The former Yugoslav Republic of Macedonia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
The data was consulted in two consecutive meetings: on 21/03/2012 for civil society and international/bilateral organizations and on 22/03/2012 for Government representataives. The data was collected through discussions and the scoring procedure was based on consensus, while all individual comments, explanations and suggestions have been integrated in the comments and explanations section.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
The procedure was based on reaching consensus. Should there were any disagreements, there was a process of voting to reach a final decision.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
Very few representatives were present at both of the consultation processes, due to other competing duties. The basic problem was the non-existance of National M&E body to take active lead in this process. This might affect the level of detailed feedback as well as the coverage of subjects.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr. Aleksandar Arnikov	Yes	Yes	Yes	Yes	Yes	Yes
Psychiatric Hospital Skopje	Dr. Liljana Ignjatova	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Ms. Elisaveta Sekulovska	Yes	Yes	Yes	Yes	Yes	Yes
Clinic for infectious diseases and febrile conditions	Dr. Milena Stevanovik	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
NGO HOPS-Skopje	Ms. Voskre Naumovska	Yes	Yes	Yes	Yes	Yes
Ludwig Boltzman Institute-Skopje	Mr. Ninoslav Mladenovik	Yes	Yes	Yes	Yes	Yes
NGO HERA-Skopje	Ms. Elizabeta Bozinoska	Yes	Yes	Yes	Yes	Yes
NGO HERA-Skopje	Mr. Milos Stojanovik	Yes	Yes	Yes	Yes	Yes
Community group "Stronger together"	Mr. Andrej Senih	Yes	Yes	Yes	Yes	Yes
UNFPA	Mrs. Jovanka Grigorijevic Brajovic	Yes	Yes	Yes	Yes	Yes
UN Thematic Group on HIV/AIDS	Dr. Stefan Stojanovik	Yes	Yes	Yes	Yes	Yes
CCM Secretariat	Ms. Ana Filipovska	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2007-2011
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The National Strategy 2003-2006 was the initial national HIV/AIDS strategy. It had a basic situation analysis an was addressing a coordinative response to HIV/AIDS. The current National HIV/AIDS Strategy 2007-2011 was conducted in the country involving all relevant in country-stakeholders. The NAS 2007-2011 was developed in 5 strategic areas: prevention among most-at-risk populations (MSM, IDUs, SWs, prisoners); other preventive strategies (prevention among youth, universal precautions for health care workers, mother-to-child prevention etc.); treatment, care and support; coordination and collection and use of strategic information. The targets and baselines for this strategy were set after initial BBS was done in 2006, and evaluated through BBS in 2007 and 2010.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministries of: Health, Labor and Social Protection, Justice, Interior, Foreign Affairs, Education, Youth and Sports, Clinic for infectious diseases, Institute for public Health, Psychiatric Hospital Skopje

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
No	No
Yes	No
Yes	Yes

Other [write in]:
Justice, Psychiatric Hospital, Clinic for infectious diseases, Institute for public health
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
Those line Ministries and agencies that do not have earmarked budget for HIV/AIDS, GF money have been used to fund their respective activities.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:

Yes
Prisons:
Yes
Schools:
Yes
Workplace:
No
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
No
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Men-having-sex-with-men; injecting drug users, sex workers and prisoners.
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
The civil society was consulted in the process of the situation analysis on HIV/AIDS prior to the writing of the strategy, it was an equal partner in the process of the drafting of the Strategy, participated in the planning, budgeting and implementation of GFATM project and the Country Coordinating mechanism to oversee the GFATM grants.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
No
Poverty Reduction Strategy:
No
Sector-wide approach:

No
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of stigma and discrimination:
No
Treatment, care, and support (including social security or other schemes):
No
Women's economic empowerment (e.g. access to credit, access to land, training):
No
Other[write in below]:
Prevention

