedonia applied for EU candidate status and, in November 2005, the EU Commission recommended that the country be given this status, without specifying a date for accession talks. In its statement, the EU stressed the necessity of reforms in such areas as electoral procedures and law, anti-corruption efforts and administration, and of stimulating economic growth.

The first years of independence were marked by a steady decline in Gross Domestic Product (GDP and hyperinflation. The nineties were characterized by a significant fall in the standard of living. Over the last few years, the inflation rate and GDP have stabilized but unemployment figures have steadily increased. The Kosovo crisis of 1999 intensified economic pressures on TFYR of Macedonia. More than a quarter of a million Kosovo refugees severely stretched an already overburdened economy.

In 2001, the internal conflict between ethnic Albanian armed groups and the Macedonian government forces further disrupted the economic situation and led to 80,000 internally displaced persons and 50,000 Macedonians seeking asylum in other countries. In TFYR of Macedonia, economic, political and institutional instability combined with other broad risk factors create a scenario where a serious HIV epidemic is possible.[5]

2.2 Epidemiological Situation

2.2.a National statistics on HIV and AIDS

TFYR of Macedonia still falls into the group of countries with the lowest clinically diagnosed incidence rate in the region and Europe – with 0.2 reported cases per 100,000, when compared to the EU average of 4.31, in 2001.[6] **The true epidemiological picture for HIV and AIDS in** TFYR of **Macedonia is still not clear although the overall reported incidence of HIV is low. There is a relatively weak national surveillance system, lacking specific data on the groups most at risk of HIV (injecting drug users, men who have sex with men and sex workers).** [7]

HIV infection was first registered in 1987, and the first case of AIDS reported 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 which is hosting the Country Response Information System (CRIS), the cumulative total number of people registered with HIV as of February 2006, was 82 (of these 64 had already developed AIDS). In the period 2003-2006, 18 people living with HIV (PLHIV)were registered (0 in 2003, 3 in 2004, 12 in 2005 and 3 in 2006) and two thirds of them were male.

Table 1: HIV/AIDS statistic in TFYR of Macedonia

HIV/AIDS	Male	Female	TOTAL:
HIV	12	6	18
AIDS	45	19	64
TOTAL:	57	25	82

Due to stigma and discrimination associated with HIV and concerns about lack of confidentiality of HIV test results, most PLHIV were only diagnosed with HIV by the time they had developed clinical symptoms of AIDS.

[4] Source: United Nation Development Programme – TFYR of Macedonia http://www.undp.org.mk/default.asp?where=weblinkst&link=91

[5] UNDP. Fact Sheet on Macedonia www.un.org.mk/MDG/MacedoniaMDG/hiv/Fact sheet Macedonia .pdf

[6] Government of Republic of Macedonia – Report of the Republic of Macedonia on Millennium Development Goals. 2005.

[7] Republic of Macedonia, Ministry of Health, Republic Institute for Health Protection – UNGASS Report, January 2003-December 2005. Skopje 2006.

Table 2: HIV/AIDS statistic in TFYR of Macedonia by age

Age	HIV	AIDS	TOTAL
0-9	1	2	3
10-19	0	3	3
20-29	6	15	21
30-39	9	27	36
40-49	0	11	11
50-59	2	5	7
60+	0	1	1
Unknown	0	0	0
TOTAL:	18	64	82

Out of the total (82) people reported with HIV between 1987 and 2006, 70% were males. Heterosexual transmission was recorded as the predominant mode of transmission (63.4%), followed by homosexual transmission (12.1%) and injecting drug use (9.7%). Forty-four percent (36) of the people were aged 30 to 39 at the time of diagnosis, and a quarter (25.6%) was aged 20 to 29 years. Three adolescents (10 to 19) were infected with HIV, and 3 children under 10 years old were infected through mother-to-child transmission.

Table 3: The ways of HIV transmission

MODE OF TRANSMISSION	HIV	AIDS	TOTAL	PERCENTAGE %
Heterosexual	13	39	52	63.4%
Men who have sex with men (MSM)	2	8	10	12.1%
Injecting Drug Use (IDU)	1	7	8	9.7%
Mother to child	1	3	4	4.8%
Blood transfusion	0	4	4	4.8%
Unknown	1	3	4	4.8%
TOTAL	18	64	82	100%

Out of all the HIV reported cases in TFYR of Macedonia: 47.6% were Macedonian; 33.3% ethnic Albanians; 11.1% Roma; 3.2% foreigners; and 1.6% respectively were Turks, Serbs and Macedonian Muslims. The proportion of the Roma and, to a lesser extent, ethnic Albanians is significantly higher than their percentage in the total population. Some 69% of the reported cases are from urban areas and 31% from rural. [8]

Evidence suggests that conditions in Macedonia are conducive to the further spread of HIV. These conditions include displacement and migration of people, the country's location on drug trafficking routes, increasing availability of drugs, increasing number of IDUs, growth of sex work, including trafficked women, and rising HIV prevalence in neighbouring countries. A serious HIV epidemic could have an extremely devastating effect on the country's vulnerable economic position. [9]

2.2.b Hepatitis C and Other Sexually Transmitted Infections (STIs) in TFYR of Macedonia

Although mandatory reporting for STIs does exist, it is not adhered to and is generally weak and unsystematic. Therefore, an accurate epidemiological representation of the incidence of STIs and HIV is not clear.

[8] Source: Department for Epidemiology and Microbiology at the Republic Institute for Health Protection.
[9] Macedonia Country Coordinating Mechanism – Proposal to the Global Fund to Fight AIDS, TB, and Malaria, Round 3: Building a Coordinated National Response to Tuberculosis and HIV/AIDS in Macedonia. Skopje 2003.

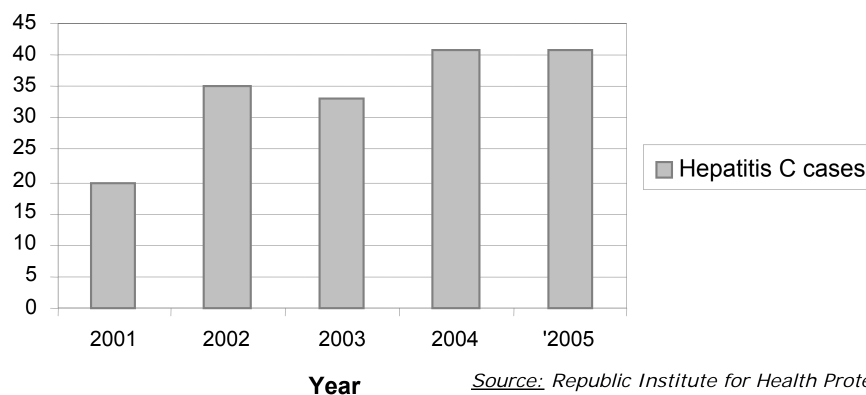
The national surveillance mechanisms and reporting system function in a passive way. The official report of registered cases of STIs shows a decreasing trend and they are among the lowest in Europe. For example, there has been a decrease in the number of gonorrhoea cases reported since 1991, 525 cases, to three reported cases in the year 2003, and one officially reported case in 2005. For syphilis, there were 35 cases reported in 1991 and this number declined to two cases reported in the year 2003, and one case in 2005. Indeed, there are serious concerns that STI data in TFYR of Macedonia are under-reporting the true incidence and prevalence of the problem by a factor of three to four.[10]

The reporting system for both private and governmental institutions shows many weaknesses. Very often patients with STIs either self-treat, or pay to go to a private doctor where they feel confidentiality will be respected.

Medical institutions are not obliged to report Chlamydia cases. According to the medical staff in charge of the diagnosis of Chlamydia, genital herpes and other STIs, the number of cases is increasing very rapidly, especially among the younger population.[11]
Thus, little specific information on STIs and HIV exists and/or is being gathered, including amongst most at-risk groups such as sex workers and MSM.

In the period 2001-2005, a total of 170 cases of Hepatitis C were registered in the country.

Table 4: Hepatitis C cases



Source: Republic Institute for Health Protection, Skopje, Mk

Out of the 170 registered cases, 133 were males and 37 females. 79 (46%) Hepatitis C positive people are under 29 years old.[12] Currently, the Clinic for Infectious Diseases provides treatment with Pegasus Interferon for 28 (16.4%) Hepatitis C positive patients.

Data provided by the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda show 85.6% prevalence of Hepatitis C among the 335 drug users who are on methadone treatment.

2.2.c STIs among Young People[13] with Special Focus on Most at Risk Adolescents[14] (MARA)

In 2005, a countrywide assessment of the current situation of services related to young people's health and development in TFYR of Macedonia was carried out, with financial support from the Development Cooperation Ireland (DCI), within the framework of the UNICEF HIV/AIDS and Young Peoples Health Programme of the 2005-2009 Country Programme of Action Plan signed between the Government of TFYR of Macedonia and UNICEF Skopje in early 2005.

[10] Source: Department for Epidemiology and Microbiology at the Republic Institute for Health Protection.
[11] Source: WHO Country Office, Skopje.
[12] Source: Department for Epidemiology and Microbiology at the Republic Institute for Health Protection.
[13] The UN definition of young people is referring to those between the ages of 10 and 24. However, the national statistics, strategies or other documents use other definitions for young people. In this report, we used the UN definition, except the situation where official data is reported (in this last situation, the ages are indicated in brackets).
[14] The UN definition of adolescents is referring to those between the ages of 10 and 19. However, the national statistics, strategies or other documents use other definitions for adolescents. In this report, we used the UN definition, except the situation where official data is reported (in this last situation, the ages are indicated in brackets).

The final working draft report of this assessment, under the title "Assessment of the Youth Friendly Services in TFYR of Macedonia", points out that: **"there is no comprehensive national level data that has been collected on a regular basis related to young people's exposure to risk factors that might endanger their health and development**.

Available official health statistical data (mortality, morbidity rates, health service utilization rates) that exist are fragmented and not categorized by age, sex, ethnic groups, location and other key socio-economic patterns. Data on prevalence of health compromising behaviours among young people like smoking, alcohol, drug use, sexual behaviour and teenage abortion do exist, but they are often fragmented and not always acknowledged by the official health surveillance system.

According to the official health statistics related to diseases reported by the international classification of diseases (ICD 10), increases in the morbidity rate have been reported in respiratory, infectious, malignant diseases and adolescent pregnancy, in the period 1999-2003 (table below).

Total morbidity per 10,000 inhabitants recorded in outpatient department for school children aged 15-19 in Macedonia in 1999 and 2003 (most prevalent diseases)[15]

Table 4: Diseases and health related probles

	Diseases and health related problems	1999	2003
1.	Pregnancy and postpartum period	0.8	7.2
2.	Injuries and poisoning	269	253.9
3.	Mental disorders	59	61
4.	Respiratory diseases	4026.7	4867.8
5.	Infectious diseases	176.7	211.8
6.	Malignant diseases	7.5	11.7
7.	Total morbidity	7,388.3	8,858.1

Teenage pregnancy is an indicator of reproductive behaviour among adolescents in TFYR of Macedonia. In 2004, 7.9 % of all births were to mothers aged below 19 years. Adolescent's utilization rate of family planning counselling services is very low in Macedonia. In 2003, 11.8% of total recorded users of family planning counselling services were aged 15-19 years.[16]

The low utilization rate of family planning counselling services is corresponding with the findings in the quantitative survey "Youth, sexual health and HIV/AIDS in the Balkans" where only 2% of the female respondents in TFYR of Macedonia accept family planning facilities as a selected site for contraceptive counselling before first sexual intercourse. In the same survey, 48% of the female students preferred private clinics for meeting their counselling needs. Primary health care clinics were also acceptable sites for contraceptive counselling in almost 25% of the female high school students.[17]

In addition to the RAR (Rapid Assessment and Response) carried out with support from UNICEF in 2002, there are other selected studies that provide an insight to the scope of risk behaviours among young people in TFYR of Macedonia.

2.2.d Knowledge, Attitude and Practise Regarding HIV and STIs among at-risk Populations

Sex Workers (SW): No systematic research has been conducted on the scale and profile of sex workers in TFYR of Macedonia, but experts and media estimate that there are 2,500–3,000 female sex workers

[15] Source: Public Health Institute.
[16] Source: Institute for mother and child health care (data only from public health care services).
[17] International Planned Parenthood Federation (IPPF) European Network – Youth and Adolescent Regional Initiative. Youth, sexual health and HIV/AIDS in the Balkans: Prevention-Protection-Provision, March, 2004.
http://www.forumi.org/common/docs/aids_project_en.pdf#search='Youth%2C%20Sexual%20Health%20and%20HIV%2FAIDS%20in%20the%20Balkans'

that work throughout the country, including women who may trafficked for the purposes of sexual exploitation.

The sex work scene in TFYR of Macedonia is organized into three distinct types: street sex work, night clubs and bars sex work, and apartment/hotel ('elite') sex work. The street sex work scene is more open, easier to access and allows direct contacts with female sex workers, but this is also the most dangerous and risky scene. Sex workers that operate in the streets of Skopje face various health, social and legal problems and are exposed to violence from their pimps, clients and the police. Their level of knowledge on sexual and reproductive health, HIV and STIs prevention, and substance use is very low and, as a result, risky behaviours like unprotected sex and injecting drugs with non-sterile injecting equipment are relatively high, as are the rates of STI infection.[18]

In 2002, the NGO Healthy Options Project Skopje (HOPS) conducted a quantitative and qualitative survey among female sex workers in order to estimate the knowledge on HIV and STIs, HIV and STI related risk behaviour, as well as factors that contribute to risk behaviour. Out of the 19 female sex workers who participated in the survey, all of them reported that they used a condom during their last sexual intercourse with a client. On the other hand, when asked whether they always use condoms during any type of sexual intercourse, only 47.37% stated that they always use condom with their clients.

