

REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



MACEDONIA



COUNTRY CONTEXT:

Size of population (2010): 2,052,722¹

Ethnic groups (2002):

Macedonian (64.2 %), Albanian (25.2 %), Turkish (3.9 %), Roma (2.7 %), Serb (1.8 %)²

Religions (2002):

Orthodox (64.7 %), Muslim (33, 3%), Other (2%)³

Languages (2002):

Macedonian (66.5%), Albanian (25.1%)⁴

Life expectancy at birth (2002):

75.14 years (Male: 72.61; Female: 77.87)⁵

Population living below the national poverty line (2009) 31.1%⁶

Percentage of population under 15 years (2002) 17.7%⁷

Youth literacy, female rate as percentage of male rate (ages 15-24)(2008): 100%⁸

Median age at first marriage (ages 15-49)(2005):

Women: 24.5 years ; Men: 27.6 years⁹

Median age at first sex(ages 15-49) (2005)¹⁰:

No available data

Total health expenditure (public and private) per capita per year(2009):

\$277.49¹¹

Nurses density per 1,000 population(2000-2009): 4.3%¹²

Contraceptive prevalence rate for women (ages 15 – 49)(2006)¹³: 13.5 %¹²

Fertility rate(2010): 1.55 ¹³

Maternal mortality rate per 100,000 live births (2008): 9¹⁴



HIV CONTEXT:

HIV prevalence (ages 15 – 49)(2009): < 0.1%¹⁵

HIV prevalence under (ages 15-24):

Female: No available data

HIV prevalence in vulnerable groups (2010):

Sex workers: <0.1%, People who inject drugs: <0.1%, MSM: 0.2%, Prisoners: <0.1%¹⁶

Number of deaths due to AIDS (2010): 63¹⁷

Estimated number of orphans due to AIDS (0-17 years): No available data



HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

The Republic of Macedonia has one of the lowest rates of HIV prevalence in Southeastern Europe. The incidence of HIV among women is significantly lower than among men, at a ratio of 4:1.¹⁸

Gender equality is meant to be one of the guiding principles of the National HIV/AIDS Strategy of 2007–2011. The interventions proposed in this strategy lack any gender perspective: the activities it envisages are mostly gender-neutral and do not take specific gender and transgender needs into consideration.

The absence of any gender component in national policies is reflected in HIV prevention services. While equal access is offered to all citizens, most services are not adjusted to different gender needs.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN MACEDONIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA), Young Positives and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Macedonia. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Macedonia. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Macedonia.

The Report Card is the basis of extensive research carried out during 2011 by HERA, involving both desk research on published data and reports, and in-country research in Macedonia to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Macedonia' (available on request from IPPF).

Following the health reforms and the privatization of primary healthcare providers, young girls and women in rural areas and those who are socially marginalized, especially Roma women, face different barriers in terms of the availability and accessibility of sexual and reproductive health (SRH) services. Even though women use medical services more regularly than men, the lack of SRH and HIV linkages or a functional health referral system makes them more vulnerable to HIV.

The funds for implementing the National HIV/AIDS Strategy of 2007–2011 are provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in rounds three, seven and ten. This is the main source of HIV funds in Macedonia, with the Government providing some funding through the annual HIV prevention programme.

None of the non-governmental organizations (NGOs) that represent the interests of women currently take part in the decision-making process in

the Country Coordinating Mechanism (CCM) or the National Multi-Sectoral Commission on HIV. This is due to the fact that there are very few active NGOs advocating for women rights that also address women's SRH issues.

The concept of gender is not well understood among the general population or even among many professionals. Treatment of gender issues is typically limited to the establishment of equal quotas among women and men. Traditional patriarchal values, though obscured by apparently dynamic transitional lifestyles, are still present and dominant even among young people.