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
No
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
Men-having-sex-with-men; injecting drug users, sex workers and prisoners., youth, women, PLWHA etc.
Briefly explain how this information is used:
These information is being used in program management, revision of program targets, review of the strategy.
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Municipal level.
Briefly explain how this information is used:
These information is being used in program management, revision of program targets, review of the strategy.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
The process helped to improve HIV diagnostics, monitoring of HIV, treatment, it established and scaled-up services for most-at-risk populations and assisted the effective management procedures. This process, however, was partially efficient, due to the driving force behind the implementation of GFATM project, which failed to be scaled up for the overall HIV program at national level.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
The key achievement in 2010 was the establishment of the National HIV/AIDS Commission at the Ministry of Health, that oversees the management of the NAS 2007-2011 and the next NAS 2012-2016.
What challenges remain in this area:

Lack of awareness of key stakeholders in sustainability of the project intervention and their translation in durable integrated interventions at national level, lack of M&E at national level, lack of proper planning and management of national HIV funds and lack of inter-sectoral approach.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
The President spoke on the occasion of December 1, World AIDS Day. The Minister of Health also spoke o the occasion of World AIDS Day, as well at the promotion processes of GFATM Round 10 projects both on HIV and TB.

2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Dr. Milena Stevanovik, NAtional HIV/AIDS Coordinator and CCM Chair
Have a defined membership?:
Yes
IF YES, how many members?:
21
Include civil society representatives?:
Yes
IF YES, how many?:
7
Include people living with HIV?:
Yes
IF YES, how many?:
1
Include the private sector?:
Yes
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
The Country Coordinating Mechanism is the central forum for coordination of these sectors. It meets at 4 occasions throughout the year.
What challenges remain in this area:
The level of implementation is not satisfactory.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
60%

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
No
Technical guidance:
No
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
No
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
7
Since 2009, what have been key achievements in this area:
Key Government figures, such as the President and Minister of Health speak on HIV/AIDS at least twice a year, HIV remains at the agenda of MoH due to the fact that MoH serves as a principle recipient of GFATM funds.
What challenges remain in this area:
To prioritize HIV among other political entities, to include HIV as cross-cutting issue in program of variety of politicians.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
The adopted anti-discimination law was presented at Parliament's website on 9 February 2010 (Macedonian language) and are based on existing int'l (UN) standards. The legislation proposal comprises of 8 chapters: I general provisions regarding prohibition, scope and definitions of discrimination; II forms of discrimination; III exemptions from discrimination; IV protection through independent body – commission; V procedures for the prevention and protection through the Commission; VI Court protection; VII sanctions (infringe/misdemeanour); and VIII transitional clauses. As per the Government explanation, the text incorporates UN, Council of Europe and EU concepts and standards on discrimination. It lists the areas of discrimination; uses an open definition and lists the prohibited grounds; extends the jurisdiction over both public and private sectors; provides

for complaint procedures; court protection and shifting of burden of proof; and creation of a specialised body with a mandate to advise and monitor compliance of domestic legislation, policy and administrative measures with int'l and regional standards and act upon individual complaints. General Observations The law presents a great step forward in the efforts to address discrimination in the country. The proposal generally meets the requirements concerning the scope and definitions which provide solid basis to identify and address discrimination in a comprehensive manner in line with int'l standards. However, the provisions concerning protection through a specialized independent national institution need further consideration as the present solution that its secretariat is provided by the executive power does not meet the basic requirements of independence according to the UN principles related to National Human Rights Institutions (Paris Principles). Also, the text needs to be fine-tuned in order to avoid confusion and harmonise the EU and UN concepts and approaches, in terminology and substance.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Positive aspects •Provision for the establishment of an independent commission to advise and monitor the implementation of the law and provide protection through investigating complaints on violations; •The use of open definition enumerating grounds of discrimination required by international standards and coverage of direct, indirect, multiple discrimination, and harassment; •Wide jurisdiction over the public and private sectors, physical and legal subjects; •Open list and wide jurisdiction in all areas required by int'l standards (employment, education, housing, health care, social protection and security, access to supply of goods and services and public services, judiciary and administration) and inclusion of additional areas relevant for the country (public information and the media, culture and membership in trade union, political parties, civil society organisations and other membership based organisations); •Protection extending to individuals, groups and communities; •Possibility for adoption and maintenance of temporary special measures. In conclusion, it remains to be seen if and how the MPs would take the concerns about sexual orientation on board in the forthcoming legislative procedure. However, any advocacy and effort to advance the protection available internationally should be welcomed and supported.