15 (78.94%) of the sex workers have regular (non-paying) partners and six of them (40%) used condoms during the last sexual intercourse with their regular partners. 33.33% have never used condoms with their non-paying partners.

Ten or 52.63% reported using heroin, and 90% of them inject it on a regular basis. Only 40% always use sterile injecting equipment.[19]

Women trafficked for sexual exploitation: TFYR of Macedonia is a country of destination in South-Eastern Europe for trafficking foreign women and girls for sexual exploitation and, in some cases, for labour exploitation. TFYR of Macedonia also serves as a transit country and a temporary destination for foreign victims. As such, most of the 778 trafficked victims assisted since 2000 are foreigners.

According to the International Organization for Migration (IOM), there are recent indications that TFYR of Macedonia is also emerging as a country of origin for trafficking, with Macedonian victims trafficked both abroad and internally. The total number of Macedonian victims identified and assisted between January 2000 and the 31st of December 2004 was 26. Minors under 18 were a particularly prominent percentage of national victims, accounting for 42.9 per cent of the victims in 2003, and 23 per cent in 2004.

Foreign victims of sexual exploitation, when identified, exhibited a range of physical and psychological symptoms and problems. Most were diagnosed with and treated for STIs and, in many cases, suffered from physical exhaustion; serious injuries were also reported. All victims had very high stress levels and many could not cope without professional help. Some victims were pregnant upon identification, raising the need for services specifically for pregnant women.

According to NGO Open Gate, all Macedonian victims required medical assistance and often there was a need to procure medication for treatment and STIs were reported. More information is needed about this indicator – psychological condition, reproductive health, alcohol or drug dependency, pregnancy – for the development of appropriate services.[20]

In 2003, NGO HOPS conducted a survey in order to estimate knowledge and attitude toward "hidden sex in exchange for money & presents" and related risks of trafficking among female youth[21] attending

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[18] Source: Healthy Options Project Skopje.

[19] Toseva Marija, Dokuzovski Branko. Open Scene in Skopje. Skopje: Healthy Options Project Skopje, 2005 (in Macedonian only).

[20] Rebecca Surtees. Second Annual Report on Victims of Trafficking in South-Eastern Europe. International Organization for Migration, 2005. http://www.iom.int//DOCUMENTS/PUBLICATION/EN/Second_Annual_RCP_Report.pdf

[21] The UN definition of youth is referring to those between the ages of 10 and 19. However, the national statistics, strategies or other documents use other definitions for youth. In this report, we used the UN definition, except the situation where official data is reported (in this last situation, the ages are indicated in brackets).

secondary schools in the capital Skopje. The survey also addressed the sexual risk behaviour for HIV, STI and unwanted pregnancy. The survey was conducted in Skopje, in six public secondary schools, on a sample of 1045 high school students between the ages of 14 to 20.

The findings show that 50.5% of the young people polled had their first sexual experience before they reached 16 years of age, 34% change sexual partners regularly, 52.1% know nothing (or little) about the danger of STIs, 26.12% don't understand the concept of contraception, 29.4% do not feel comfortable enough to purchase condoms on their own, 33.2% know persons that offer sexual services, 47.1% believe that the victims of human trafficking are to blame for their predicament. The findings of the survey demonstrate the existence of selling sex, that the age-limit for entering sexual relationships has lowered, youth are not well informed about STIs and how to prevent them, and have no clear concept about the issue of human trafficking.[22]

Men having Sex with Men (MSM): According to data obtained from the RAR Report (UNICEF, 2002), only 41% of the interviewees use condoms regularly, and some did not have information about the different types of condoms and how to use them correctly. 30% of the interviewees have had 5 to 12 sexual partners in a year. The practice of one-night stands also occurs (21% of the interviewees had 3-7 one-night stands in the course of the last year). Having two or three partners at the same time is not uncommon, and usually one of these is a 'steady' (27% of the interviewees have had such experiences). What gives rise to concern are the data on sexual experiences under the influence of great quantities of alcohol or some lighter psycho-active substances when sex is often unprotected. (73% consider their own behaviour puts them at risk of HIV infection).

Though concerned about their health, the representatives of this target group do not seek regular medical examinations to establish the status of their personal health, especially with regard to HIV and STIs. Stigma towards homosexual and bisexual behaviour prevents most of these young men talking openly with doctors about the dilemmas, needs and problems related to their sexual experiences (this is confirmed by the fact that 82% of all interviewees would like to know their HIV status, but have never done the test for fear they would be immediately identified as homosexuals or bisexuals. (RAR, UNICEF, 2002)

Injecting Drug Users (IDUs): Studies indicate that IDUs possess little or no information about HIV, STIs and the harm associated with drug use. As a consequence they do not routinely use sterile injecting equipment and have protected sex. As the injecting use of heroin continues as the most common manner of use, the risk for the spread of HIV and other STIs is on the increase. This has been supported by the high rates of Hepatitis B and C among IDUs, as well as by the increasing rate of drug-related mortality.

Data from the RAR (UNICEF 2002) report that out of the 83 young people who inject drugs covered by the survey, 51% said they have used a previously shared injection equipment. For the most part, 21% have done so a number of times per month, while 4% said that they do so a number of times a day. Some injection equipment is stored for multiple use, often in the same place as the injecting equipment of other members of the group. 31% of the interviewees stated that they had used needles and syringes found in the street, in the garbage containers of the health centers, or in some other place. 15.7% out of 70 young IDUs reported that they had bought the drug prepared in advance and already in a syringe.

According to the data on risk behaviour of drug users in TFYR of Macedonia conducted by HOPS, 43 (50.58%) out of 85 surveyed IDUs have shared injecting equipment and three (4.71%) of them share frequently. (Vanja Dimitrievski et al, 2002/2003).

Young people also reported having limited access to sterile injecting equipment. Of the total number of IDUs covered by the RAR (UNICEF 2002), 36% believe that it is difficult to get new, sterile injection kits (28% of them are female, and 72% are male).

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[22] Marija Toseva. Assessment of Knowledge and Attitude of the High School Population about the Phenomenon of Hidden Prostitution and Trafficking in Human Beings. Skopje: HOPS, 2004.

Though some adolescent IDUs know about the existing needle exchange programmes they avoid them since they are afraid of being identified as drug users. They also mention location as well as the limited working hours of the programmes as one of the reasons of not using their services.

Pharmacies were pointed out as a place where you can easily get sterile injecting equipment. On the other hand, the informants say that some pharmacies refuse to sell syringes, and in the ones that do, there are often police in front of the pharmacy taking away the syringes and arresting the person.[23] According to data from the survey conducted by HOPS in 2005 covering 44 pharmacies (37 private and 7 part of the public healthcare system), 11 (29.72%) reported they do not sell syringes and needles to drug users.[24] 48 (56.47%) out of 85 interviewed IDUs reported problems with the police because of carrying syringes and needles. 28 of them (32.94%) were taken to the police station and 22 (25.88%) reported confiscation of the injecting equipment by the police. Existing studies also indicate that drug users practice often have unprotected sex. (Vanja Dimitrievski et al, 2002/2003)

The emergence of HIV infection and the public health imperative to reduce HIV infection associated with drug use emphasized the need for research methods capable of understanding the social context and meaning of risk behaviours among 'hard-to-reach' populations. **Qualitative methods which are particularly valuable in the development of community-based prevention and health interventions have rarely been used in the existing studies on HIV, drug use and at-risk populations in** TFYR of **Macedonia**.

During the period May-September 2005, the Republic Institute for Health Protection conducted a combined behavioural and serological survey among hard-to-reach populations (SWs, MSM, IDUs, inmates) funded within the framework of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) supported programme (presented in the National UNGASS 2005 report). According to the data from the behavioural surveillance studies, female SWs have the lowest knowledge level about HIV transmission (out of 71 respondents, 85% correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission). 9.95 % of inmates and 26.68 % of drug users are not aware of the correct measures to prevent HIV while MSM is the most knowledgeable group (out of 186 respondents, 63 or 33.87% gave correct answer to all five questions).

MSM tend to use condom with non-regular partners (out of 149 respondents, 113 used condom in the last 12 months with a non regular partner) while most of them do not use condoms 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 female SWs, out of 64 respondents, 54 or 84.37% claimed that they used condoms with their most recent client.

The thorough qualitative analysis from 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 inmates will be available in 2006. [25]

Although there are efforts to improve the existing HIV surveillance system, there is still an insufficient capacity of the relevant institutions in terms of knowledge and skills to address issues related to risk behaviour of FSWs, IDUs and MSM and as well as lack of coordination among institutions with the mandate for surveillance, monitoring and evaluation, research institutions, service providers, NGOs and community-based organizations working with at-risk populations.

2.2.e National Statistics on Drug Use

Since 1990, TFYR of Macedonia has been experiencing an increase in drug use which has reached alarming proportions in the last 8 years. **The exact number of drug users is not known, primarily because there is no National Register to unify all data: number of treated persons, number of cases of overdosing, number of deaths caused by drug abuse, number of drug related criminal acts, etc.**

[23] UNICEF. Final working draft report "Assessment of the Youth Friendly Services in R. Macedonia", 2005
[24] Source: Healthy Options Project Skopje
[25] Republic of Macedonia. Ministry of Health. Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006.

One of the coordinating activities of the National Programme for Suppression of Drug Abuse and Illicit Drug Trafficking[26], which was adopted by the Macedonian Government in 1996, involves creation of a central information system for drugs and drug abuse, thereby providing a central register for the collection of all relevant drug related data. However, such a system has not yet been established in TFYR of Macedonia.

Most of the data are provided by the National Public Health Institute, which is responsible to collect data on individuals treated for health problems caused by use of drugs in health institutions [27] (these include data on registered drug addicts treated in three psychiatric hospitals and in neuropsychiatry departments in general hospitals), the Register of the Ministry of the Interior, the State Penitentiary in Skopje, as well as by a number of non-governmental organizations, such as HOPS, TRUST, CHOICE, VIA VITA, HERA, MIA.[28]

According to the Programme for Health Protection of people with addiction related health problems in the Republic of Macedonia for 2005:

> ***"The exact number of people who use, abuse or are dependent on various psychoactive substances remains unknown. According to available data sources, excluding tobacco and alcohol addiction, it is presumed that in the Republic of Macedonia there are 20,000-30,000 predominantly young people who have contact with various psychoactive substances, of which 8,000-10,000 are heroin addicts and those with serious health and social problems."***

The Ministry of the Interior keeps a register of individuals that have perpetrated crimes of drug possession, as well as crimes of offering and enabling drug use, while the State Statistical Office collects data on individuals convicted for drug-related crimes.

According to statistical data provided by the Ministry of the Interior, the first cases of people who use drugs were registered in 1969. During the period 1990–2004, the number of registered drug users increased from 314 to 6,583. In 2005, 549 new cases were registered.

Most of them come from urban areas, 50.83% are from the capital, Skopje. 81.89% belong to the age group 19–30 years, and 3.76% are under 18 years old. Women are less represented with a ratio of 10:1. Representation of different ethnic groups is similar to the one of the last census in 2002.[29]

The age limit of the first experience with illegal drugs has been constantly decreasing.

- The results of the ESPAD 99 (European school project for alcohol and other drugs) in TFYR of Macedonia showed that 10% of 2,491 students who participated in the survey at the age of 16, had tried some kind of illegal drugs and the majority of them had their first experience with drugs at the age of 15–16. 13% reported that they would like to try some kind of illegal drugs. Curiosity was mentioned as the most frequent reason for the first drug use.[30]
- The quantitative data from the RAR[31] conducted in 2002, showed that 10% out of 1,767 interviewees from the secondary school students aged from 14 to 18 years old have taken some kind of drugs (49% of the female and 51% of the male interviewees), and one percent of them have had experience with injecting drug use (69% of the female and 31% of the male interviewees). The majority of them had their first experience with illegal drugs at the average age of 16 (minimum 10 – maximum 18). Those that have reported injecting drug use, the first experience with drug injection was at the average age of 15 (minimum 11 –

[26] Official Gazette of the Republic of Macedonia", No. 35/96
[27] Data on persons treated for health problems caused by use of drugs are registered on *Hospital-Statistical Sheet* form, which is sent to the National Public Health Institute. The data of hospital statistics on persons with health problems caused by drugs use are not processed. Answers to the Questionnaire for the preparation of the European Commission's Opinion on the application of the Republic of Macedonia for membership of the European Union, Chapter 24: Justice and home affairs, 2004.
[28] Zarko Trajanoski. Final working draft report "Analysis of Drug Policy in R. Macedonia". NGO Trust, NGO HOPS and the Macedonian Harm Reduction Network, 2005/2006.
[29] Source: Ministry of the Interior, R. Macedonia.
[30] Silvana Onceva. Attitude and Behaviour of Youngsters towards Illicit Drugs and Guidelines for Primary Prevention of Drug Abuse in the Republic of Macedonia, 2003.
[31] Vesna Velik Stefanovska "et al". Rapid Assessment and Response to Risk-Prone Sexual Behaviour and Use of Psychoactive Substances in Highly Vulnerable Groups of Young Persons Aged 10 to 24 Years in the Republic of Macedonia. UNICEF, 2002.
http://www.cpha.ca/english/intprog/hiv_prev/rarmaced.pdf#search='RAR%20%20Macedonia'

maximum 17). The same study showed that among young people who inject drugs, the age threshold for drug use is decreasing, and reveals a growing number of 12 and 13 year olds who use drugs.

