

A Policy Brief for Decision Makers:

**STRENGTHENING GENDER
SENSITIVITY OF THE NATIONAL
HIV STRATEGY IN THE
REPUBLIC OF NORTH
MACEDONIA**



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THE FIRST SEX WORKERS
COLLECTIVE IN THE BALKANS



EURASIAN KEY POPULATIONS COALITION

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ACRONYMS

WHO – World Health Organization

HIV – Human Immunodeficiency Virus

STI – Sexually Transmitted Infections

SRH – Sexual and Reproductive Health

MSM – Men Who Have Sex with Men

ART – Antiretroviral Therapy





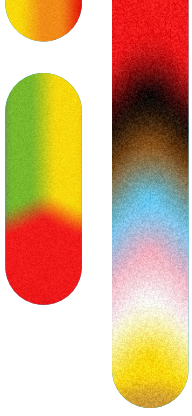
INTRODUCTION

The HIV prevention services offered by the civil society organizations in the Republic of North Macedonia were introduced, established and developed in the period between 2005 and 2017 with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which invested over 25 million dollars to develop and sustain the infrastructure and capacities in the national HIV response. This encompassed stationary and outreach services for voluntary, confidential and anonymous HIV counseling and testing for key populations, diagnosis and treatment of other sexually transmitted infections (STIs), distribution of HIV and STI prevention packages, mobile gynecological services, support for people living with HIV, support and treatment programs for people who use and inject drugs, as well as other complementary services for men who have sex with men, sex workers, people who use drugs and people living with HIV. Ever since 2018, the point at which the Global Fund's support ceased, the Government of the Republic of North Macedonia took over the commitment and obligation to finance, sustain and develop the national HIV prevention response among key populations via the Ministry of Health, based on the National HIV Strategies and the Annual Protection of the Population from HIV Programs.

Thanks to this strategic approach and programming until 2017, a control over the HIV epidemic was established among key populations in the country, low levels of HIV prevalence (total number of detected cases) were maintained, and the National HIV Response used to be a leading example in the region. Since 2018, the Government and the Ministry of Health have shown weak political will to develop this response, and since 2022 without any expert discussion and involvement of the civil society organizations and key populations affected by HIV in the decision- and policy-making processes, they have begun to arbitrarily cut the funds projected for the annual HIV programs which also resulted in their untimely commencement. This has created huge gaps in the availability of HIV prevention services, as well as other services for sexual and reproductive health (SRH) and posed a grave danger to extinguish or reduce a portion of the already established services, which in turn jeopardized public health and the health of tens of thousands of citizens from marginalized communities who are at particular risk or affected by HIV.

According to the World Health Organization (WHO), transgender people are one of the most vulnerable populations at particular risk of HIV (which can be up to 49 times higher compared to other populations), and the lack of adequate services for transgender people can lead to exponential exposure to HIV, i.e. infection and further transmission in this community.

This report will attempt to document the major problems and barriers which key populations face, transgender people included, in the access to HIV services, and it will offer specific directions in terms of promoting gender sensitivity in the national HIV programs in the Republic of North Macedonia.



RESEARCH METHODS AND OBJECTIVES AMONG KEY POPULATIONS

This research was developed by the civil society organization STAR-STAR Skopje, as the only organization led by sex workers, which within the frames of its activities conducts programs and interventions aimed at transgender individuals who are engaged in sex work, in close collaboration with TransFormA – Initiative for Protection and Promotion of Transgender People’s Rights in the Republic of North Macedonia.

The objectives of this research were:

1. To determine and document the major problems and barriers that key populations face in the access to HIV services in the Republic of North Macedonia, and
2. To offer specific guidelines and recommendations for promoting gender sensitivity in the HIV programs in the Republic of North Macedonia.

The methodological framework of this report was based on a desk-analysis and data analysis gathered by outreach participation research among key populations affected by HIV (sex workers, transgender people, men who have sex with men, people who use drugs and people living with HIV).