Briefly comment on the degree to which they are currently implemented:

There are not enough information on how the actual implementation of the Law in effect. Main Concerns •Absence of prohibition of victimisation as a form of discrimination may expose those who take or are perceived of taking protective action to unfavourable or discriminatory treatment. Provision allowing civil society organisations to file a group complaint/charges and be part of the judicial process (art 36), make the human rights non-governmental organisations extremely vulnerable to victimisation; •Closed list of exemptions from discrimination (art 10) lacking reference to special measures (affirmative action) may limit the scope of the law in a way that special measures or targeting groups not listed in the exemptions may not be allowed; •The provision of art 25 that the professional support service of the Commission for the Protection from Discrimination - established as an independent body with a mandate to promote and protect from discrimination (art 11 and 19) - is provided by the Ministry of Labour and Social Policy, does not meet the basic requirements of independence according to the Paris Principles. The Commission must, as a National Human Rights Institution have operational autonomy (ability to conduct its day-to-day affairs independently of any other individual, organisation, department or authority) and should be given the power to appoint its own staff. Besides, the Commission has jurisdiction over this and all other ministries and state (public) servants; •Provisions on the personal profile and qualifications of the members of the Commission (art 13) requiring university degree in social sciences and 10-year experience are undue and discriminatory. The Paris Principles require the composition to be plural and reflect the society, whereby the professional qualifications criteria for the members of the Commission should be the achievements in the relevant area or profession, not a particular type of education and years of service; •The mandate of the Commission (art 19) includes the required advisory and monitoring functions but does not comprise the third key function required by the Paris Principles: awareness raising and education on human rights; •Commission's jurisdiction overlaps with that of the Ombudsman who provides protection (acts upon complaints) concerning public administration. Remarks on sexual orientation as prohibited grounds of discrimination Earlier versions of the proposal circulated unofficially among interested civil society and other actors included sexual orientation as prohibited ground of discrimination. In the 2009 Universal Periodic Review (UPR) by the UN Human Rights Council, the State expressly accepted several UN Member States recommendations to include sexual orientation in the anti-discrimination law. However, this ground was removed from the final version of the law proposal adopted by the Government. In his 31 January 2010 press statement to announce finalisation of the proposal by the Government, the Minister of Labour and Social Policy, who's Ministry drafted the proposal, explained that the protection on grounds of sexual orientation is implied under "other grounds". National and int'l human rights organizations strongly reacted on the removal and requested the Parliament to return sexual orientation back in the grounds prohibited under the law . The inclusion of sexual orientation as prohibited ground of discrimination in the earlier versions was based on of the EU Charter of Fundamental Rights (art 21, discrimination grounds) , brought into law by the Lisbon Treaty on 1 December 2009. The Charter is currently the only instrument in the region which includes sexual orientation . The int'l core human rights treaties provide no express reference to sexual orientation as grounds of discrimination . However, in May 2009 the Committee on Economic, Social and Cultural Rights issued its General Comment No. 20 on non-discrimination which considers sexual orientation and gender identity as status falling under "other grounds" prohibited and protected under the Int'l Covenant. In terms of Constitutional guarantees regarding "other grounds", the Council of Europe Commissioner of Human Rights in his report on the visit to the country in February 2008, noted that "sexual orientation, however, does not appear expressis verbis nor is there scope for its interpretation as no other status reference exists" . There is however understanding that discrimination based on sexual orientation can still be considered as prohibited under "other grounds" if that provision remains in the law after its adoption.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
-
Briefly comment on how they pose barriers:
Some specific obstacles remain in provision of health services with no consent from parents for underaged youth (below age of 16-ex. young drug users with no/questionable control from parents, provision of sexual and reproductive health services for young people).