Types of psychoactive substances used

Cannabis is the most frequently used drug in TFYR of **Macedonia**. **According to the Ministry of the Interior**, **cannabis was used in 55% of all cases registered in 2004**.
Findings of the ESPAD 99, shows that 8% of the total of 2,491 surveyed students aged 16 years old had experience with using cannabis. RAR (*UNICEF, 2002*) data show that most of the secondary school students have tried marijuana and consider that its occasional use is not harmful: "it's better to smoke grass than tobacco". Fourty precents of the young drug users covered by the RAR in 2002 started with marijuana.

A study carried out among 269 medical students in TFYR of Macedonia with an aim to measure the rate of substance use among this population[32] show that 94.8% of the participants have at least once in their lifetime used psychoactive substances (including alcohol) and 27.5% had an experience with illegal psychoactive substances. Marijuana dominates with 25% of the total number of the participants and 6% of the participants have used ecstasy several times. Other used substances were: hashish (5.2%), cocaine (4.5%), ephedrine (3%), amphetamines (2.6%), psychedelics (3%), heroin (1.1%), and methadone (0.7%).

Some participants have used more than one substance. The reasons for students who used psychoactive substances at least once were: curiosity/experimenting (25.5%), keeping awake (25.5%) especially night before exam, relaxation (16.5%), studying (11.8%), sex (2.4%) and sport/exercise (2%).

It appears that the number of heroin users in TFYR of **Macedonia remains relatively constant**. According to the Ministry of the Interior, by the end of 2004, out of 6,583 registered drug users, 41.3% reported heroin use. The epidemiological data, however, shows an earlier age of those who begin to experiment with the use of heroin. According to statistical data of the quantitative analysis of IDU from the RAR (UNICEF, 2002) 93% of the interviewees were 12 to 18 years of age, while 7% were 19-20 years of age when they first used drugs. Of the total number of interviewees, 9% were 12 years old, and 7% were 13 years old. 51% of them started with heroin, and 4.29% started injecting the drug from the start.

A similar trend is being shown with the results from the community based research on HIV Risk Related Behaviour of IDUs in TFYR of Macedonia conducted by HOPS in 2002/2003[33], where out of the 85 interviewed IDUs, 61 (71.6%) reported that they had first used marihuana and 47 (55.29%) began experimenting with heroin.

An increase of non-medical use of prescribed drugs is noted among the adult population and especially among adolescents, like opiate-like analgesics (brand name – Trodon, Tramadol), benzodiazepines, frequently in combination with alcohol, anti-Parkinson's and anti-cholinergic drugs as Meteriden (brand name – Akineton) etc.

Non-prescription tranquilizers were used by 28% of the 269 interviewed medical students at least once, 12% self administered them several times a year and 7% admitted substance use in the past 30 days. Among the participants, 65% first used the substance after starting medical school. The high rate of use is probably due to the easy access to the drug, namely, it still can be bought in pharmacy stores without medical prescription, despite regulations.

Cocaine use is insignificant, however, due to increased availability, it is expected that its use will also increase. The use of Ecstasy and Amphetamines is on the increase and Crack remains to be a limited drug of use.

[32] Elena Cvetivnovska. Psychoactive substance use among medical students in Macedonia, 2005.
[33] Vanja Dimitrievski "et al", Assessment of HIV/AIDS Related Risk Behaviour of Drug Users in R. Macedonia. HOPS, 2003.

2.3 National Legal and Policy Framework on HIV/STI, Drug Use and Harm Reduction Interventions

2.3.a National strategy on HIV/AIDS

TFYR of Macedonia established its first AIDS programme in 1985, two years prior to the first reported HIV infection. In 1987, the National HIV/AIDS Programme began to be implemented through the National AIDS Committee under the Ministry of Health (MOH), with a national AIDS coordinator as the focal point. In June 2001, the country signed the Declaration of Commitment on HIV/AIDS adopted in New York at the UN General Assembly Special Session on HIV/AIDS (UNGASS). **In April 2003, the National Multi-sectoral HIV/AIDS Commission (NMC) was established as a successor of the National HIV/AIDS Committee. This Commission widened the National HIV/AIDS Committee's focus, which used to be merely medical, by including members from other ministries and sectors.** The NMC is comprised of 28 members and includes membership from the Ministries (Health, the Interior, Justice, Finance, Education, Labour and Local Self Government), NGOs, faith-based organizations, academic institutions, media and the UN TG on HIV/AIDS (as observers).

The Ministry of Health acts as the Secretariat to the NMC through administrative staff nominated by the State Secretary of Health.

In July 2003, the National Multi-sectoral HIV/AIDS Commission approved the Macedonian 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 represents an additional strong incentive for TFYR of Macedonia to implement an appropriate strategy for HIV/AIDS. Some of the priorities identified in the National Strategy are:

- Preventing the spread of HIV among those most likely to be exposed to HIV (youth, IDUs, sex workers, MSM, mobile groups, Roma, and prisoners)
- Improving access to, and the quality of, counselling and testing services
- Improving national epidemiological and behavioural surveillance systems
- Improving the provision of care and support for PLHIV
- Preventing HIV transmission in health care settings
- Strengthening capacity and coordination within the national response to HIV

The GFATM approved a grant of $4.3 million over two years for the implementation of the National Strategy. The primary recipient of this grant is the Ministry of Health. It is important to note the active role of the NGOs in the development and implementation of the activities within the GFATM programme **(over 50% of the total budget will be allocated to NGOs as sub-recipients and over 60% of the funds will be used for activities targeting those most at-risk of HIV)**.

The GFATM grant application boosted cooperation among key stakeholders in the Country. Coordination between different sectors, Ministries and services involved in HIV, STIs and TB control has improved since the establishment of the Country Coordination Mechanism. It enabled the establishment of a missing link between Government organizations and NGOs, and supports the development of harm reduction approaches to decrease HIV risk behaviour. However, the Republican Institute for Health Protection and the Clinic for Infectious Diseases, two key health institutions, have only recently been integrated into the overall planning process and implementation of the National AIDS Strategy. [34]

GFATM 2-Year $4.3 mil. grant:

"Building a coordinated national response to HIV/AIDS in Macedonia"

The grant proposal has 10 objectives. The first six focus on preventing HIV among those most likely to be exposed to HIV, including youth, IDUs, sex workers, MSM, Roma, and prisoners. Expected results include increasing the number of members of groups most at-risk of HIV that are reached with targeted HIV

[34] Joana Godinho, Nedim Jaganjac, Dorothee Eckertz, Thomas Novotny, Lisa Grabus
HIV/AIDS in the Western Balkans: Priorities for Early Prevention in a High-Risk Environment. The International Bank for Reconstruction and Development/the World Bank 2005.

interventions in three years, for example, increasing IDUs reached from 2,680 to 6,500; street sex workers from 103 to 250; MSM from 250 to 750; and reaching 21,300 Roma and 1,500 inmates for whom there are currently no HIV interventions.

The activities within the GFATM project constitute a significant attempt to drastically scale-up activities which have been implemented on a relatively small scale in the country, like prevention activities among young people, IDUs, sex workers, and MSM, counselling and testing, care and support for PLHIV and surveillance. The programme also includes new activities, like HIV prevention activities among inmates and with the Roma community. There are many innovative elements incorporated, like the development of a partnership between an NGO and a government department to work in prisons. The activities described were built on the experience gained and lessons learned from within the country and also drew on good practice from other countries, for example in the design of harm reduction and drug treatment programmes. [35]

A UN Theme Group on HIV/AIDS (UNTG) has been active in Macedonia since 1999. The UN Theme Group is currently chaired by UNDP and composed of UNICEF, WHO, IOM, UNHCR, and the World Bank. The Technical Working Group (TWG) is chaired by UNICEF and functions together with the National HIV/AIDS Coordinator and non-governmental organisations.

In 2005, in support to the implementation of the National Strategy on HIV/AIDS 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). [36]

Legislation related to HIV

Currently there is no specific HIV legislation. There are several laws, regulations, other legal acts and ratified International Conventions which regulate different aspects of this issue: - Constitution of R. of Macedonia, Health Protection Law (Official Gazette nr. 17/97), Law for Protection of the Population from Infectious diseases (Official Gazette nr. 18/76, nr. 18/82, nr. 37/86) , Criminal Code (1996) , Programme for Active Health Protection of Mother and Child in R. of Macedonia (Official Gazette nr. 68/99), Pregnancy Termination Law (Official Gazette nr.69/77), Law for Conditions in Which Human Organ/Transplant may be Transplanted/Exchanged/Donated from Human Body (Official Gazette nr. 30/95); Family Law; Convention on the Rights of the Child (Adopted by R. of Macedonia on November 4th 1950), International Pact of Economic, Social and Cultural Rights (Adopted by R. of Macedonia on December 16th 1966) Convention for the Protection of Human Rights and Fundamental Freedoms (Adopted by Republic of Macedonia on November 20th 1989). [37]

Monitoring and Evaluation (M&E) Systems on HIV

Concerning monitoring and evaluation of the national response on HIV, there have been a number of initiatives under the umbrella of the UNTG on HIV/AIDS (using PAF[38] funds) and GFATM:

- The national strategy has 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 GFATM-supported programme has developed a framework for monitoring and evaluating the activities it supports, including the development of operational guidelines for M&E within the programme, 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

[35] Macedonia Country Coordinating Mechanism - Proposal to the Global Fund to Fight AIDS, TB, and Malaria, Round 3: Building a Coordinated National Response to Tuberculosis and HIV/AIDS in Macedonia. Skopje 2003.
[36] Republic of Macedonia. Ministry of Health. Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006.
[37] Biljana Panova – Legal opinion with regards to HIV/AIDS in Republic of Macedonia, Skopje
[38] Abreviation of Poverty Action Fund

The 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 programmes 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 GFATM-supported programme in TFYR of 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 is the institution that has the overall mandate in collecting all available M&E data (using CRIS) and reporting to all national and international stakeholders. [39]

2.3.b National Strategy on Drugs

Unlike the situation with HIV, response to increasing drug use has drawn less political will and commitment. Even though drug use issue has always been high on the political agendas of each government in TFYR of Macedonia, **nine years after adopting the "National Programme for the fight against drug abuse and trafficking"**, TFYR of **Macedonia is still lacking a political framework to deal with the existing drug related problems**.

The main aims of the policy for the action against drugs in TFYR of **Macedonia are set out in the "National Programme for Suppression of Drug Abuse and Trafficking" which the Macedonian Government adopted in 1996**[40]. The National Programme (1996) includes the following goals[41]:

- Modernization of the national drug control legislation;
- Establishment of Inter-ministerial State Commission for Combating Illicit Production, Trade and Abuse of Drugs;
- Creation of a central information system for drugs and drug abuse;
- Institutional capacity-building;
- Development of programmes for prevention of drug abuse and for treatment, rehabilitation and social reintegration of drug abusers, on the basis of enhanced community participation;
- Upgrading the operative capacities of law enforcement agencies through training, improvement of equipment, and enhanced participation in the preventive programmes in the community;
- Establishment of municipal councils for action against drugs and creation of communal drug abuse prevention programmes with active participation and collaboration of local authorities, police, judiciary, health, educational, and social welfare institutions NGOs and the private sector;
- Informative activities aimed at raising the awareness against drug abuse;
- International cooperation.

In accordance with the National Programme (1996),[42] **the Government of** TFYR of **Macedonia formed an Inter-Sectoral State Commission for Combating Illicit Production**, **Trade and Abuse of Drugs in 1998**. Established by a government decision on 21 July 2003, representatives of the Ministry of Justice, Ministry of Health, Ministry of Labour and Social Policy, Ministry of the Interior, Ministry of Education, Ministry of Agriculture, Forestry and Water Economy and Youth and the Sports Agency take part in the Commission.

The main goal of the State Commission for Combating Illicit Production, Trade and Abuse of Drugs is drug demand and drug supply reduction. The main objectives of the programme are horizontal coordination

[39] Republic of Macedonia. Ministry of Health. Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006.
[40] Official Gazette of RM 35/96.
[41] Answers to the Questionnaire for the preparation of the European Commission's Opinion on the application of the Republic of Macedonia for membership of the European Union, Chapter 24: Justice and home affairs, 2004.
[42] Official Gazette of the RM no. 35/96.

and advancement of cooperation among bodies and agencies for drug control; advancement and coordination of activities for early detection, treatment, rehabilitation and social reintegration of drug abusers; prevention of HIV and other contagious diseases among them; support to the NGOs in the field of drug demand reduction activities, and activities in the area of drug information and health education.

"One of the main tasks of this Commission is also to prepare a *"Programme for controlling the illicit production and trafficking of drugs, psychotropic substances and precursors and the prevention of drugs and psychotropic substance abuse"*. In accordance with this Programme and the National Programme (1996), the responsibilities of all parties in the Republic of Macedonia competent to carry out activities for the reduction of drug demand and supply should be determined. The Inter-Sectoral State Commission for Combating Illicit Production, Trade and Abuse of Drugs is responsible for the role of a principal coordinator. As an additional mechanism, other commissions are planned in every ministry competent in dealing with this issue."[43]

In the field of prevention, the Ministry of Education and Science, the Ministry of Health and the Ministry of Labour and Social Policy, in compliance with their legal obligations and the annual operational programmes, undertake activities aimed at drug abuse prevention such as substance use awareness campaigns and educational activities among the youth and general population; treatment, rehabilitation and re-socialization of substance users.