For the purposes of the research, individuals from the key populations were interviewed by means of a structured questionnaire which was in fact conducted by individuals belonging to the affected communities. The participants’ identification was based on convenience sampling method, with the help of the outreach workers from STAR-STAR Skopje and representatives from TransFormA. Efforts were made to secure a representative sample and diversity in the demographic characteristics of the participants in the research in order to ensure comprehensiveness and relevance of the gathered data. The following criteria were taken into account regarding the inclusion in the research: participants had to be 18 years of age or older, to belong to one of the key populations affected by HIV, to reside in North Macedonia and to consent to participate in the research.

The desk-analysis was based on secondary data sources and encompassed gathering, reviewing and analyzing the legal framework, reports, analyses, documents and data related to gender sensitivity in the access to HIV services in the Republic of North Macedonia, and the reports, analyses, documents and data from relevant institutions (both national and international), reports and analysis by civil society organizations and other relevant stakeholders were utilized as sources of information.

The author expresses their immense gratitude to all individuals from key populations who consented and participated in the research and STAR-STAR’s and TransFormA’s representatives who conducted the research, as well as to the Eurasian Key Populations Coalition (EKPC) for their support in the preparation of this report.



SECONDARY SOURCES OF DATA AND INFORMATION ANALYSIS

In certain regions, the HIV prevalence is higher in transgender people compared to the general population. Transgender women are particularly affected and recognized as a population under increased risk of HIV infection, amongst which the prevalence is 20% worldwide. In transgender individuals, a number of factors increase the risk of HIV, such as social exclusion and stigma, lack of access to adequate primary healthcare for transgender people, obstacles in the access to education, employment and housing, as well as high intimacy violence rates.

Transgender people in the Republic of North Macedonia are frequently faced with difficult access to healthcare services, mostly due to stigma and discrimination, which in turn negatively affects their general health and additionally puts them at an increased risk of HIV. For many transgender individuals, the first access point to the healthcare system is the sexual and reproductive health services provided by civil society organizations; however, even in this case the access for transgender people is rather limited. Namely, none of these services includes other sexual and reproductive health services which are of essential importance for transgender people's overall health. Very few service providers are appropriately trained to address transgender people's needs, for which reason they are unprepared to meet their specific healthcare needs. The negative attitudes among healthcare service providers towards transgender people also constrain the quality of the healthcare services. Meanwhile, the fact that transgender people have an entire spectrum of health and social problem, the HIV risk being only one of them, cannot be neglected.

The irresponsible decisions and policies regarding HIV in the Republic of North Macedonia in the last several years, not only increases the risk of HIV and its incidence (newly diagnosed cases) amongst key populations, but it also increases the load on public healthcare institutions, especially on the Clinic of Infectious Diseases and Febrile Conditions which is the only institution in the country that provides a comprehensive treatment and care for people living with HIV. Even the slightest increase in the number of newly diagnosed HIV cases results in steep rise in the cost for treatment and care, which points to the need for appropriate investment, planning and programming in prevention programs which should cover all key populations that are at particular risk of HIV. The effects of this arbitrary institutional approach towards HIV prevention in the last years have become evident by the detection of the first HIV cases in transgender people according to the available data in the Public Healthcare Institute about the situation with HIV in the Republic of North Macedonia.

Apart from the numerous problems and inequalities that transgender people face in the access to healthcare, they also encounter a limited access to adequate HIV and other STIs prevention services. This is a direct result of their exclusion and not being recognized in the national HIV policies, strategies and programs as a key population, and the lack of transgender-specific interventions additionally broadens the gender gap in the HIV prevention. Currently, transgender people utilize the programs and interventions designed for other key populations, which do not always align with transgender people's needs.

Lately, several attempts have been made to strengthen the gender sensitivity in the national HIV programs and strategies, in which members of the transgender community have presented their problems, needs and the demands coming from the community in front of many stakeholders. Even though it was concluded that transgender people should be recognized as a separate key population under risk of HIV on every meeting, which in turn entails putting in place appropriate measures and interventions according to their needs, no substantial changes have been made in the official HIV programs and strategies thus far.

This can easily be observed in the annual HIV programs, such as the national strategies in which transgender people are only sporadically mentioned, but specific measures designed for this population are overlooked. Additionally, the systemic invisibility of transgender people in these programs is apparent in the annual reports on the conducted activities in accordance with the protection of the population from HIV/AIDS programs published by the Public Health Institute, in which there is no segregated data on transgender people in the scope of the prevention activities.

