

North Macedonia

Country statistics

The population of the country was estimated at 2,077,132 in 2018²⁹.

There have been a cumulative number of 404 HIV diagnosis in North Macedonia between 1987 and 2018; estimated number of PLHIV in 2017: 402³⁰.

HBV prevalence in the country in 2018: 88 new cases (incidence 4.1/100,000), 22.2% more than in 2017.

HCV prevalence in the country in 2018: 35 new cases (incidence 1.7/100,000), 20.7% more than in 2017.

TB prevalence in the country: prevalence 11.4 on 100,000 citizens, with 217 new cases in 2018.

The estimated number of drug users was 6500³¹, 8.9% of the citizens aged 15-64 had experience with using drugs³².

There is no data available of prevalence of mental health issues in the general population.

The prevalence of STIs in 2018: 271 new cases (incidence 13.1/100,000)³³.

Access in the general population

The general population has access to condoms and lubricants. OST and Naloxone are also available in the country. The population also has access to vaccination for HAV and HBV.

When it comes to treatment options for the general population, HBV treatment is outdated with only lamivudine being available under national health insurance. HCV treatment is limited with DAAs not being made regularly available to patients – medicines are neither included in the positive list, nor is there a special treatment program (as is the case with HIV and TB treatments, which are provided through the national HIV and TB programs respectively of the Ministry of Health).

DAAs have been provided in a couple of ad-hoc situations, based on donation or small extraordinary state procurement. However, HIV patients co-infected with HCV (very few such cases) were offered treatment in 2017 as a matter of priority.

Definition of closed setting – closed settings relevant in the national context

There is no nationally used definition of closed settings in North Macedonia.

The types of settings covered in this report are prisons; pre-trial detention; centres for refugees and migrants; and closed units of psychiatric clinics. There is one juvenile prison and public institution for care of children with educational and social problems and disturbed behaviour in Skopje.

Difference of prevalence in closed settings vs general population

There is significant difference in HIV prevalence in the general population and people in closed settings. Although people convicted to prison sentence are identified as key population in the National Program for protection of the population from HIV/AIDS, the number of PLHIV in prison (the ones with diagnosed HIV) is very low (only 2 cases)³⁴.

A very significant difference between prevalence in the general population and people in closed settings worth mentioning is the prevalence of viral hepatitis. This is due to the fact that people who inject drugs very often have HBV and/or HCV and at the same time, due to the criminalization of possession of drugs for personal use, a lot of people who inject drugs are serving prison sentences.

In the prisons, pre-trial detention and police custody there is no access to clean needles and syringes. All of this contributes to the significant difference in prevalence.

Funding for prevention and health interventions in closed settings

The financing of the healthcare of the people in prison, pre-trial detention and police custody and underage young people sent to disciplinary measure in an educational-correctional institution, is provided by the Budget of the Republic of North Macedonia.

According to the Law on Healthcare and Law on Health Insurance, people in these closed settings are granted with health insurance organized by the Fund for Health Insurance and their healthcare is provided by the Budget of the Republic of North Macedonia. According to the Law on Health

Insurance, the Directorate for execution of sanctions, which is a body of the Ministry of Justice is responsible for the calculation and payment of the contributions for health insurance for people in these closed settings.

According to the Macedonian legislation, a person with status of accepted refugee or person under subsidiary protection will be ensured with the mandatory state health insurance and therefore granted state-funded healthcare, but will be individually responsible for payment of the contributions for mandatory health insurance.

However, the Commission for human rights and freedoms of the Parliament of the country in a recent report on the state of human rights and freedoms in the penal-correctional institutions in the country stated that almost every penal-correctional institution is in great debts. This leads to the omission of payment of contribution for the health insurance of people in these settings. In the public debate regarding the report, the penal-correctional institutions recognized this fact and asked the Government to extend their budgets, because otherwise they would not be able to fulfil their obligations in near future.

Prison statistics

There are 2,200 people annually on average (according to the Ministry of Internal Affairs of N. Macedonia) detained in prisons in North Macedonia. The number in 2017 was 2,845.

On a stratified sample of 200, there were no cases of HIV in prisons.³⁵ Currently there are 2 PLHIV who are in prisons in the country.³⁶

There is no data on the prevalence (or estimated prevalence) for HBV.