The law enforcement agencies, on the basis of their legal competencies, fulfil the obligations to prosecute the drug-related crimes. In addition, they participate in the implementation of the measures for re-socialization of the people who are drug dependent by consistent application of the alternative -measures of sanctioning.

At the end of July 2005, after 9 years, the Government submitted the first draft proposal paper titled "National Drug Control Strategy in TFYR of **Macedonia (2006-2010)" and "Action Plan for Drug Control in** TFYR of **Macedonia (2006-2010)" to Ministries and certain citizen associations, requesting opinions on them – putting it for an open debate.**

As the "European Strategy on Drugs", the "National Drug Control Strategy in the Republic of Macedonia (2006-2010)" also focuses on two principal aspects of this drug policy: *drug demand reduction* and *drug supply reduction*. This action plan structure is also similar to the "Action Drug Plan of the EU (2005-2008)".

According to data provided by the "Inter-Sectoral State Commission for Combating Illicit Production, Trade and Abuse of Drugs" (16.09.2005), the "National Drug Control Programme" and the "Action Plan for Drug Control" are currently awaiting approval by the Government.

In May 2005, the Ministry of Health established an Expert Group with a mandate to develop a National Strategy on Drug Demand Reduction, covering Prevention, Treatment and Harm Reduction. The Expert Group is consisted of governmental representatives coming from the following Ministries: Ministry of Health, Ministry of Labour and Social Policy, Ministry of the Interior, Ministry of Justice, Ministry of Education, Ministry of Local Government, NGOs representatives and independent experts actively involved in the field of drug use/harm reduction, HIV prevention and human rights as well as the most affected communities (people using drugs and their families).

In November 2005, the mandate of the Expert Group was expanded to covering Drug Supply Reduction as well.

Review of the existing legislation on drugs

Even though the National Programme (1996) includes bringing in a separate Law on Drugs (Opium Code), to date no such law has been adopted. According to data provided by the "Inter-Sectoral State Commission for Combating Illicit Production, Trade and Abuse of Drugs" (16.09.2005), the "Law on Drug Control" is still in preparation stage.

The existing drug legislation includes various legal acts that directly or indirectly concern the control of drugs or drug users.

In accordance with the UNGASS principles, the EU Stabilization and Association Agreement and National Programme for Suppression of Drug Abuse and Illicit Drug Trafficking, the Macedonian Government undertakes activities for harmonization of national drug control legislation in accordance with European Union laws on Drugs.

TFYR of Macedonia ratified the UN Single Convention on Narcotic Drugs (1961), the Protocol amending the Single Convention (1972), the UN Convention on Psychotropic Substances (1971), and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

The legal framework for drug control in The FYR of Macedonia is defined by the following national laws:

- Law on Production of Narcotic Drugs ("Official Gazette of SFRY", No. 13/91; taken over as national regulation, under Article 5 of the Constitutional Law on the Implementation of the 1991 Constitution of TFYR of Macedonia);
- Law on Precursors Control ("Official Gazette of TFYR of Macedonia", No. 37/04);
- Law Designating Bodies to Conduct Certain Activities in the Field of Production and Trade in Narcotics ("Official Gazette of TFYR of Macedonia", No. 21/83);
- Decision on the List of Narcotic Drugs ("Official Gazette of SFRY', No. 70/78, 14/81, 39/82, 28/85, 10/87, 53/88, 2/89 and 7/90);
- Law on Medicines, Auxiliary Medicines and Medical Aids ("Official Gazette of TFYR of Macedonia", No. 21/98);
- Decision on the List of Narcotics that May be Released for Trade for Medical and Veterinary Purposes ("Official Gazette of SFRY", No. 70/78, 52/83 and 47/85).

Penal aspects – criminal acts: The policy on drug supply prevention is primarily carried out through the *criminal* law.

In the Criminal Code, under the chapter "Criminal acts endangering human health", there are two acts, addressing a general threat against the health of the majority of the individuals, Illicit production and trafficking of narcotic drugs, psychotropic substances and precursors (Art. 215) and Enabling the use of narcotic drugs (Art. 216).

This act does not include punishment for the use of narcotic drugs, but for enabling their use. Therefore, it is not a criminal act if one threatens *his own* health through the use of narcotic drugs, unlike enabling *others* to endanger their health.

Enabling the use of narcotic drugs can be carried out through:

- introduction (encouraging, talking into, where it not necessarily requires its use);
- providing it to a second party (without intent to sell, rather for personal use);
- making a premises available for personal drug use;
- through other means.

It is important to note that according to Article 216, needle exchange programmes in TFYR of **Macedonia can be interpreted as enabling drug use by giving sterile injecting equipment to Injecting Drug Users (IDUs)**
The provisions under this Article in the CC neither distinguish drug types nor drug quantity. This presents a basis for laying the same criminal charges for individuals who enable the use of 0.5 grams of cannabis and individuals who enable the use of 30 grams of heroin. Furthermore, this Article interprets "providing items for drug injection" (for e.g. needles, paraphernalia) in itself a punishable act, which is contradictory to the principles and practice of the harm reduction policy related to drug use (particularly needle exchange programmes).

[43] Answers to the Questionnaire for the preparation of the European Commission's Opinion on the application of the Republic of Macedonia for membership of the European Union, Chapter 24: Justice and home affairs, 2004.

Aspects of punishment – offences and other prohibitions: Although the National Programme (1996) included "re-examination of the legal decisions regarding penalization of drug addicts", these same legal provisions remain in use.

The policy of drug demand prevention is primarily based on non-criminal penal provisions. Drug possession and use are not a crime, but misdemeanours. However, convictions of these misdemeanours also include imprisonment (deprivation of liberty) and not merely the paying a fine. In TFYR of Macedonia, courts alone determine the facts and pronounce a punishment.

Possession of drugs is an offence according to Article 43 of "Law on production and distribution of opioid drugs" (quote in Serbian, "Закон о производњи и промету опојних дрога"), which has not been published in the "Official Gazette of the Republic of Macedonia" and has only been translated into the Macedonian language for police use. The Law on offences for disturbing public peace and order refers to the "оддава indulgence of drugs", "drug use" (Article 28).

Although both activities are different types of offences, in practice the difference is often ignored.

In 2005, NGO HOPS and NGO Trust started a new advocacy project, supported by the International Harm Reduction Network and Foundation Open Society Institute Macedonia, under the title "Advocacy Efforts for Strengthening Harm Reduction in Macedonia" that aims at fostering the development of an effective and humane drug policy to reduce the adverse health, social and economic consequences of mood-altering substances to individuals, their families and society as a whole in TFYR of Macedonia. Other activities of the project are: conducting analysis and publishing a report on the existing drug related legislation in TFYR of Macedonia as well as organizing round tables on "Drug Related Legislation, Its Implementation and Its Effects on the Society". The analysis should give more in-depth information about the existing drug legislation in TFYR of Macedonia and give recommendations to policy-makers and responsible institutions for their further improvement and development, according to internationally accepted standards and in full respect of the human rights of drug users.

Monitoring and Evaluation (M&E) Systems on Drugs

Maintaining statistics is a weak area, as noted in the responses given in the EU questionnaire, wherein the non-existence of "a unique information network and system for collecting, processing and publishing data on drugs and drug use" was noted.

TFYR of Macedonia was included in the Project on Drug Information Systems (DIS) and Networking-DIS, under the PHARE Multi-Beneficiary Programme for Fight against Drugs (1997-1999). A National Focal Point was established in 1999, and a donation from the PHARE programme helped in realization of the initial Focal Point staff training. Furthermore, the necessary logistics was provided for functioning of the Focal Point and National Reports were prepared in 1999 and 2000, and forwarded to EMCDDA. However, because of lack of finances, this project ceased to function within a year.

It is important to emphasize that, according to the Action Plan for European Partnership, the Macedonian Government plans to institutionalize the National Focal Point.

Furthermore, in order to ensure the appropriate functioning of the National Focal Point, the Government of TFYR of Macedonia will undertake activities for creation of a drug information system according to the standards of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). TFYR of Macedonia plans to become part of the European Information Network on Drugs and Drug Addiction (REITOX).[44]

[44]Answers to the Questionnaire for the preparation of the European Commission's Opinion on the application of the Republic of Macedonia for membership of the European Union, Chapter 24: Justice and home affairs, 2004.

2.3.c Policy Environment and Young People

The existing overall policy environment regarding young people's health and development in TFYR of Macedonia was found to be inconsistent, legislation fragmented and not recognizing young people as a specific social category in terms of their vulnerability.[45] All national regulations in the domain of social, health and educational sectors are not integrated into a cross-sectoral youth policy and are not based on the principles of empowering young people to influence decision–making processes that are relevant to their health and wellbeing.

The lack of specific health promotion and prevention policies for young people impact especially on adolescents who engage in HIV risk behaviours, like selling sex and/or injecting drug use with non-sterile equipment.

[45] UNICEF. Final working draft report "Assessment of the Youth Friendly Services in R. Macedonia", 2005

III. National Responses on HIV and Injecting Drug Use

3.1 Targeted HIV Prevention Services

3.1.a Young People

Peer education – since 2001; currently funded by GFATM, the International Planned Parenthood Association (IPPF), Agency for Youth and Sport of TFYR of Macedonia; Training of Trainers (TOT) methodology used by NGO HERA based on Y-Peer Manual for Training of Trainers. In collaboration with IPPF, a manual for peer educators was developed by NGO HERA, incorporating information and methodologies for working with most at risk young people – young IDUs and young MSM (drug user activists and gay community representatives were actively involved in the development of this manual).

The NGOs HERA and MIA, along with the Agency for Youth and Sport within the frameworks of the GFTAM Project, are developing a Manual for peer educators targeting general youth (not published yet). Also for the purpose of peer education, a pilot youth education centre will be established. According to data obtained from NGO HERA currently there are 48 active trainers of peer educators involved, 429 trained peer educators and over 10,000 young people reached, both from cities and rural areas.

In 2005, a new Youth Educational Centre was established, and 41,219 young people were covered by the educational messages, 151 peer educators were trained and 485 high school teachers were included in the HIV training on how to transfer the newly gained knowledge to their students.

NGO HERA also implements peer education interventions within the institutions providing for and educating children and adolescents deprived of parental care, young people deprived of parental care with behaviour problems and juvenile delinquents (only in Skopje area).

NGO MIA also implements peer education interventions among Roma community in several cities in Republic of Macedonia, including Skopje. One of the aims is to develop a network of Roma peer educators and organizations working with Roma and young people in general that will continue HIV prevention activities throughout the country.

Youth friendly services: The only existing Youth Friendly Service Centre was established in Skopje, in April 2005. This centre is operated by local NGO HERA in partnership with Public Health Organization "Zdravstven Dom Skopje". This pilot project, funded by IPPF and UNICEF, provides various services and information related to HIV and STI prevention and sexual and reproductive health to young people from Skopje and surrounding rural areas. Services are provided five days a week, from 12-17h in a confidential manner, are free of charge and include:

- Check-ups and counselling provided by resident medical doctor-gynaecologist (provided to 268 young females and 13 males)
- Provision of oral contraceptives (pills are provided free of charge on the first visit, afterwards they are prescribed and paid by the National Health Insurance Fund) – 152 oral contraception packages delivered
- Provision of IUD contraception – delivered to 11 females
- Pregnancy tests – 25 females tested for pregnancy
- Check-ups and counselling provided by resident medical doctor-dermato-venereologist; (provided to 57 young males and 2 young females)
- STI treatment – 68 treatment medication units delivered
- Education sessions on sexual and reproductive health by health care professionals (37 workshops conducted, 190 females and 110 males reached)
- Individual psycho-counselling sessions on sexual and reproductive health (counselling provided to 8 females and 5 males)
- Referrals to other health institutions (incl. VCT centres)

AIDS Phone info line: since 2000; operated by NGO HERA, funded by UNICEF, NCA, Embassy of the United Kingdom in Macedonia; over 5,000 calls received, 70% from young people.

3.1.b At-risk Populations

HIV Prevention among Commercial Sex Workers (SW)
HOPS through its Programme for Support of SW (currently supported by the GFATM) provides free condoms, sterile injecting equipment (for SW who are IDUs), IEC materials, medical, social and legal services to street sex workers. Also educational sessions on HIV, sexual and reproductive health are conducted. Of 121 street sex workers (103 female and 18 male) reached by the NGO HOPS in the capital Skopje by February 1, 2006, 14 (11.6%) are younger than 18 years, and 33 (27.3%) are between 18 -25 years of age. 52 (43%) have no health insurance; 35 (28.9%) use drugs or sedatives; 73 (58%) don't contact any other institution for assistance beside HOPS.

HIV prevention among Victims of Trafficking
NGO HOPS, in collaboration with IOM and NGO "For Happier Childhood", implements an HIV preventive educational programme for victims of trafficking residing in the Transit Centre for Victims of Trafficking, operated by the Ministry of the Interior and IOM. Educational curriculum also includes sexual and reproductive health and contraception as well as harmful consequences of drug use.