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
No
Greater involvement of men in reproductive health programmes:
No
Know your HIV status:
No
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
No
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
No

Use condoms consistently:
No
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
No

2.1. Is HIV education part of the curriculum in

Primary schools?:
No
Secondary schools?:
No
Teacher training?:
No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
No
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
No
Briefly describe the content of this policy or strategy:
-
3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
3
Since 2009, what have been key achievements in this area:
Revision of the National HIV Preventive program of the MoH financed by the Government.
What challenges remain in this area:
To secure sustainable approach towards policy efforts to HIV.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
In cooperation with other groups of interest.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
N/A
HIV prevention in the workplace:
N/A
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
N/A
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Disagree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree

Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
6

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
Treatment, care, psychosocial support, diagnostics and monitoring of HIV.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
The procurement of ARV drugs was delegated to the Government, however, there is no integrated system of planning, procurement and distribution of ARVs.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
N/A
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Strongly Disagree
Paediatric AIDS treatment:
N/A
Post-delivery ART provision to women:
N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Disagree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

-

Please clarify which social and economic support is provided:

-

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

Delegation of procurement of ARV to the Government in 2009.

What challenges remain in this area:

Non-existance of integrated system for planning, procurement and distribution of ARVs and diagnostic tests for monitoring of HIV infection.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

No

Briefly describe any challenges in development or implementation:

GFATM only related M&E plan.

Briefly describe what the issues are:

As the National M&E Group does not exist and therefore it does not drive the M&E of the NAtional HIV/AIDS program, the only existing M&E structure is the one with the GFATM project.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

-

Guidelines on tools for data collection:

-

3. Is there a budget for implementation of the M&E plan?:

-

4. Is there a functional national M&E Unit?:

No

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
No
Briefly describe the data-sharing mechanisms:
-
What are the major challenges in this area:
-
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
No
6. Is there a central national database with HIV- related data?:
Yes
IF YES, briefly describe the national database and who manages it.:
The Institute for public health in the Department for disease control and prevention manages a central database and reports to ECDC and National Authorities.
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
No
At subnational level:
No
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
-

9. In the last year, was training in M&E conducted

At national level?:
No
At subnational level?:
No
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:
No
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
2
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:

Non-existance of M&E plan, M&E Group, technical staff to support the M&E Group and earmarked budget for M&E at national level.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
4
Comments and examples:
The national reposnse on HIV/AIDS was developed since its creation with broad and meaningful participation of the civil society organizations and community organizations, mostly in the development of the National HIV/AIDS Strategy 2007-2011, GFATM Round 10 project proposal and the new National HIV/AIDS Startegy 2012-2016.
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:
5
Comments and examples:
Civil society participated in the planning and budgeting procedures at all stages.

3.

a. The national HIV strategy?:
5
b. The national HIV budget?:
4
c. The national HIV reports?:
4
Comments and examples:
The civil society provides more than 60% of HIV/AIDS prevention servicces for key populations at the moment. These activities are implemented with the funding from GFATM. However, the national HIV/AIDS preventive program curretnly does not fund any intervention from the civil society.

4.

a. Developing the national M&E plan?:
0
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
0
c. Participate in using data for decision-making?:
0
Comments and examples:
The civil society sector is not involved in the process of development of the National M&E programme, as the M&E Group, in which CS also particitpates, has not been functional.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
3
Comments and examples:
The Country coordinating mechanism (CCM) includes community representatives in its constituenciesm (PLWHA, IDUs etc.). Other management groups do not include community as its constituencies.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:
4
b. Adequate technical support to implement its HIV activities?:
4
Comments and examples:
The answers to the above questions relate only to the activities funded the GFATM projects, it does not relate to any other intervention. Most of the financial and technical assitance comes from international donors.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
25-50%
Men who have sex with men:
>75%
People who inject drugs:

>75%
Sex workers:
>75%
Transgendered people:
-
Testing and Counselling:
51-75%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
-
Home-based care:
-
Programmes for OVC:**
-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
6
Since 2009, what have been key achievements in this area:
The inclusion of the civil society sector in the process of the planning of national preventive programs funded by the Government in 2010, but not in the implementation and this was not repeated in 2011. The CS is fully and meaningfully involved in the management of the CCM.
What challenges remain in this area:
There is no official entry mechanism for the civil society to participate as equal partner in the process of provision of services (the Law on health protection that was recently endorsed, unlike the Law on social protection does not enable CS to provide services for health protection). The CS has a limited possibility to participate in the process of planning, implementation and budgeting of HIV/AIDS interventions, mostly via the CCM.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
The CS was involved in the dialogue for the developed interventions (GFATM Round 10 proposal, NAS 2012-2016 etc.). This however does not imply for the Government preventive programme on HIV/AIDS.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
-
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
-
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
The adopted anti-discimination law was presented at Parliament's website on 9 February 2010 (Macedonian language) and are based on existing int'l (UN) standards. The legislation proposal comprises of 8 chapters: I general provisions regarding prohibition, scope and definitions of discrimination; II forms of discrimination; III exemptions from discrimination; IV protection through independent body – commission; V procedures for the prevention and protection through the Commission; VI Court protection; VII sanctions (infringe/misdemeanour); and VIII transitional clauses. As per the Government explanation, the text incorporates UN, Council of Europe and EU concepts and standards on discrimination. It lists the areas of discrimination; uses an open definition and lists the prohibited grounds; extends the jurisdiction over both public and private sectors; provides for complaint procedures; court protection and shifting of burden of proof; and creation of a specialised body with a mandate to advise and monitor compliance of domestic legislation, policy and administrative measures with int'l and regional standards and act upon individual complaints. General Observations The law presents a great step forward in the efforts to address discrimination in the country. The proposal generally meets the requirements concerning the scope and definitions which provide solid basis to identify and address discrimination in a comprehensive manner in line with int'l standards. However, the provisions concerning protection through a specialized independent national institution need further consideration as the present solution that its secretariat is provided by the executive power does not meet the basic requirements of independence according to the UN principles related to National Human Rights Institutions (Paris Principles). Also, the text needs to be fine-tuned in order to avoid confusion and harmonise the EU and UN concepts and approaches, in terminology and substance. Positive aspects •Provision for the establishment of an independent commission to advise and monitor the implementation of the law and provide protection through investigating complaints on violations; •The use of open definition enumerating grounds of discrimination required by international standards and coverage of direct, indirect, multiple discrimination, and harassment; •Wide jurisdiction over the public and private sectors, physical and legal subjects; •Open list and wide jurisdiction in all areas required by int'l standards (employment, education, housing, health care, social protection and security, access to supply of goods and services and public services, judiciary and administration) and inclusion of additional areas relevant for the country (public information and the media, culture and membership in trade union, political parties, civil society organisations and other membership based organisations); •Protection extending to individuals, groups and communities; •Possibility for adoption and maintenance of temporary special measures. In conclusion, it remains to be seen if and how the MPs would take the concerns about sexual orientation on board in the forthcoming legislative procedure. However, any advocacy and effort to advance the protection available internationally should be welcomed and supported.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Main Concerns •Absence of prohibition of victimisation as a form of discrimination may expose those who take or are perceived of taking protective action to unfavourable or discriminatory treatment. Provision allowing civil society organisations to file a group complaint/charges and be part of the judicial process (art 36), make the human rights non-governmental organisations extremely vulnerable to victimisation; •Closed list of exemptions from discrimination (art 10) lacking reference to special measures (affirmative action) may limit the scope of the law in a way that special measures or targeting groups not listed in the exemptions may not be allowed; •The provision of art 25 that the professional support service of the Commission for the Protection from Discrimination - established as an independent body with a mandate to promote and protect from discrimination (art 11 and 19) - is provided by the Ministry of Labour and Social Policy, does not meet the basic requirements of independence according to the Paris Principles. The Commission must, as a National Human Rights Institution have operational autonomy (ability to conduct its day-to-day affairs independently of any other individual, organisation, department or authority) and should be given the power to appoint its own staff. Besides, the Commission has jurisdiction over this and all other ministries and state (public) servants; •Provisions on the personal profile and qualifications of the members of the Commission (art 13) requiring university degree in social sciences and 10-year experience are undue and discriminatory. The Paris Principles require the composition to be plural and reflect the society, whereby the professional qualifications criteria for the members of the Commission should be the achievements in the relevant area or profession, not a particular type of education and years of service; •The mandate of the Commission (art 19) includes the required advisory and monitoring functions but does not comprise the third key function required by the Paris Principles: awareness raising and education on human rights; •Commission's jurisdiction overlaps with that of the Ombudsman who provides protection (acts upon complaints) concerning public administration. Remarks on sexual orientation as prohibited grounds of discrimination Earlier versions of the proposal circulated unofficially among interested civil society and other actors included sexual orientation as prohibited ground of discrimination. In the 2009 Universal Periodic Review (UPR) by the UN Human Rights Council, the State expressly accepted several UN Member States recommendations to include sexual orientation in the anti-discrimination law. However, this ground was removed from the final version of the law proposal adopted by the Government. In his 31 January 2010 press statement to announce finalisation of the proposal by the Government, the Minister of Labour and Social Policy, who's Ministry drafted the proposal, explained that the protection on grounds of sexual orientation is implied under "other grounds". National and int'l human rights organizations strongly reacted on the removal and requested the Parliament to return sexual orientation back in the grounds prohibited under the law . The inclusion of sexual orientation as prohibited ground of discrimination in the earlier versions was based on of the EU Charter of Fundamental Rights (art 21, discrimination grounds) , brought into law by the Lisbon Treaty on 1 December 2009. The Charter is currently the only instrument in the region which includes sexual orientation . The int'l core human rights treaties provide no express reference to sexual orientation as grounds of discrimination . However, in May 2009 the Committee on Economic, Social and Cultural Rights issued its General Comment No. 20 on non-discrimination which considers sexual orientation and gender identity as status falling under "other grounds" prohibited and protected under the Int'l Covenant. In terms of Constitutional guarantees regarding "other grounds", the Council of Europe Commissioner of Human Rights in his report on the visit to the country in February 2008, noted that "sexual orientation, however, does not appear expressis verbis nor is there scope for its interpretation as no other status reference exists" . There is however understanding that discrimination based on sexual orientation can still be considered as prohibited under "other grounds" if that provision remains in the law after its adoption.