Even though the transgender community is declaratively recognized by most stakeholders as a population at risk of HIV, in practice there is still no commitment which is reflected in the strategic policies, programs and interventions designed for HIV prevention among key populations. An example for that is the latest HIV draft strategy for the period between 2020 and 2023, in which it is pointed out that in the forthcoming period attention must be paid to transgender people based on the experiences from around the world and the region, but in the segment of strategic goals, priorities and actions, no special interventions are projected for transgender people. An exception to this in the strategy is the expected outcome aimed at “improved prevention, diagnosis and treatment of STIs and access to sexual and reproductive health services”, according to which transgender people are expected to receive SRH services alongside with gay and MSM men.

The circumstances regarding the access to HIV services for transgender people are alarming and they need to be addressed seriously by all relevant and accountable stakeholders. It is of particular importance to take appropriate measures and interventions to reduce the risk of HIV among this vulnerable and marginalized category.



QUANTITATIVE AND QUALITATIVE RESEARCH FINDINGS ANALYSIS CONDUCTED AMONG KEY POPULATIONS IN 2023

In the research which was conducted during the period between July and September 2023, a total of 25 individuals from key populations took part (5 sex workers, 5 transgender people, 5 men who have sex with men, 5 individuals who are drug users and 5 individuals living with HIV). The vast majority of the participants were from Skopje, while an insignificant portion was from other cities, and the age ranged from 26 to 60. 44% of the participants identify themselves as men, 36% as women and 20% as transgender. The majority of the participants were with Macedonian ethnic background (86%), whereas the remaining small portion identified themselves as members of the Roma, Albanian and Croatian ethnicity.

Key Populations' Perceptions Regarding the Access to HIV Services

There is a great sense of awareness among the respondents regarding HIV services, that is 96% have already done an HIV test and roughly half of them have done so within last year. People from key populations most frequently utilize the HIV services offered by the civil society organizations (87.5%), and a very small number of them seek such services in public and private healthcare institutions. This research reaffirmed the fact that people from key populations have the greatest trust in civil society organizations when it comes to HIV services, and the access to these services received the highest ranking in over 70% of them. The trust in HIV services in private healthcare institutions varies, but it generally receives an average ranking grade, whereas the respondents gave the lowest ranking grades for access to HIV services to the public healthcare.

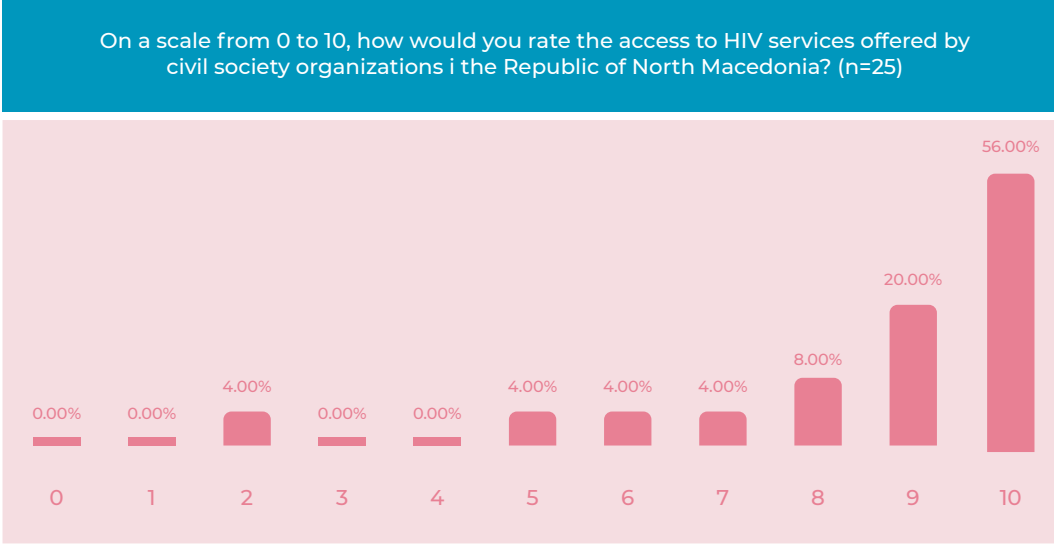


Chart 1. Assessment of the access to HIV services offered by civil society organizations in the Republic of North Macedonia