HIV Prevention among MSM:
NGO EGAL implements HIV prevention interventions among MSM in Skopje. These include condom and IEC distribution on outreach, counselling over phone (MSM information line), VCT and referral to available medical services. So far, 300 MSM were reached through outreach activities, 114 received information & counselling over info line and 36 through VCT. Within the frameworks of the Macedonian GFATM project, EGAL has established the First National Lesbian, Gay, Bisexual and Transsexuals (LGBT) Centre (mid February, 2006). Also, workshops on HIV and STIs with gynaecologist, sociologist and psychologist are planned for young LGBT in collaboration with the NGO MASSO.

HIV Prevention among Inmates
NGO MIA, in collaboration with the Ministry of Justice, is currently implementing the activities for HIV prevention among inmates. These activities are implemented within the frameworks of the Macedonian GFATM project in all (9) existing prisons in the country and include: training of inmates-peer educators and prison staff (total of 288 people trained by the end of 2005) as well as development of educational video message and condom distribution. [46]

3.2. Harm Reduction Interventions and Services

3.2.a Needle Exchange

The first needle exchange programme in TFYR of **Macedonia was established in 1996**, following the recommendations of a snap shot survey conducted in 1995, by the Open Society Institute New York and the Open Society Institute Macedonia, under the title "A Heroin Epidemic in Macedonia".

The report recommended rapid and aggressive implementation of a 'Harm Reduction' based HIV prevention campaign aimed at IDUs and support for the establishment of an outreach project, which would offer needle exchange and other HIV prevention services, low threshold medical care and social support, while simultaneously collecting systematic information on the nature and extent of drug use and HIV risk behaviours.[47]

The first couple of years the programme was operating within the Open Society Macedonia and, in 1999, it became registered as a separate NGO: Healthy Options Project Skopje. HOPS has grown into an organization offering a wide range of HIV prevention, harm reduction and various social, medical and

[46] Republic of Macedonia, Ministry of Health : Fourth Quarter Bulletin: August 2005-October 2005 Building Coordinated National Response on HIV/AIDS; Grant nr: MKD-304-G01-H Skopje 2005.
[47] Grund, Jean-Paul G, et al. A Heroin Epidemic in Macedonia. A report to the Open Society Institute New York and the Open Society Institute Macedonia; 1995.

legal services to at-risk populations (IDUs, SW, Roma and young people). Services are provided through outreach (with 3 vehicles) and 3 stationary units and include:

- Exchange of injecting equipment
- Distribution of condoms
- Development and distribution of IEC material
- Counselling on drug related harms
- Counselling on ST and blood-borne infections
- VCCT on HIV
- Counselling and motivation for drug-addiction treatment
- Basic conservative treatment of the consequences of long-term and improper injecting
- Psychosocial assistance & counselling
- Social assistance including: assistance in gaining necessary personal documentation, individual counselling, assistance and mediation in the communication between clients and centers for social work
- Legal counselling & assistance

During the period May 1997–December 2005, a total of 1,918 IDUs were contacted through the needle exchange services provided by HOPS. In 2005, 223 new clients were reached, 2,864 social and 3,629 medical services provided. According to the data from a survey covering 756 clients of the needle exchange programme provided by HOPS, in the period 1997-2003, 92.59% were male and 7.14% were female, 90.48% were unemployed, 51.59% had no social and 70.10% had no health insurance. 64.39% of them answered that they had no contact with any other organization beside HOPS.
Along with the harm reduction (HR) programme in Skopje (operated by HOPS), 7 additional harm reduction programmes provide services to IDUs throughout the country. Two of these programmes were established in 2001 in Strumica, – NGO "CHOICE", and in Bitola – NGO "Via Vita", with support from OSI/IHRD, and 5 new programmes were started in 2005 in Gostivar – NGO "HELP" Gostivar, in Ohrid – "OPCIJA" Ohrid, in Kavadarci – NGO "ZONA" Kavadarci, and in Kumanovo – TEAM HOPS Kumanovo, within the framework of the GFATM. These **7 HR programmes provide needle exchange, medical and social services to additional 805 IDUs from the above mentioned cities.**

HOPS also provides trainings for health and social care professionals, as well as police representatives, introducing them to the principles of harm reduction policy and effective HIV prevention strategies among at-risk populations (IDUs, SW etc.). During 2005, 80 professionals were trained. In addition, the first manual on ''Harm Reduction and HIV Prevention among Vulnerable Populations'' is in a process of development and will be finalized by the end of March 2006.

On June 22 2005, in Skopje, TFYR of **Macedonia, Macedonian Harm Reduction Network (MHRN) was established.** Thirteen nongovernmental organizations, one health institution, two newly established harm reduction teams and four individuals attended the Establishing Assembly and became members of the MHRN[48].
Macedonian Harm Reduction Network aims at: stimulating networking and cooperation, as well as providing constant information circulation among specialists and organizations/institutions active in the field of drug use, HIV and human rights on local, national and international level; advocating for harm reduction approaches and methods; promoting existing harm reduction programmes and provide logistical support for the new ones; developing a strategic plan in order to ensure sustainable development of the existing and newly established harm reduction programmes, as well as their inclusion in the creation and implementation of the local and national strategies and policies; increasing capacity for advocacy and bigger involvement of NGOs providing harm reduction services in the decision/policy making processes in Macedonia; developing an intensive communication and information exchange with other in-country and international harm reduction coalitions and networks.

The establishing of the Assembly of MHRN was supported by the International Harm Reduction Development and the Open Society Institute – Macedonia.

[48] NGOs: MIA, CHOICE – Strumica, ZONA – Kavadarci, OPTION – Ohrid, EGAL, HERA, HOPS, Helsinki Committee for Human Rights, VIA VITA – Bitola, HELP – Gostivar, TRUST, PASSAGE, LIM-PID, Psychiatric Hospital – Skopje and 6 individuals.

3.2.b Overdose Prevention

In TFYR of **Macedonia there is no data collected and processed in a systematic and comprehensive manner regarding the prevalence of overdose, related risk factors and circumstances.** According to anecdotal reports there are on the average, around 190 cases of opiate fatal and non-fatal overdose per year in TFYR of Macedonia. Institute of Forensic Medicine Skopje reports that they have one case of heroine overdose per week on average.[49]
Increased fatality as a consequence of opiate overdose is felt to directly relate to the delay in provision of medical assistance. There are two major reasons for this conclusion:

1. Fear of police involvement. **Often police are present at the overdose site before the medical team begins the intervention, in order to document the case and initiate investigation.**

2. **Lack of capacity of paramedic units to intervene on site in the overdose case – opiate antagonists are not part of a regular urgent medication kit and therefore often not available at the site.** In addition, medical staff within the paramedic units often lack knowledge in overdose treatment protocols contributing to hesitation to intervene in some instances. Therefore, instead of providing on-site life-saving treatment to the overdose victims, in some cases they act only as transportation units from the site to the Toxicology Clinic where overdose treatment is provided, sometimes too late and with fatal consequences.

In October 2005, HOPS, with financial support from IHRD/OSI Macedonia, has initiated a programme of work to reduce the incidence of fatal and non-fatal opiate overdose among opiate users. The 1st phase (October 2005 – May 2006) of the programme is focused on implementation of peer-based educational interventions (incl. development of specific educational tools and resource materials) and reaching 600 drug users from 6 Macedonian cities, thus increasing their knowledge and skill level in relation to the prevention and management of opiate overdose. Within the frameworks of the programme, a comprehensive KAP survey for estimation of the level of knowledge, experience and existing practices within the drug using community regarding overdose prevention and management will be conducted.

Also, the research will cover the institutions that are directly or indirectly involved in overdose management (health care providers, police etc.) in order to collect and systematize the available statistical data, legislation, information on treatment protocols (naloxone - theory and practice), procedures and practices, capacity for intervention (obstacles regarding legislation issues like police presence, stigma related to drug use and drug users etc.) and treatment of overdose. All collected data from the KAP survey as well as the data obtained from the institutions involved in overdose management will be analyzed and a ***National Overdose Report*** will be published as a final product of the research.

3.2.c Opioid Substitution Therapy

In TFYR of Macedonia, there is no comprehensive system for treatment and social rehabilitation of drug addicts. **The treatment of drug dependency has been centralized, characterized by psychiatric treatment orientation.**

There are several methadone programmes as well as programmes for detoxification (drug-free programmes) with underdeveloped therapeutic services, like psychotherapy, family therapy, counselling and social assistance.[50] The majority of drug addicts are treated by the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda, within the Psychiatric Hospital Skopje in Skopje. Hospital statistics show that the first cases of drug abuse were registered in the late 1960s and early 1970s. **In the 1970s, methadone therapy was introduced for the first time for the treatment of drug dependency, most often in the form of methadone maintenance.**

In 2003, the Pubic Health Institute reported considerable increase in registered drug users who had been treated for drug dependency, from 330 (treated drug users) registered in 1999 to 658 in 2003. Women comprised 10.62% of cases. The analysis of the data indicated that most of the treated drug users were

[49] Source: Institute of Forensic Medicine Skopje
[50] Liljana Ignjatova. Risk Factors that Influence the Effectiveness of the Methadone Maintenance Treatment, 2006.

between the ages of 20–34 years old (197 in 1999 and 513 in 2003). Ten percent of all the treated drug users were between the age of 15–18 years old and one percent under 15 years old.[51]

At the moment, approximately 700 people are on the methadone therapy, including people who are serving prison sentences. 335 are being treated at the two (one high and one low threshold) methadone programmes within the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda. Around 13% are female and 85.6% are Hepatitis C positive.

The current policy of the Psychiatric Hospital Skopje (PHS) does not allow admittance and treatment of adolescents. Since the Center for PTDA in Kisela Voda is the only place where drug treatment has been provided in Skopje and until recently in whole TFYR of Macedonia, they have developed special rules (parental consent etc.) under which adolescents are admitted and treated for drug dependency. Currently there are no adolescents treated in the methadone programme, mostly because of the 'waiting list' which was first introduced in 2000, and which doesn't allow admission of new patients.

In 2005, out of the total 161 treated patients at the detoxification (drug free) programme, 11.8% were female and 3.1% were under 18 years of age. 44% belonged to the age group (19–24) out of whom 25.3% were female. During 2005, 15 adolescents, diagnosed with a syndrome of opiate dependency asked for help at the Ambulance of the Center for Prevention and Treatment of Drug Abuse in Kisela Voda, which represent 3.5% of the total 427 assisted people. Five (33.3%) of them were female.[52]

In 2005, new methadone programmes have been opened in Strumica, Kumanovo, Stip, Ohrid, Gevgelija and Tetovo with the support of the GFATM, as part of the programme for Decentralization of Drug Treatment Services.

In 2004/2005, as part of the activities aiming at reintegrating individuals into society after their treatment in health institutions, the Ministry of Labour and Social Policy started providing protection for drug users outside the institutions, carried out through the "Daily Centers for Individuals Who Abuse Drugs and Other Psychotropic Substances". At present, such centers exist in Ohrid and Kumanovo as well one in Strumica, based on a partnership with organizations providing drug treatment services and NGOs active in the field. It has been planned to open such centers in Skopje, Bitola, Tetovo and Gostivar.[53]

In addition to the harm reduction and treatment programmes, the NGO "Trust" provides support to IDUs through counselling prior to treatment and through self-help groups, as well as through groups for family support.Networking governmental and non-governmental community resources was seen by NGOs key informants as a best opportunity for reaching many more adolescents who are most at risk. In general, the cooperation between NGO networks working in harm reduction targeting injecting drug users and the public health services is well developed within the areas of needle exchange and methadone treatment, psychosocial support and rehabilitation, as well as information on HIV and protective factors.

'Strumica Model' is an example of good practice in TFYR of **Macedonia in providing comprehensive system for prevention, treatment, rehabilitation and social reintegration of people who use drugs at the local/municipality level.** Cooperation and partnership among various institutions/organizations providing services for drug users were established on the basis/principles of shared responsibility, actively involving all agreed parties: NGO CHOICE – Strumica, the Orthodox Church in Macedonia, Ministry of Health/Medical Center in Strumica, Ministry of Labour and Social Policy/Social Center in Strumica, City of Strumica and others. Harm reduction interventions are also widely supported by the GFATM in TFYR of Macedonia.

[51] *Department for Social Medicine. Information about the Situation on Drug Addiction and Alcoholism in the Period 1999–2003 in R. Macedonia. Republic Institute for Health Protection.*
[52] Source: Center for Prevention and Treatment of Drug Abuse in Kisela Voda.
[53] According to the Budget Programme of the MLSP for 2005, 134,000,000 denars were allotted for protection provided in institutions and outside the institutions.

3.2.d Harm Reduction in Prisons

Prisons in TFYR of Macedonia have to face a complex situation characterized by over-crowdedness in old, inappropriate and badly maintained facilities, reported corruption among prison officers (registered in several cases of assigning prisoners to various wards, granting or taking away privileges and benefits, and in the unimpeded drug trafficking), inmates without access and genuine possibilities for work, in the context of their re-socialization, strict prison regime and loss of trust in the legality and grounds of the decisions made by prison authorities.[54] Nine death cases in prisons in 2005 were registered by the Helsinki Committee in TFYR of Macedonia, five in the largest prison in TFYR of Macedonia – Idrizovo (according to the prison authorities, three of these cases were suicide cases, one was murder and one case is a case of 'unexplained' death), three suicide cases in the Investigative Prison in Skopje (Sutka), and one suicide case in the Tetovo Prison (where there was also one attempted suicide registered). The total number of nine death cases represents a serious increase if one takes into consideration that in the previous four years there was a total number of four death cases (3 in 2004 and one in 2003).