On stratified sample of 200, there were 51 cases of HCV positive imprisoned people or prevalence of 25.5% of the stratified sample³⁷

There is no data on prevalence (or estimate prevalence) for TB; there were 4 registered cases in 2019³⁸

There is no data on the prevalence of mental illnesses or suicide rates in prisons.

Regarding the prevalence of STIs, there is data available on syphilis: 1/200, or prevalence of 0.5% (in the beginning of 2018).

Access and policies vs practice in prisons

The situation differs greatly from one prison institution to another. There are eleven prison institutions in the country and the practices among them are very different. On one hand, they all report to have privacy policies and trained prison officials, but the Helsinki Committee of Human Rights in Skopje reported that in some institutions policies do not even exist and in some, they exist, but are not implemented.

From the answers of the prison officials to the requests for information of public interest (i.e. freedom of information applications) by Stronger Together, they expect support from the civil sector for HIV testing, and in four out of eleven institutions such support was available, for VCT for HIV, as well as educational sessions on HIV. A great barrier is confidentiality. Having in mind the stigma around HIV, it is a barrier for people to even ask for an HIV test, which will make them suspicious and in risk of stigmatization.

The prison institutions report that the convicted people can ask for testing in any

time during their stay in the institution and that the service is immediately made available to them.

Still the issues and barriers described in the previous section are identical for this situation as well.

In prisons there is access to condoms and OST, vaccinations against viral hepatitis are also accessible.

The treatment is theoretically available to all, but some irregularities occur from time to time, which show that people in need are in risk of not getting the treatment they need.

First issue here is the risk to lose the mandatory health insurance without which getting the treatment is problematic because of financial burden on the person. People in prisons are a group at risk because they are almost without financial means during their stay in prison. The obligation for calculation and payment of the contributions for health insurance for the people in prison is with the Directorate for execution of sanctions. Unfortunately, the latest findings of the Parliamentary Commission on the state with human rights in prisons³⁹ in the Republic of North Macedonia shows that the prisons have great financial losses and due to that fact they cannot pay the contributions for the health insurance for the convicted people.

Other issues in prisons

In two institutions where PLHIV are detained at the moment, they are detained together with others. Other nine institutions, when asked, answered they do not have PLHIV in their facilities, but if they would, they would have detained them together with others.

Unfortunately, the prison institution from Struga, answered that if they had detained

people living with HIV, with viral hepatitis or TB, they would have detained them separately from the other people in the institution, which is a grave and worrying fact.

In all eleven prisons in the country, hepatitis patients are detained together with others, except in prison Struga, which reported that they did not have this type of patients for a long time, but if they had, they would have detained them separately.

In all eleven prisons, TB patients are detained together with others, after the contagious phase passes, except in prison Struga, which reported that they did not have this type of patients for a long time, but they would detain them separately.

PLHIV are transported to their medical check-ups (at the University Clinic for Infectious Diseases and Febrile Conditions in Skopje), people with viral hepatitis or TB are also transported to specialists for their medical check-ups.

From the visits of the Helsinki Committee in Skopje, there was no record of non-binary and trans individuals who are detained in prisons. The present legislative framework does not provide appropriate treatment of trans people, including access to hormonal therapy.

HIV-specific trainings are generally available, but not taken up regularly by prison staff and it mainly depends on the will of the prison institutions.

The data gathered through requests for access to information of public character sent to all eleven prisons in the country, it could be concluded that in nine out of eleven prisons, there is a confidentiality policy, which is followed. However, the findings of the Helsinki Committee, who had their members to research on field, conclude that

a few prison institutions actually have confidentiality policies and the ones that have one do not follow the policies properly.

Services specially tailored for PLHIV are not available in the prisons. Some prisons report that have employed a psychologist within the institution, but the psychological support specifically tailored for the needs of PLHIV is only available at the Clinic for Infectious and Febrile Conditions and only during the time when patients are taken from the prison to the Clinic for a medical check-up.

In 2018, HERA – Health Education and Research Association Skopje visited 4 prisons and conducted 83 voluntary HIV-tests, including related counselling, among the people in the prisons. Beside this, condoms, lubricants, and educational materials were also provided.

So far, in 2019, the NGOs succeeded to cover only two prisons, the prison in Veles, where the HIV testing was conducted by HERA Skopje with the support of the Red Cross of North Macedonia and in Struga, where the testing was conducted by HERA Skopje with support of the NGO “Option” Ohrid.