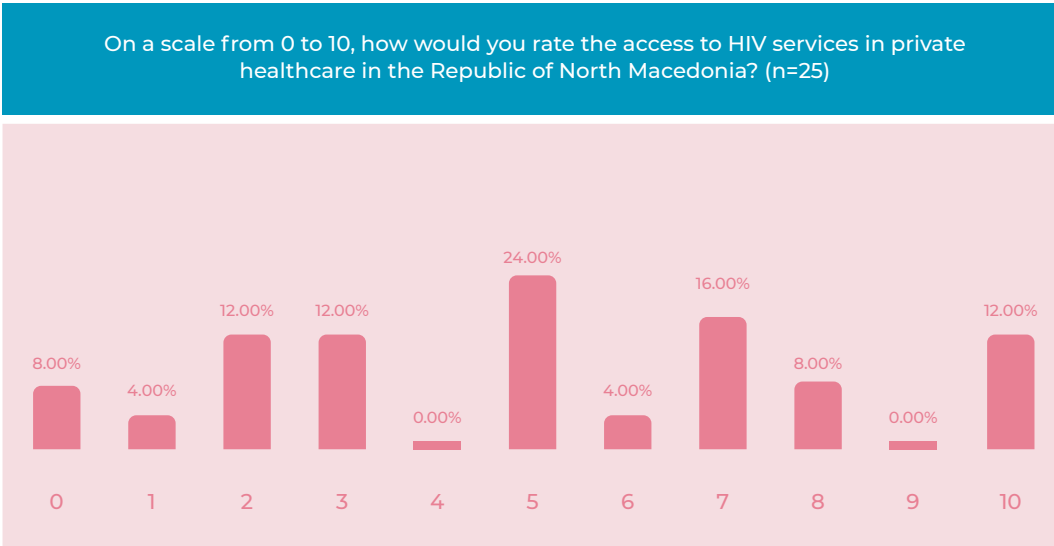


Chart 2. Assessment of the access to HIV services in private healthcare (clinics, labs, etc.) in the Republic of North Macedonia



On a scale from 0 to 10, how would you rate the access to HIV services in public healthcare in the Republic of North Macedonia? (n=25)

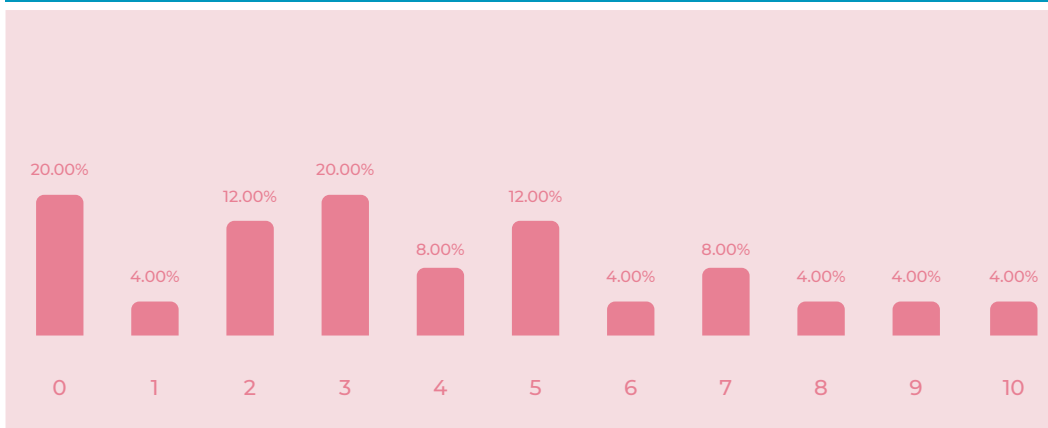


Chart 3. Assessment of the access to HIV services in public healthcare in the Republic of North Macedonia

Even though the trust and ranking assessment for the access to HIV services in the public and private healthcare are not very high, this research confirms that key populations recognize civil society organizations as HIV service providers, considering their built capacities, their readiness to work with key populations and the high ranking received for the access to HIV services among the respondents.