Lack of specialist medical services, insufficient general medical assistance and sporadic presence of a psychological support services in prison are critical gaps.

No harm reduction services have as yet been provided in the prisons in TFYR of **Macedonia**. NGO MIA, in collaboration with the Ministry of Justice, is currently implementing the activities for HIV prevention among inmates (see "HIV Prevention in Prisons", p.18).

In April, 2006, NGO Trust from Skopje is starting a new harm reduction project that aims at protecting human rights of drug users in prisons through opening a programme for substitution treatment, organizing trainings and developing harm reduction materials (HIV prevention, overdose prevention etc.) for drug users, family members and professionals working in prisons, as well as organizing a media campaign for reducing stigma and discrimination of drug users. However, it is not possible to introduce interventions like needle exchange or bleach distribution in the prisons at this time.

3.3. HIV Testing, Treatment, Care and Support

Voluntary Counselling and Testing (VCT) on HIV

VCT is currently available on 12 sites throughout the country, free of charge. In addition to the ongoing VCT promotion programmes supported by UNICEF and WHO, under the implementation framework of the GFATM, a VCT protocol/manual was developed by a working group appointed by the Ministry of Health. 68 professionals from public health institutions and NGOs targeting at-risk populations were trained on VCT upon the newly developed protocol. The improved counselling and testing methodology, with special accent on the confidentiality of the whole process along with the increased number of testing sites resulted in 1,247 clients counseled and tested in 2005, a significant increase compared to only 250 people tested in 2002.

Also 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 VCT was offered to the members of the most at-risk groups, but not all participants accepted this offer. 88 IDUs, 14 MSM, 45 SWs and 200 prisoners were tested, and none of them was found HIV-positive. [55]

NGO HOPS, in collaboration with the Republic Institute for Health Protection, provides VCT to IDUs and SW. This activity is funded by the Partnerships in Health/Swidish International Development Agency (SIDA) and incorporates an innovative approach in order to bring testing services closer to the clients. In

[54] Helsinki Committee for Human Rights of the Republic of Macedonia. Report of the Helsinki Committee for Human Rights of the Republic of Macedonia on the human rights situation in 2005 – ANNUAL REPORT, 2005. http://www.mhc.org.mk/eng/a_izveshtai/a_2005gi.htm
[55] Republic of Macedonia, Ministry of Health, Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006.

this particular case, VCT is provided within HOPS drop-in centers as a regular service. Pre and post testing counselling is provided by trained HOPS staff, whereas blood samples are taken by a professional, visiting laboratory technician from the Republic Institute for Health Protection, where blood samples are processed using ELISA method for initial testing and Western blot for the confirmation test.

Anti-retroviral (ARV) treatment and palliative care and support for people living with HIV (PLHIV)

In the year 2004, the first National Treatment Protocol was developed by specialists from the Clinic for Infectious Diseases with technical assistance provided by USAID, World Health Organization (WHO) and UNAIDS. Close cooperation between the Health Insurance Fund, Ministry of Health and Clinic for Infectious Diseases resulted in inclusion of 17 ARV drugs on the so called 'positive drug list' supported by the Health Insurance Fund.[56] Four generic drugs (Lamividine, Zidovudine, Stamidine and Nevirabine) were purchased through UNICEF Procurement unit **with funds from the GFATM** and **7 PLHIV are currently receiving ARV treatment**. [57] Also treatment for opportunistic infections along with supportive medical treatment is provided to patients free of charge.

The Clinic for Infectious Diseases is the only institution that provides ARV treatment to patients, a situation which has been recognised as a problem for the PLHIV residing in other cities.

Within the Clinic for Infectious Diseases a Counseling and Support Centre for PLHIV was established on a partnership basis between the NGO HERA & NGO HOPS and with financial support from USAID, City of Skopje, and Public Health Institution "Klinicki centar" Skopje. In 2005, 5 PLHIV benefited from the services provided in this Centre. These services primarily include professional medical counseling on HIV, STIs, Hepatitis B & C, provision of medical products like anti-inflammatory drugs, non-prescriptive pain killers, anti-diarrheic drugs, vitamins, herb-tea, bandages, cotton, adhesive tape, thermometers, etc. Nutrition packages, hygiene products, and free condoms are also provided. A social worker engaged on this project provides social assistance and counseling to the clients. Volunteers provide other forms of palliative care and support: assistance in maintaining personal hygiene for immobile or unconscious patients, reading sessions, conversations and daily company for hospitalized patients etc.

3.4 Most at Risk Adolescent boys and girls (MARA) – Service Coverage

The findings from the qualitative assessment with Most at Risk Adolescent boys and girls that was conducted in summer 2005[58] **showed that most of MARA boys and girls do not or have not yet encountered the public health services. When they do so, it is mainly related to common health problems, for example, if they have influenza or a toothache. Additionally, the health system is sometimes used when they are in need of documents to justify school class absence.**

The interviews carried out with most at risk adolescents found that:

- A majority of the interviewed most at risk adolescents were not well informed about the health or social service institutions;
- A majority of informants within the groups of young drug users that were interviewed expressed a need to get redirected and referred to relevant services and organizations that provide treatment and counselling, testing of HIV and other blood transmitted diseases, as well as counselling and treatment related to their drug use;
- The MSM that were interviewed expressed concern towards the fact that they have limited channels and services that can provide them with correct information with regard to their health and social problems;

[56] Republic of Macedonia, Ministry of Health, Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006

[57] Republic of Macedonia, Ministry of Health : Fourth Quarter Bulletin: August 2005-October 2005 Building Coordinated National Response on HIV/AIDS; Grant nr: MKD-304-G01-H Skopje 2005.

[58] UNICEF: Final working draft report "Assessment of the Youth Friendly Services in R. Macedonia", 2005

- The Roma population, especially girls over 10 years of age need information and knowledge on sexual and reproductive health. Among those interviewed indicated that they start their sexual life during this period and even before, they need information to protect themselves.
- Adolescents engaging in HIV risk behaviour felt that existing public services are not appropriate for meeting their specific needs. The common perception is that the public health sector is in crisis and, as a consequence, the quality of services is low, with bad hygienic conditions, lack of equipment and medical supplies;
- In addition, some of the interviewed MARA boys and girls reported a non-friendly attitude from service provider's which they felt undermined a trusting relationship between providers and clients;
- MARA boys and girls indicated that generally services that are received from NGOs are of higher quality and more appropriate compared to the public sector services;
- The adolescents living in locations outside the urban settlements, Roma, have very limited access to basic health, education and social services in their immediate environment;
- Meaningful participation of adolescents and youth in the design, monitoring and evaluation of the services was not recognized as a need for improving the quality of service provision by service providers, except for the NGOs that have been strongly promoting peer education and youth participation in design and implementation of services targeting adolescents and young people at-risk of HIV.

While most of the interviewed MARA boys and girls had a poor knowledge of available services and found major difficulties when accessing services, they have an idea of how services could be improved for them. Basically, they would like:

- Services providers to be open, friendly and well informed about the issues they work with and the services they offer;
- Easier access to treatment and they suggest making local health institutions more open for them, even when they come without health insurance, as this would reduce their costs and save everybody's time;
- Access to programmes where they can obtain necessary basic education and training in different vocational skills that might help them find a job. That is a solution which was mentioned by many of the interviewed adolescents, especially Roma adolescents that sell sex and drug users.
- In relation to risk behaviours (unsafe sex and injecting drug use) some of the informants also suggested:
- Self-help groups, group therapy and counselling under the leadership of an expert with knowledge of injecting drug use problems and sexual and blood transmittable infections, but at the same time this person should be open for communication.

Major barriers in providing to and assessing essential services by MARA boys and girls:

- Many most at risk adolescents have not completed primary education and often have poor literacy skills. As a consequence, it is difficult to obtain health insurance, be registered as unemployed and enter the social security system.
- Stigma and discrimination, together with mistrust and fear of repression, especially when it comes to adolescent MSMs and adolescents that sell sex and/or inject drugs;
- **Both for adolescents that sell sex and for adolescent injecting drug users specifically there are legal and programmatic obstacles to involve them in harm reduction programmes like needle exchange and methadone treatment due to the fact that they are minors.**

IV Human Rights, Stigma and Discrimination

4.1 Human Rights, Stigma and Discrimination of PLHIV

HIV Epidemic Reflected in Media

Although there are few studies on public perception of **HIV, AIDS related stigma is still very strong and its character derives from association of HIV with particular groups (especially men who have sex with men, sex workers, injecting drug users and foreigners).** The association of HIV with people of foreign nationality correlates with the very strong perception of AIDS as an 'imported disease', originating from somewhere abroad.

Recent events following the AIDS-related death of the football player of Nigerian nationality professionally engaged in TFYR of Macedonia, especially the attitude of the media, very well illustrate the level of stigma and prejudice towards HIV and PLHIV, deeply rooted in the Macedonian society. While reporting on this case, media – with no exception – beside revealing his HIV status post mortem, without any authorization or approval (an illegal act by Macedonian Law), incorrectly reported the risks of transmission through casual contact, consistently expressed negative attitudes and supported punitive and coercive measures, like mandatory testing of suspected individuals, quarantine, and deportation of all PLHIV of foreign nationality.

Despite the development of increasingly effective therapies, AIDS will probably continue to be perceived as a 'fatal disease' by most of the Macedonian citizens, for the foreseeable future.

Discrimination of PLHIV within Healthcare Settings

Discrimination of PLHIV within healthcare settings is a problem and in many cases is manifested as a refusal of provision of medical services. Besides the fear among medical specialists for their own safety, existing prejudices and lack of self-protective medical materials (i.e. gloves, vacutainers, etc.) are obstacles for easy access and provisions of proper treatment in a professional and non-discriminatory manner. Often, health professionals from the Clinic for Infectious Diseases, who are directly involved in the provision of treatment to PLHIV, are forced to undertake the role of mediator between the PLHIV and other health care facilities, in order to fulfil the patient's needs for services (i.e. surgical, dental interventions etc.)

Several cases were reported where PLHIV lost their jobs due to their HIV positive status – these allegations were difficult to prove as employers state other (non HIV related) reasons for termination of employment as official ones. Also people are afraid to start legal prosecution because of fear of publicly revealing their HIV status.

4.2 Human Rights, Stigma and Discrimination of Drug Users

Despite the fact that all citizens in TFYR of Macedonia in accordance with the law have equal access to education, health and social protection, **drug users have been identified as having less access to essential services due to poverty, specific risk behaviours, lack of information about available services, stigma and discrimination and long administrative procedures for obtaining necessary documents.**

Healthcare workers' discriminatory practices toward people they know or suspect of being drug users severely compromise the health of drug users. **NGOs active in the field report that people working in healthcare have refused to treat drug users**. According to the data from the HOPS community based survey in 2002/2003, out of 241 professionals (158 healthcare workers, 53 employees from the Centers for Social Work and 30 police representatives), only 135 (56.02%) said that they were ready to help/assist drug users, 67 (27.80%) were partially ready to do it, 16 (6.64%) were sometimes ready, and 14 (5.81%) felt they were not ready or able to do it. Asked what were the reasons for not being ready/able to provide assistance to drug users, 118 (48.96%) responded that there should be special institutions for treatment of drug users, 20 (8.30%) said that they do not have the necessary

medical materials/equipment and 13 (5.39%) said that they lack knowledge and skills to do it. 81 (33.61%) did not answer the question.

There were also reported cases when confidential information about the health status of drug users had been disclosed, which led to further discrimination and abuse and has contributed to many drug users not seeking health care or drug treatment services and from starting self-medication.

An especially sensitive problem is medical interventions in case of over-dose. A complete mistrust in the prompt and efficient intervention of the Emergency Unit and fear of police sanctions for the ones that accompany the over-dosed person are expressed. This is why injecting drug users are often giving first aid and re-animation to each other in case of emergency. This may include injecting a solution of salt and water directly into the vein of the over-dosed person. Suggest to delete this last para here..the text is the same information as presented on page 27 under Over dose Prevention.

As regards the right to health care, in 2005 significant progress was made in terms of enlarging the capacities for treatment in daily outpatient clinics (decentralization of the methadone therapy programme).

According to the yearly report of the Helsinki Committee for Human Rights in TFYR of Macedonia, the trend of systematic violation of human rights of drug users continued in 2005. The Government did not adopt the announced single regulation on drugs, nor did it adopt the National Strategy and Action Plan.

There were no concrete steps undertaken as well for the protection of personal dignity of drug users. Anecdotal data sustain that in TFYR of Macedonia it has been reported that certain terms are continuously being used to stigmatize these persons (narkomans, junkies, toxic users), by governmental workers.

Although the Ministry of the Interior still talks about 'narkomania' as a socio-pathological occurrence, at least in their official press releases they do not use the term 'narkomania'. Moreover, the Ministry makes systematic efforts that all those who are suspected of possession or use of drugs (mostly for use of marijuana) be 'diagnosed' as 'drug addicts'. Unfortunately, the treatment of the Ministry of the Interior regarding drug users is not a treatment that should be applied to persons in need of medical care, but a treatment for serious criminals.