The HIV testing is organized through the Program for the protection of the population against HIV infection (National HIV Program), which is funded as part of the budget of the Ministry of Health. HIV testing is delivered by 13 NGOs that participate as implementers of the National HIV Program. With the new Program for 2019, the funds budgeted for convicted people for educational sessions on HIV and HIV testing and counselling, were increased from 2,000€ to 3,000€.

Pre-trial detention statistics

In North Macedonia, the conditions in pre-trial detention do not differ from the ones in police custody. According to a reportage⁴⁰ of the Media Informative Agency in 2018, bad hygiene, substandard conditions, minimum medical care, are just part of the inhumane treatment of the people in pre-trial detention. Some of the detainees stated that it is better to be in prison than in pre-trial detention.

The circumstances with people in these conditions who are at the same time HIV, hepatitis, or TB patients are even worse. There is no data available on the size of population or prevalence.

Access and policies vs practice in pre-trial detention

The issues and barriers are the same as the one existing in the prisons. The conditions are just worse.

Other issues in pre-trial detention

The conditions of detention for PLHIV, hepatitis, and TB patients in pre-trial detention do not differ from the ones in prisons.

Centres for refugees and migrants statistics

There is no official number for the size of the population of people in centres for refugees and migrants.

In the period from June 2015 until March 2016, the police registered and issued a certificate for filing a request for asylum to 477.856 people⁴¹, but international organizations estimate the number of

refugees who passed the Balkan route up to 1 million.⁴²

There is no prevalence (or estimate prevalence) data available.

Access and policies vs practice in centres for refugees and migrants

There is opt in basis for testing upon arrival and during stay in centres for refugees and migrants and there is no testing policy upon release. Condoms are generally available at these centres and there is treatment available for HIV, viral hepatitis and TB.

Other issues in centres for refugees and migrants

There is no reported PLHIV (migrant/refugee) in the Clinic of infectious Diseases and Febrile Conditions in R.N. Macedonia, similar to people with viral hepatitis or TB.

According to legislation and by law, the PLHIV or people with viral hepatitis or TB (refugees and migrants) would have the right to treatment and care equally as if they were citizens of the country and free of charge. If there was a case, the patient would be transported to the Clinic, but there was no HIV case recorded.

Young people

There are three types of institutions, which can be considered as closed settings in the country, which are part of the penal system for underage youth. According to the law, young people are detained separately from adults until they reach 23 years of age.

Public institution for children's care with disciplinary-social problems and disturbed

behaviour, in Skopje is an institution with two facilities. In the first facility, children with disciplinary-social problems aged 7 to 18 years or until the moment of finishing high school, are taken care of. The children stay not longer than 3 years continuously in the facility. Passer-by children also stay in this facility, but no longer than 7 days. This facility also accommodates underage children who have received the measure “sending to centre for underage children” enacted by a court.

In the second facility of this institution, underage offenders are sent to stay. In both facilities, the institution is obliged to take care, educate, observe, diagnose, define corrective treatments for work, regularly communicate with the courts etc. In the facility, formal basic education for children from 10 to 18 years is organized. High school education is organized in appropriate educational institutions.

Educational-correctional institution for underage youth (at the moment functioning within the prison in the town of Ohrid) is an institution where young male people aged 14 – 23 are sent after being sentenced to the sanction referred to as “sending to educational-correctional institution” by a court. In 2016, the Ombudsman issued a report⁴³ on children’s rights for the children staying in this institution and published the following conclusions. The children in the institution do not have access to regular

health care, instead of that a doctor is occasionally called from the city to come when they are available. There are no psychologists and pedagogues who would work with the children; although it is a legal obligation, the institution does not provide basic formal education for the children. The Ombudsman noted that the children have access to condoms, but the Ombudsman expresses concerns because it is suspected that sexual abuse is present among peers in the institution. In addition, no formal education regarding infectious diseases (including HIV and others) is available.

The Prison for underage youth in the town of Ohrid is an institution that accommodates young people (both male and female, but detained separately) aged 14 – 23, who are sentenced to sanction: “sending to prison for underage youth” by court.

The Ombudsman reported that there are a lot of complaints from the young people detained in the prison to the Ombudsman, mainly of the conditions of living which are sub-standard, but also about abuse from the prison officials.

As for the young migrants and refugees, they are kept together with adults in the refugee centers. There are some educational programs for the minors offered by NGOs, but not systematically and on very short term.