Key Populations' Problems, Needs and Priorities in the Access to HIV Services

One of the most significant conclusions drawn from this research is the perceptions of people from key populations regarding the access to HIV services for transgender people. 68% of the respondents believe that transgender people have lesser or limited access to HIV services and consider it necessary to intensify the efforts to cover this community with prevention services. Considering the fact that HIV is a concentrated epidemic among men who have sex with men, almost a half of the respondents (44%), also observe that this population has lesser or limited access to HIV services.



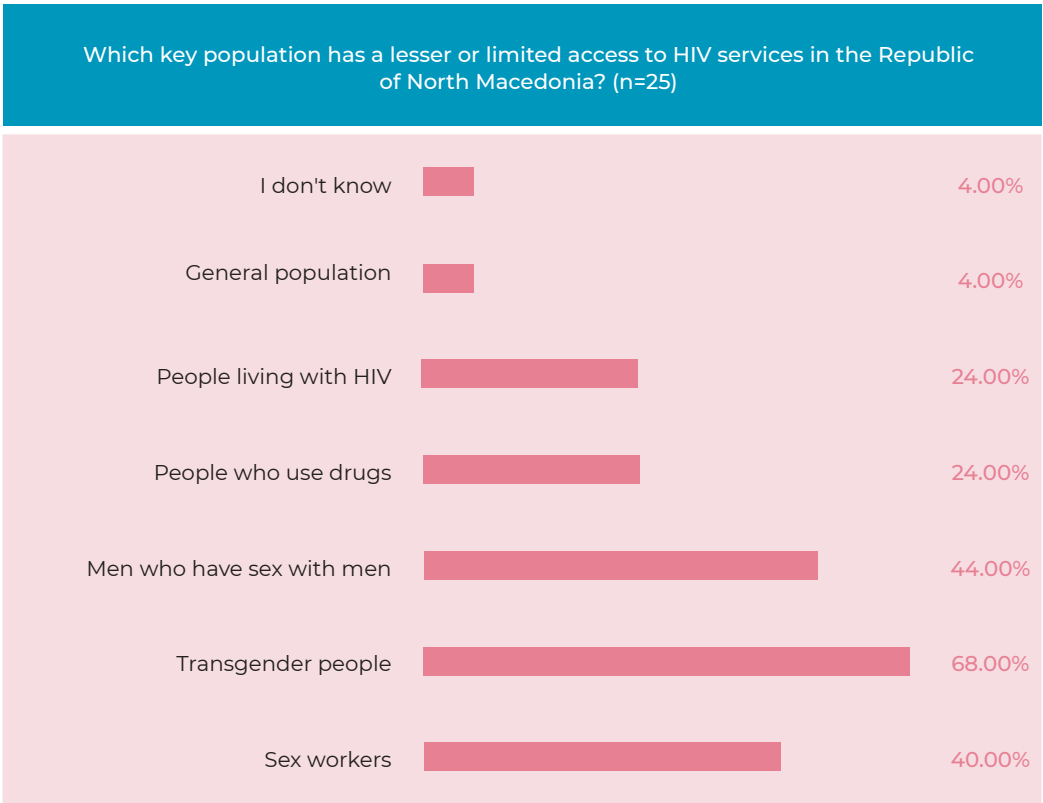


Chart 4. Perceptions of people from key populations regarding the limitations in the access to HIV services in the Republic of North Macedonia

KAs key problems for transgender people in relation to the availability of HIV services, the respondents single out stigma and discrimination, the low trust in healthcare institutions, the lack of education of healthcare personnel in public healthcare regarding transgender people’s needs, as well as the small number of civil society organizations that work with this target group. In addition, it can be concluded that the stigma, low awareness and non-acceptance that exist around transgender people among the general population, are oftentimes reflected in the behavior and treatment of healthcare workers, which results in transgender people facing problems in the access to healthcare services. Moreover, the legal recognition of gender is also an issue which respondents singled out, that is the ability to align personal identification documents would allow transgender people to access healthcare and HIV services more easily.