The results that the Ministry of the Interior presented to the public in 2005, lead to the conclusion that the action against drugs in the practice is more focused on the "persons enjoying narcotic drugs" and not on traffickers and producers. The statements of frightened drug users, deprived of freedom show that the police do not exercise due consideration regarding the measures for protection from torture and inhuman and degrading treatment when the police have grounds to suspect that drug related offence or crimes have been committed. Persons deprived of freedom (for possession, enjoying, enabling the use or illicit trafficking and trade) are not sufficiently informed about their rights. They may be requested to sign a statement that they give up their right to a defence lawyer, and the right to adequate medical treatment (a doctor of one's choice), which is not yet regulated on paper, and not practiced. There are indications that in some cases their sensitive health condition (conditions of abstinence crisis) and their social situation (potential or current victims of social exclusion) are used to extort confessions or to secure evidence in the procedure against the drug users themselves or against other persons.

In addition to the rights after deprivation of freedom, the police procedure mostly affects the following, as well:

- Dignity of the person (humiliating and offensive attitude, using offensive words like narkomans, junkies, druggies);
- The presumption of innocence (the police may treat the persons in contact with drugs as perpetrators of punishable acts, and not as persons who are innocent until proven guilty by a legally valid court verdict);

– The right to privacy (the police only provisionally protects this right in its reports to the public, and the searches of homes and persons without presenting a court order are almost the rule, and not the exception);
– The right to non-discrimination and equality before the law (discriminating attitude, and unequal treatment of drug users, compared to other petty offenders);
– The right to court protection from unlawful deprivation of freedom (lack of efficient mechanisms for court protection;
– The right to appeal and complaint (inefficiency of the internal control of the police, which in such cases, as a rule, ends its information with the phrase: the person enjoys drugs and has a long criminal record);
– The right to efficient court protection from torture and inhuman and degrading.

It is not evident that the National Ombudsman undertakes any special measures to protect the rights of drug users (as a sensitive group) against police procedure, which is an additional indicator of the required consideration given to this group of people with special health problems.

The Human Rights Support Project (HRSP) - In order to address the use of illegal physical and mental force by authorized Ministry of the Interior officials during their official duties, and to assist in the development of an effective mechanism for the protection of the human rights of alleged victims, The Human Rights Support Project (HRSP) has been initiated to focus on the phenomenon of *police misconduct or mistreatment*.

The project is financially supported by OSCE Spillover Mission in Skopje, and implemented by 5 NGOs covering the entire country, including NGO Choice in Strumica, one of the leading organizations in the field of drug use, harm reduction and HIV in Macedonia.

In the Strumica region, the largest number of cases reported by the NGO Choice relate to alleged excessive behaviour by representatives of the Sector for Illegal Trade (incl. Drugs) from the Strumica Sector for Internal Affairs. After filing complaints with the Sector at the Ministry of Interior (MoI) and the Ombudsman Office (i.e. after a procedure has been initiated) the five registered alleged victims in the Strumica region believe that the behaviour of the police towards them has changed in the positive sense, and that policemen show respect for the rights and freedoms of the alleged victims.

While the report recommends a number of measures to improve the work of the Sector for Internal Control and Professional Standards (SICPS), the internal control body within the Ministry of the Interior, the HRSP NGOs believe that the Macedonian government should actively consider establishing an independent, external body to review complaints. Such a body would be fully in accordance with the *European Convention for Human Rights* standards.[59]

As a respond to a growing need to protect human rights of drug users, NGO Passage (Organization for Protection of the Rights of People Who Use Drugs), NGO HOPS and NGO CHOISE provide legal counselling to drug users and their families. A brochure “Legal Guidelines for People Who Use Drugs” by NGO Passage is in the process of being produced and distributed.

There are numerous examples of how media contributes to increasing stigma and discrimination of drug users: by using stigmatizing terms, very often giving misconceptions about drugs and drug users, presenting them as criminals, and always trying to build sensational stories out of the news. At the beginig of 2006, municipality officials and local community of Kisela Voda made a lot of pressure through media, advocating for dislocation of the Center for Prevention and Treatment of Drug Abuse in Skopje from the more urbanized part of the city.

[59] Petar Jordanoski. Human Rights Support Project Report for the Period 2004 - 2005. Skopje: Coalition “All for Fair Trials” – Skopje, Roma Right, Forum ARKA – Kumanovo, Center for Democratic Development – Tetovo, CHOICE –Strumica, Center for Civic Initiative – Prilep, 2005. http://www.osce.org/publications/mms/2005/12/17548_497_en.pdf

V. Conclusions and Recommendations

5.1 Conclusions

Policy

National response to HIV in TFYR of Macedonia has undergone three phases of development. The first began in 1985 with the establishment of the first HIV Programme, two years prior to the first reported HIV infection. HIV was perceived as a health problem. Therefore, the pivotal role in undertaking HIV prevention efforts was given to the public health care sector, with the main focus on prevention within health care settings as well as small-scale prevention campaigns targeting general population.

The period from 1996 to 2001 was marked by the emergence of the NGO sector as an important partner in HIV prevention efforts, especially through introduction of community based prevention interventions among at-risk populations, based on harm reduction principles. Although innovative, these activities were dependent on international funding, and only short-term implementation could be assured. In order to promote the multi-sectoral strategic approach towards HIV and to improve coordination between government, international organizations and the NGO sector; United Nations Technical Working Group (UNTWG) was established in 1999.

The third phase (2001-2006) is marked by a higher political commitment and building of a more coordinated national response to HIV. The National Multi-sectoral HIV/AIDS Commission (NMC) is the main promoter of the strategic multi-sectoral approach, which is fully incorporated in the Macedonian HIV/AIDS National Strategy 2003–2006.

Prevention of HIV among populations most likely to be exposed to HIV (IDUs, MSM, SW, Roma & inmates) is one of the defined priorities in the National HIV/AIDS Strategy. Significant scale-up of the existing services and introduction of new programmes and approaches through active collaboration between public and non-governmental sector have been achieved within the framework of the GFATM project. Over 50% of the GFATM granted funds are allocated to NGOs as sub-recipients and over 60% of the funds are to be used for activities targeting at-risk groups.

Unlike the situation with HIV, response to increasing drug use has drawn less political will and commitment. Even though drug use has always been high on the political agenda of each government in TFYR of Macedonia, nine years after adopting the "National Programme for the Suppression of Drug Abuse and Trafficking", the government is still lacking a political framework to deal with existing drug related problems.

In 2005, two processes were initiated for the development of the National Drug Control Strategy and an Action Plan (2006 – 2010), one on the level of the Inter-Ministerial Commission for Combating Illicit Production, Trade and Abuse of Drugs and the other within the Ministry of Health. Both processes have considered harm reduction as an integral part of the drug demand reduction policy and have acknowledged the importance of civil society involvement, although the commitment to actively involve NGOs as well as communities most affected in the decision making processes, have been more reflected in the process led by the Ministry of Health. Developing mechanisms and defining management processes that will allow constant consultative status of the civil sector in the field of drugs and drug use is seen as a priority for strengthening coordination and networking on the national level.

The Government has already started with its efforts to adopt a unified law on prevention and abuse, production and trafficking of drugs, psychotropic substances and precursors. The necessity for urgent adoption of such a law can also be seen through the fact that in practice, the legal decisions that are applied are long out of date and in conflict with the existing harm reduction and HIV policies.

Regular violation of human rights can play an important role in limiting access to HIV prevention and harm reduction services. There is concern that the human rights of drug users, PLHIV and other at-risk populations are being breached, reportedly by the police, mass media and public health care providers in some cases. Therefore, while continuation of the advocacy efforts in working with media to reduce

stigma and discrimination is needed, guaranteeing human rights of at-risk populations (PLHIV, drug users, sex workers, MSM etc.) has to be addressed as an important element of the overall HV response in the country.

Research, Monitoring and Evaluation

Although there are efforts to improve the existing HIV surveillance system, there is still an insufficient capacity of relevant institutions in terms of knowledge and skills to address issues related to at-risk behaviour as well as lack of coordination among institutions with mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations.

There are serious concerns and suggestions that the decreasing trend of reported STI cases noted in the official data might not represent the real situation since this may be due to underreporting rather than to a decrease in incidence. Ensuring confidentiality still seems to be an important issue to be addressed.

There is a lack of a National Drug Register to unify all data related to the number of treated persons, number of cases of overdosing, number of deaths caused by drug abuse, number of drug related criminal acts, etc. As a result, the available official health statistical data as well as data on prevalence of health compromising behaviours does exist. It is fragmented, not categorized by age, sex, ethnic groups, location and other key socio economic patterns and not always recognized by the official health surveillance system.

The emergence of HIV infection and the public health imperative to reduce HIV infection associated with drug use emphasized the need for research methods capable of understanding the social context and meaning of risk behaviours among 'hard-to-reach' populations. Qualitative methods which are particularly valuable in the development of community-based prevention and health interventions have been rarely used in the existing studies on HIV, drug use and at-risk populations in country.

Interventions and Services

Although the scale of HIV prevention interventions has been gradually increasing over time, it is very difficult to estimate the actual coverage of at-risk populations (IDUs, SW and MSM) due to lack of reliable data on the size of at-risk groups, in particular those under 18 years old.

Preventive interventions targeting youth and at-risk populations are mainly provided by the NGO sector. With some exceptions (i.e. peer education) these activities are concentrated mainly in the capital, Skopje. Despite all the efforts of existing HIV prevention interventions and services, there is lack of focus on Most at Risk Adolescents (adolescent boys and girls who inject drugs or sell sex, and adolescent boys who have sex with other males and almost no interventions for adolescent boys and girls within closed institutions (juvenile delinquents). The same goes for the harm reduction interventions in prisons. More advocacy efforts are needed for a creating supportive environment that will enable provision of preventive materials (injecting drug paraphernalia) along with planned education and information messages for inmates.

Both for adolescent girls and boys who sell sex and inject drugs specifically, there are legal and programmatic obstacles to involve them in harm reduction programmes like needle exchange and methadone treatment due to the fact that they are minors and because of the existing legislation related to drug use and sex work.

(There is a conflicting legislation in relation to needle exchange programmes since, according to the Article 216 of the Criminal Code, giving sterile injecting equipment to IDUs can be interpreted as enabling drug use. In the case of giving sterile injecting equipment to minors, penal sanctions can be up to 10 years in prison; according to the existing legislation drug use, drug possession and individual sex work are considered as offences, and conviction related to drug use and drug possession also include imprisonment.)

In TFYR of Macedonia there is no comprehensive system for treatment and social rehabilitation of drug addicts. The treatment of drug dependency has been extremely centralized, limited and characterized by psychiatric treatment orientation. The majority of drug dependent people are treated in one centre in Skopje (Centre for Prevention and Treatment of Drug Abuse in Kisela Voda), within the Psychiatric Hospital Skopje. According to the available data, the existing capacity for treatment is approximately 10 times lower than the total number of estimated people dependent on heroin.

In 2005, significant progress was made in terms of enlarging the capacities for treatment in daily outpatient clinics in other cities in TFYR of Macedonia with the support of the GFATM (decentralization of the drug treatment programme). However, there is an urgent need to scale up drug treatment services, including substitution therapy, which will adequately respond to the growing demand for treatment, including the prison settings, accompanied by services for rehabilitation and social reintegration.

Building capacity of professionals working in the health and social sector as well as improvement of the existing health and social system is required.

Despite the improvement in the provisions of VCT, noted during the past several years, at-risk populations still have limited access to the existing VCT services due to the fact that VCCT sites are mainly located within health care facilities. Doubts concerning confidentiality still exist, especially in the smaller towns and communities.

There is a sufficient level of commitment and capacity, as well as good links and collaboration between public health sector and NGOs with regards to provision of treatment and support for PLHIV. ARV treatment and treatment of opportunistic infections is provided free of charge to all PLHIV who need it. Currently, external funding sources are used for provision of ARV treatment (GFATM). Treatment, care & support services are concentrated in the capital Skopje and in one institution – Clinic for Infectious Diseases, which is a problem for PLHIV residing in other cities.

Sustainability

Although Macedonian Government has shown significant commitment on HIV, its financial contribution for the HIV and AIDS Strategy is still low and focused on the support of interventions within the public health sector. With the current economic conditions and political priorities of the country (incl. reforms in the public health sector) it will be very difficult to match the funds now provided through the GFATM. Long term sustainability for these activities is uncertain or yet to be achieved. Partial answer to this question should be offered by the National Drug Control Strategy and Action Plan (2006-2010) accompanied by adequate funding, especially in support of harm reduction and HIV interventions among at-risk populations.