Briefly comment on the degree to which they are currently implemented:
There are not enough information on how the actual implementation of the Law in effect.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
The Criminal Law under Article 205 creates an opportunity to qualify sexual services as assault and an attempt of transmission of STIs. The law....

Briefly describe the content of these laws, regulations or policies:
-
Briefly comment on how they pose barriers:
Criminal Law, Article 205.\ provision of health services to minors. Law dfor execution of sanctions
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes
Briefly describe the content of the policy, law or regulation and the populations included:
National strategy for prevention of domestic violence: There are no existinfg working protocols for work with both the victim and the perpetrator.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
-
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly describe this mechanism:
-

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	No	No
Yes	No	No
Yes	No	No

If applicable, which populations have been identified as priority, and for which services?:
-
7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:
National straegy for sexual and reproductive health 2010-2020.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No
IF YES on any of the above questions, describe some examples:
A-D Law Ombudsperson watchdog organization: Helsinki Comittee for human rights, Coalition for sexual and human right of marginalized communities

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
No
Programmes in the work place:
No
Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
6
Since 2009, what have been key achievements in this area:
Endorsement of the Law on anti-dicrimination Establishment of the Commission for protection from discrimination National Stragey for domestic violence Strategy for sexual and reproductive health
What challenges remain in this area:
Implementation of these policies and laws Specificity Political will

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
3
Since 2009, what have been key achievements in this area:
During 2010, the Joint UN Thematic group on HIV/AIDS conducted an analysis of HIV legislation with regards to human rights and gender perspectives.
What challenges remain in this area:
The Anti-discrimination law does not meet the criteria of the EU, the Law for rights of patients has not been implemented in terms of existance of counselors for rights f patients.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
IDUs, MSM, SWs, prisoners and youth

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Disagree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
N/A
HIV prevention in the workplace:
N/A
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
- inclusion of PLWHA -inclusion of SWs -Inclusion of IDUs -Strategy for sexual and reporductive health
What challenges remain in this area:
sexual education anti-abortion campaign not good linkage of services for PLWHA (reproductive health services)

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
-

Briefly identify how HIV treatment, care and support services are being scaled-up?:
care and support

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
N/A
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Strongly Disagree
Paediatric AIDS treatment:
N/A
Post-delivery ART provision to women:
N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:
-
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
4
Since 2009, what have been key achievements in this area:
The Government endorsed the responsibility to fund procurement of ARVs
What challenges remain in this area:
-
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
3
Since 2009, what have been key achievements in this area:
The procurement of ARVs and tests for monitoring of HIV have been delegated to the Government in 2010.
What challenges remain in this area:
No integrated system for procurement and distribution of ARVs and HIV monitoring tests.