The last thing I’ve been told is that the HIV prevention program and the prevention of STIs is for the MSM populations, not for transgender men like me – transgender man

Due to the fact that they are not recorded according to their gender determination in the Registry and because they experience enormous stigma and discrimination within the healthcare system and I don’t think any organization offers services designed specifically for them – male, MSM

Discrimination and inadequate treatment, fear of identity disclosure – female sex worker

The key priorities regarding HIV services vary depending on the needs of each key population, but to the greatest extent the respondents from all key populations believe that transgender people should be recognized as a separate key population for which special and appropriate HIV prevention services should be provided. The education and sensitization of healthcare personnel regarding their specific problems and needs and the availability of healthcare services without stigma and discrimination are of particular importance for all key populations. Confidentiality and privacy are also key factors in the access to HIV and SRH services, irrespective of where those services are received.

To have doctors who are not going to discriminate us, not only when it comes to HIV, but about everything in general. Whenever I go to see a doctor, I get weird looks and I always encounter all sorts of obstacles – transgender individual

Civil society organizations should work in a networked and intersectional manner, that is to advocate more for transgender people to be recognized as a separate key population with its own specifics, needs and problems – person living with HIV

Healthcare workers should behave respectfully, they should be sensitized and be able to know how to counsel and inform better, and not to be judgmental – transgender man

To train doctors so that we can freely declare ourselves as sex workers – transgender sex worker

They should be more accessible for all key populations, to be adapted to all current trends and to establish services specifically designed for transgender people – gay man

Other priorities for key communities include increasing the availability of HIV services outside of Skopje, i.e. bringing HIV services closer to smaller towns and establishing systemic solutions for institutional stigma and discrimination. As expected, for people living with HIV, the need for provision of antiretroviral therapy (ART) in a timely manner and without interruption is of particular importance, whereas for men who have sex with men a special priority in the access to HIV services is the need of receiving a comprehensive package of sexual and reproductive health services.

In public healthcare the clients will always be suspicious about the confidentiality, especially because the vast majority of healthcare workers are not sensitized – gay man

There should be certainty in provision of ART– person living with HIV

Integrating the basic HIV healthcare services for MSM and introduction of

specific HIV services for transgender people in our country – gay man

More accessible locations and having smaller centers that would deal with matter everywhere – gay man





DISCUSSION AND CONCLUSIONS

Individuals from key populations who participated in the research recognize the limited access to HIV services for transgender people and they reiterate the need for their recognition as a key population affected by HIV. In addition, considering the epidemiologic trends with a rise in the number of newly diagnosed cases in men who have sex with men, which in the last years amounts to 80%, this research emphasizes the need of expanding the availability and accessibility of HIV services for this population.

This report has documented that the civil society organizations involved in the national HIV response are recognized by the key populations as confidential HIV service providers, which confirms the civil sector's developed capacity and expertise for working with key populations.

According to this research, the other needs pertaining to the access to HIV services for key populations are focused on educating and sensitizing healthcare workers, particularly regarding transgender people's needs and problems, as well as expanding the availability of sexual and reproductive health services without stigma and discrimination, integrating them with uninterrupted continuity.

If we take into account the growing trend of new infections among transgender individuals globally and the first HIV cases among this community in the Republic of North Macedonia, it can be safely concluded that it is vital to increase the gender sensitivity in the HIV prevention and treatment programs. All of this points to the critical urgency of addressing gender and gender identity in the implementation of the national HIV response in order to ensure adequate HIV prevention, care and treatment among the transgender community.

RECOMMENDATIONS

- To recognize and include transgender people as a key population in the national HIV programs and strategies with appropriately programmed and budgeted interventions, in accordance with the specific needs of transgender people;
- To include transgender people as service providers in the HIV prevention services and other sexual and reproductive health services;
- To educate and sensitize healthcare workers from public and private healthcare pertaining to the needs of all key populations, especially those of the transgender community.

SOURCES OF INFORMATION:

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 - Annual Report on the Activates Conducted According to the Protection of the Population from HIV Program in North Macedonia for 2022
 - Annual Report on the Activates Conducted According to the Protection of the Population from HIV Program in North Macedonia for 2020
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- Protection of the Population from the HIV Infection Program in the Republic of North Macedonia for 2023
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- NATIONAL HIV STRATEGY 2023 – 2030 (draft version)





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