5.2 Recommendations for:

Policy-Makers

- Continuing and further strengthening support for building a coordinated response to HIV on the national and local/municipality level;
- Developing and adopting National Drug Control Strategy (2006-2010) which will incorporate principles of harm reduction policy and protection of human rights of drug users, closely interlinked with the National HIV/AIDS strategy;
- Developing and adopting National Drug Control Action Plan (2006-2010) with clear division of responsibilities, timeframe, indicators, as well as adequate budget;
- Developing and adopting new legislation – separate Law on Drugs (Opium Code) based on principles of protection of human rights balancing ''drug demand reduction'' and ''drug supply reduction'' approach. The new legislation should be sensitive towards different quantities of drugs by introducing the concept of 'possession of drugs for personal use' as

well as differentiating various types of drugs (according to the classification based on drug related harms);

- To develop a supportive policy environment that fosters adolescent and youth positive health outcomes;
- Government including local self-government should ensure allocation of adequate national funds that will ensure sustainability of existing intervention and services related to HIV and harm reduction;
- Establishing mechanisms that will enable greater involvement of civil society in decision-making processes related to HIV and drug use;
- Establishing mechanisms in cooperation with human rights groups and civil society which will enable independent monitoring and protection of human rights of at-risk populations;

Governmental institutions

- Improving coordination and collaboration of governmental and NGOs providing various services for at-risk populations;
- Improving coordination among institutions with the mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations.
- Improving access to public health and social services with special focus on prevention, treatment and care of STIs and HIV for at-risk populations, with special focus on MARA boys and girls;
- Ensuring confidentiality in provision of HIV and STI testing and treatment services;
- Creating supportive environment for provision of HIV prevention and harm reduction interventions in prisons;
- Scaling up and decentralizing drug treatment services which will adequately respond to the demand of treatment;
- Increasing capacity of professionals from the health care and social sector in provision of services for at-risk populations, with special focus on MARA boys and girls;
- Increasing knowledge on issues related to HIV, harm reduction, human rights and at-risk populations for police representatives and other law-enforcement entities;
- Actively involving at-risk population in the design, implementation and evaluation of services and interventions targeting at-risk populations;

NGOs

- Advocating for a more supportive environment for implementation of HIV and harm reduction services for at-risk populations, with special focus on MARA boys and girls;
- Advocating for scaling up of HIV prevention, treatment, care and support services for at-risk populations (IDUs, SW, MSM, inmates), with special focus on MARA boys and girls;
- Continue providing HIV prevention, care and support services for at-risk populations with special focus on MARA boys and girls;
- Continue providing harm reduction services for at-risk populations (including prison settings) with special focus on MARA boys and girls;
- Advocating for scaling up drug treatment services, with special focus on prison settings;
- Lobbying and advocating for long term sustainability of HIV and harm reduction interventions and services;
- Lobbying and advocating for active involvement of NGOs and affected communities in decision making processes, as well as implementation and evaluation of services for male and female at-risk populations;
- Capacity-building of NGOs and affected communities to protect the rights of male and female at-risk populations;
- Promoting dignity and human rights of male and female at-risk populations in constant threat of discrimination, social exclusion, stigmatization;

Donors

- Improving donor coordination and communication in line with the national strategies and priorities based on the needs of male and female at-risk populations;
- Addressing funding gaps and priorities within the HIV and harm reduction strategies and interventions;
- Supporting collaborative and networking efforts to strengthen civil society at national and regional level;

Researchers

- Improving the existing HIV and STIs surveillance system;
- Capacity-building of institutions with the mandate for surveillance, monitoring and evaluation, and among research institutions, service providers, NGOs and community-based organizations working with at-risk populations, in using qualitative methodologies in researches on HIV, drug use and at-risk populations.

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VI. REFERENCES

Publications and web sites:

United Nation Development Programme - FYR Macedonia
http://www.undp.org.mk/default.asp?where=weblinkst&link=91

UNDP. Fact Sheet on Macedonia
www.un.org.mk/MDG/MacedoniaMDG/hiv/Fact sheet Macedonia .pdf

Government of Republic of Macedonia - Report of the Republic of Macedonia on Millennium Development Goals. 2005.

Republic of Macedonia Ministry of Health, Republic Institute for Health Protection - UNGASS Report January 2003-December 2005. Skopje 2006.

Macedonia Country Coordinating Mechanism - Proposal to the Global Fund to Fight AIDS, TB, and Malaria, Round 3: Building a Coordinated National Response to Tuberculosis and HIV/AIDS in Macedonia. Skopje 2003

International Planned Federation (IPPF) European Network – Youth and Adolescent Regional Initiative. Youth, sexual health and HIV/AIDS in the Balkans: Prevention-Protection-Provision, March, 2004.
http://www.forumi.org/common/docs/aids_project_en.pdf#search='Youth%2C%20Sexual%20Health%20and%20HIV%2FAIDS%20in%20the%20Balkans'

Toseva Marija, Dokuzovski Branko. Open Scene in Skopje. Skopje: Healthy Options Project Skopje, 2005 (in Macedonian only).

Rebecca Surtees. Second Annual Report on Victims of Trafficking in South-Eastern Europe. International Organization for Migration, 2005.
http://www.iom.int//DOCUMENTS/PUBLICATION/EN/Second_Annual_RCP_Report.pdf

Marija Tosheva. Assessment of Knowledge and Attitude of the High School Population about the Phenomenon of Hidden Prostitution and Trafficking in Human Beings. Skopje: HOPS, 2004.

UNICEF. Final working draft report "Assessment of the Youth Friendly Services in R. Macedonia", 2005

Official Gazette of the Republic of Macedonia, No. 35/96

Answers to the Questionnaire for the preparation of the European Commission's Opinion on the application of the Republic of Macedonia for membership of the European Union, Chapter 24: Justice and home affairs, 2004.

Zarko Trajanoski. Final working draft report "Analysis of Drug Policy in R. Macedonia". NGO Trust, NGO HOPS and the Macedonian Harm Reduction Network, 2005/2006.

Silvana Onceva. Attitude and Behaviour of Youngsters towards Illicit Drugs and Guidelines for Primary Prevention of Drug Abuse in the Republic of Macedonia, 2003.

Vesna Velik Stefanovska, Jaroslav Karadjinski, Vladimir Mikik, Vladanka Andreeva, Vanja Dimitrievski, Sanja Ivanovska. Rapid Assessment and Response to Risk-Prone Sexual Behaviour and Use of Psychoactive Substances in Highly Vulnerable Groups of Young Persons Aged 10 to 24 in the Republic of Macedonia. UNICEF, 2002.
http://www.cpha.ca/english/intprog/hiv_prev/rarmaced.pdf#search='RAR%20%20Macedonia'

Elena Cvetivnovska. Psychoactive substance use among medical students in Macedonia, 2005.

Vanja Dimitrievski, Nora Stojanovik, Desanka Timkovska. Assessment of HIV/AIDS Related Risk Behaviour of Drug Users in R. Macedonia. HOPS, 2003.

Joanna Godinho, Nedim Jaganjac, Dorothee Eckertz, Thomas Novotny, Lisa Grabus. HIV/AIDS in the Western Balkans: Priorities for Early Prevention in a High-Risk Environment. The International Bank for Reconstruction and Development/the World Bank 2005.

Biljana Panova – Legal opinion with regards to HIV/AIDS in Republic of Macedonia, HERA.

Official Gazette of RM 35/96.

Official Gazette of the RM no. 35/96.

Republic of Macedonia, Ministry of Health: Fourth Quarter Bulletin: August 2005-October 2005 Building Coordinated National Response on HIV/AIDS; Grant nr: MKD-304-G01-H Skopje 2005.

Grund, Jean-Paul G, et al. A Heroin Epidemic in Macedonia. A report to the Open Society Institute New York and the Open Society Institute Macedonia; 1995.

Source: Institute of Forensic Medicine Skopje

Liljana Ignjatova. Risk Factors that Influence the Effectiveness of the Methadone Maintenance Treatment, 2006.

Department for Social Medicine. Information about the Situation of Drug Addiction and Alcoholism in the Period 1999 – 2003 in R. Macedonia. Republic Institute for Health Protection.

Helsinki Committee For Human Rights of the Republic of Macedonia. Report of the Helsinki Committee For Human Rights of the Republic of Macedonia on the human rights situation in 2005 - ANNUAL REPORT, 2005.
http://www.mhc.org.mk/eng/a_izveshtai/a_2005gi.htm

Petar Jordanoski. Human Rights Support Project Report for the Period 2004 - 2005. Skopje: Coalition "All for Fair Trials" – Skopje, Roma Right, Forum ARKA – Kumanovo, Center for Democratic Development – Tetovo, CHOICE –Strumica, Center for Civic Initiative – Prilep, 2005.
http://www.osce.org/publications/mms/2005/12/17548_497_en.pdf

Sources:

Department for Epidemiology and Microbiology at the Republic Institute for Health Protection.

WHO Country Office, Skopje.

Public Health Institute.

Institute for mother and child health care (data only from public health care services).

Healthy Options Project Skopje.

Ministry of the Interior, R. Macedonia.

Center for Prevention and Treatment of Drug Abuse in Kisela Voda

Name, Position	Organization	Contacts	E-mail
Prim. Dr. Zarko KARADZOVSKI, Epidemiologist Head of the Department for Epidemiology and Microbiology	Republic Institute for Health Protection	50 Divizija Str. No. 6 1000 Skopje, Macedonia Tel: +389 2 3 125 044; Fax: +389 2 3 223 354	zkaradzovski@sonet.com.mk
Dr. Sandra KUZMANOVSKA Head of the Unit for Implementation of GFATM Funded Programme	Ministry of Health	50 Divizija 6, 1000, Skopje, Macedonia Tel:+389 2 3121 146; +389 2 3112 500/ext.217 Fax: +389 2 3121 146	gfpr_mk@yahoo.com
Dr. Vladanka ANDREEVA UNAIDS Focal point	UNAIDS-Macedonia	Dimitrie Cupovski 8, 1000 Skopje, Macedonia Tel: + 389 2 3116 335; Fax: + 389 2 3118261	vladanka.andreeva@undp.org
Mr. Zoran JORDANOV, Executive Director	NGO "EGAL"	Mito Hadzivasilev Jasmin nr. 48b 5/1, 1000 Skopje, Macedonia; Tel: + 389 2 3227 959	zjordanovmk@yahoo.com
Ms Katerina MIOVSKA, President & Peer Education, Coordinator	NGO H.E.R.A.	Dimitrija Cupovski 4/1-14, 1000 Skopje, Macedonia Tel/fax: +389 2 3290 395	katerina.miovska@hera.org.mk
Mr. Bojan JOVANOVSKI, Coordinator	NGO H.E.R.A.	Dimitrija Cupovski 4/1-14, 1000 Skopje, Macedonia Tel/fax: +389 2 3290 395	bojan.jovanovski@hera.org.mk
Dr. Stefan Stojanovic, Coordinator	NGO H.E.R.A.	Dimitrija Cupovski 4/1-14, 1000 Skopje, Macedonia Tel/fax: +389 2 3290 395	stefan.stojanovic@hera.org.mk
Mr. Vlatko DEKOV, Executive Director	NGO Healthy Options Project Skopje (HOPS)	Kapan An nr. 3, 1000 Skopje Macedonia Tel/fax: 389 2 3130 038	vlatkod@hops.org.mk
Ms. Marija TOSEVA, Director of the Programme for Support of SW and VoT	NGO Healthy Options Project Skopje (HOPS)	Kapan An nr. 3, 1000 Skopje Macedonia Tel/fax: 389 2 3130 038	marijat@hops.org.mk
Mr. Vanja DIMITRIEVSKI, Coordinator, Working Group on Research, Monitoring & Evaluation; Info - manager	Macedonian Harm Reduction Network (MHRN)	Kapan An nr. 3, 1000 Skopje, Macedonia Tel/fax: 389 2 3130 038	vanja.dimitrievski@gmail.com
Mr. Zarir SIMRIN, Executive Director	NGO "PASSAGE" Association for Protection of Drug Users Rights	Kapan An nr. 3, 1000 Skopje, Macedonia Tel/fax: 389 2 3130 038	zarsim2001@yahoo.com
Ass. Dr. Milena STEFANOVIC, Infectologist National Coordinator for VCCT	Clinic for Infectious Diseases and Febrile States	Ul.Vodnjanska 17 1000 Skopje R. Macedonia	
Ms. Marianne OHLERS and **Mr. Igor Veljkovic** HIV/AIDS Project Officers	UNICEF Skopje	Ul. Mitropolit Teodosij Gologanov br. 42a,1000 Skopje Tel: + (389) 2 323 11 50; Fax: + (389) 2 323 11 51	moehlers@mac.com
Ms. Suzana VELKOVSKA Head of the Unit for Social Inclusion	Ministry of Labour and Social Policy	Dame Gruev 14, 1000 Skopje, Macedonia Tel: 389 2 3106 288	suzanavelkovska@mtsp.gov.mk suvell2001@yahoo.com
Ass Dr. Liljana IGNJATOVA, Neuro-psychiatrist, Head of the Center for Prevention and Treatment of Drug Addiction	Psychiatric Hospital Skopje	Marko Oreskovic br.70, 1000 Skopje, Macedonia Tel: 389 2 2782 269; 2781 626	lilei@sonet.com.mk
Mr. Koco ANDONOVSKI, President	NGO Macedonian Association for Free Sexual Orientation (MASSO)	Dame Gruev 5/7-2, 1000 Skopje, Macedonia Tel/fax: 389 3 3211 126	kocco@masso.org.mk
Ms. Keti TODOROVA, President	NGO "Doverba" – NGO "TRUST"	Ilindenska br. 94, 1000 Skopje, Makedonija Tel/fax: 389 2 3067 713	doverba@yahoo.com
Ms. Arta KULI National Professional Officer - Public Health	WHO Country Office, Skopje	Mirka Ginova 17, 1000 Skopje, Macedonia Tel: ++389 2 30 64 299; 30 64 599; 30 62 879;	aku@who.org.mk
Mr. Alen NANOV, Coordinator	NGO "CHOICE"	Atanas Nivicanski 6, 2400 Strumica Tel: 389 34 349 410; Fax: 389 34 326 927	izbor@sonet.com.mk

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