Macedonia has seen an increase in the occurrence of domestic and gender-based violence. Research on domestic violence in Macedonia in 2009 indicated that every second woman is a victim of psychological violence, every fifth woman is a victim of physical violence, and every tenth woman is a victim of sexual violence.¹⁹ The UNFPA review on the status of the Committee on the

Elimination of Discrimination Against Women (CEDAW) concluded in regard to legislative compliance in Eastern Europe that "In the absence of a law on domestic violence, violence within the family is regulated by the amendments in the Family Law (2004) and by the amendments of the Criminal Code of the Republic of Macedonia."²⁰

There is no comprehensive provision for sexuality education within the national education curricula. The education system has failed to develop any programmes on gender awareness and no provisions are offered to stimulate dialogue so that girls and boys can explore gender roles. A recent analysis of the contents and illustrative materials in school textbooks, as well as the primary school teaching processes, highlights significant flaws within the educational process from a gender perspective.²¹



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PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)



KEY POINTS:

- According to the Family Law Act, persons aged between 16-18 years can enter into marriage with a court decision if the person is physically and psychologically mature.²²
- Sexual and reproductive health services are available for children under 18, though the Law for Health Protection defines that young people below the age of 18 can use health services only when accompanied by a parent or guardian.
- Abortion is legal and available on request until the tenth week of pregnancy. Abortion is also available under socio-economic grounds, to protect the life of a woman, in case of rape, incest or foetal defects. Parental/guardian consent is required for minors under 18.²³
- According to the laws that regulate access to health services, an HIV test is not mandatory for any specific group.²⁴
- There is no specific legislation that regulates gender based violence in the country.²⁵ The Law on Equal Opportunities of Women and Men or the so-called Gender Equality Law and the Labour Law prohibit all forms of sex discrimination.²⁶
- According to the Law of Protection of Patient's rights confidentiality must be respected for any medical services or health condition of the patient. The Anti-Discrimination Law does not consider HIV status as a specific legislative ground for discrimination.²⁸
- According to the Article 205 in the Criminal Law intentional and deliberate transmission of HIV is considered a criminal offence.²⁹
- There is no specific legislation for harm reduction. However, there are many NGOs throughout the country that are providing harm reduction services as part of the National HIV/AIDS Strategy of 2007-2011 and with the support from the Global Fund.³⁰



QUOTES AND ISSUES:

- "From a gender perspective, in Macedonia, the most problematic policy is the Family Law; Macedonia has a provision that allows girls to marry at 16 years with consent of the parents." (Interview with Program Director, NGO HERA)
- "If a girl is under 18, I think there is a need for parent consent" (focus group discussion, Macedonian, 24 y/o, Skopje)
- "I think that the Law on Health Protection sets the age under which parental consent is required as a general principle however this does not mean that specific by-laws (protocols, standards) regulating areas such as access to SRH counselling services, substance abuse centres, prevention and health promotion activities, etc., may not provide access to them without a parent's consent!" (Interview with Program Officer, UNFPA)
- "For gynaecological check ups or using other SRH services parental consent is not necessary". (focus group discussion, Macedonian, 17 y/o in-school, Skopje)
- "...the Law on termination of Unwanted Pregnancy can certainly be improved if provisions related to the need to introduce pre- and post- abortion counselling are included to ensure that especially young girls are given adequate information and knowledge about their SRH." (Interview with Program officer, UNFPA)
- "I wanted to have an abortion when I was 14. My mother did not let me so I did not have an abortion because I didn't have her consent." (focus group discussion, Roma 23 y/o, Skopje)
- "Despite the fact that gender equality and non-discrimination on the grounds of sex is well enshrined in the legal and policy framework, barriers related to socio-economic and cultural conditions persist and limit to some extent equal access of women and girls to HIV prevention and treatment services." (Interview with Program Officer, UNFPA)
- "The interpretation of the Article 205 from the Criminal Law, as criminalization on HIV transmission, can directly reduce the accessibility of HIV prevention." (Interview with Program Director, NGO HERA)





KEY POINTS:

- The proposed interventions in the National HIV/AIDS Strategy of 2007– 2011 are gender-neutral and do not include HIV preventive interventions specifically designed for the needs of girls and young women.³¹
- The National HIV/AIDS Strategy of 2007–2011 fails to stipulate confidentiality as a fundamental principle of human rights, though Voluntary Counselling and Testing (VCT) is one of the main activities of HIV prevention strategies in the country. In addition, there is no written National Policy on Voluntary Counselling and HIV testing in place.³²
- According to the National Antenatal Protocol, pregnant women should be advised to test for HIV to reduce the risks of the possible transmission of HIV from mother to child. However, there are no interventions covering all components of the Prevention of Mother to Child Transmission (PMTCT) described.³⁴
- The National Antenatal Protocol guarantees access to PMTCT services to all women who have tested positive.³⁵
- There are several national policies that address the rights and needs of women. These national policies emphasize the positive encouragement of women in education and training, particularly of vulnerable groups such as youth, ethnic minorities and women in rural areas. These documents and provisions provide special policy considerations for young women at risk of early marriage.³⁶
- There is no provision for comprehensive sexuality education in primary and secondary schools in the country.³⁷



QUOTES AND ISSUES:

- “There is a need for gender mainstreaming within current policies, especially within the National HI/AIDS Strategy of 2007-2011.” (Interview with Programme Director, NGO HERA)
- “There is the National HIV/AIDS Strategy of 2007-2011 and a draft SRH strategy, but I think that HIV is a personal matter and should not be regulated by law.” (Interview with Head of the Institute for Mother and Child Protection)
- “HIV prevention in Macedonia is well developed but is not gender sensitive.” (Interview with Programme Director, HERA)
- “We have a good the National HIV/AIDS Strategy that is comprehensive and provides measures and activities relevant to Macedonia, but there is no aspect of gender sensitivity.” (Interview with Head Programme Officer, UNICEF)
- “There is a protocol for antenatal care that regulates medical aspects for healthy pregnancies, but it does not include a component for HIV prevention.” (Interview with Coordinator of the Program Public Health and Women’s Health Association for Emancipation, Solidarity and Equality of Women of Republic of Macedonia)
- “In terms of existing policies and protocols, the country is moving forward positively. For example, the Strategy for SRH as well as new protocols and standards for quality of abortion care have recently been adopted and introduced. However, we need a better understanding of whether or not these policies and protocols are adequate in addressing the specific rights of girls in order to identify gaps and needs for improvement.” (Interview with Programme Officer, UNFPA)
- There is a need for the introduction of comprehensive sex education. I stress this because it is very easy to teach how to use condoms, but it is harder to convince males to use a condom.” (Interview with Peer Trainer, HERA)
- “In schools there is nobody that can teach you about these things (sex, relationships and AIDS)... At school you can learn about everything except about these issues...” (focus group discussion, Roma, 24 year-old, Skopje)
- “SRH education is partly delivered in schools in the framework of subjects such as biology and Life skills education. However, this gap is compensated by informal education provided through peer education by NGOs, some of which are supported by UNFPA. Likewise, with support from UNFPA, the Ministry of Health established 18 youth friendly centers for SRHR, and there are the two managed by the NGO HERA where young people have the opportunity to obtain education.” (Interview with Programme Officer, UNFPA)





KEY POINTS:

- There are a total of 20 youth-friendly centres providing sexual and reproductive health information and services in Macedonia. Two are run by the NGO HERA under the title "I want to know" (since 2005), while the other 18 youth friendly centres have recently been opened (in 2010) in local state-run public health centres.³⁸
- There are state-run VCT service delivery-points in 13 towns throughout the country and two mobile VCT clinics specifically designed for marginalized groups and run by the NGO HERA together with 14 partner NGOs. All the VCT services are free and confidential. The "I want to know" youth-friendly services in Skopje also provide free and confidential VCT services. None of the VCT centres have specific strategies to ensure that VCT services are more accessible for young girls and women.³⁹
- There are currently no specific VCT centres for pregnant women and girls. However, the re-opening of the VCT centre in the Teaching Hospital for Gynaecology and Obstetrics in Skopje is part of the activities and budget in the Government's programme for HIV prevention for 2011.⁴⁰
- There are 13 needle exchange services, as well as 10 centres for drug substitution treatment. However, the harm reduction centres do not have a specific strategy to ensure their services are more accessible for young girls and women.⁴¹
- There are no specific activities or projects targeting young people living with HIV.⁴²
- Antiretroviral therapy is available only in the Clinic for Infectious Diseases in the capital. This therapy is free and accessible for all who require such treatment.⁴³
- There are no specific positive prevention services for young women and girls living with HIV. The concept of positive prevention which acknowledges that each individual has a right to a productive, satisfying and enjoyable sexual (and reproductive) life oriented towards optimizing the health and well-being of people living with HIV is not recognized among services providers and other relevant stakeholders.⁴⁴



QUOTES AND ISSUES:

- "There are 2 youth friendly centres in Skopje managed by the NGO HERA and 18 new ones managed by the Institute for Public Health." (Interview with Head of the Institute for Mother and Child Protection)
- "I have never heard about those newly opened youth friendly centres within the Public Health Institutions. Has anybody here heard of them?" (focus group discussion, Macedonian, 21 y/o, Skopje)
- "Both of the mobile clinics managed by the NGO HERA have been providing Outreach VCT for most at risk populations throughout the country...There have been 10 other VCT centres..." (Interview with the Head of the Institute for Mother and Child Protection.)
- "Counselling and education for HIV and STIs has to be introduced as a service offered by general practitioners." (Interview with Coordinator of the Program Public Health and Women's Health, NGO ESE)
- "It is necessary to develop and introduce a protocol for general gynaecologists that will oblige them to offer education about HIV prevention." (Interview with Coordinator of the Program Public Health and Women's Health NGO ESE, Macedonia.)
- "Services for needle exchange and sterile injecting equipment are managed by NGOs, but they do not specifically cater for girls and young women." (Interview with HIV and AIDS Officer, UNAIDS Macedonia)
- "There are no special services for young women and girls who are HIV positive, and positive prevention is not recognized among the health providers. (Interview with the Programme Director, HERA)
- "To date, antiretroviral therapy is provided only by the centralized system within the Clinic for Infectious Diseases in the capital of the country." (Interview with a social worker in the Clinic for Infectious Diseases)





KEY POINTS:

- The main barriers for girls and young women in accessing HIV and SRH services in Macedonia are as follows:
 - Fear that confidentiality and privacy will be breached by service providers;
 - Lack of openness of service providers to discuss issues concerning SRH;
 - Costs of the services, especially for those without health insurance (e.g. Roma);
 - Location of the services; and
 - Lack of privacy provided by the services.⁴⁵
- All state-provided HIV and SRH services are equally available for married and unmarried girls and young women, whether they are HIV positive, negative or untested.⁴⁶
- All VCT services within the state and NGO service delivery-points are free of charge, including services for girls and young women. On the other hand, men are more likely to use VCT services than women: the ratio between male and female going for VCT is 2.8 :1.⁴⁸
- STI diagnosis and treatment services are not free of charge for young people. The exception is HERA's "I want to know" youth clinics, which provide free STI testing and treatment within their scope of services.⁴⁹
- Condoms are available for free to all young people, including for girls, in the recently opened government youth SRH centres. Free condoms and lubricants are also available from NGOs dealing with HIV prevention among key populations and young people.⁵⁰
- Issues related to HIV stigmatization and discrimination, as well as issues concerning the specific needs of young people, are not included within the official training curriculum of the key healthcare workers providing SRH services.⁵¹
- None of the government's HIV campaigns have so far focused specifically on prevention among girls and young women.⁵²



QUOTES AND ISSUES:

- "My gynaecologist at the state health institution, doesn't answer my questions according to my needs. He is not friendly with me, but what can I say to him? Nothing." (focus group discussion, Roma, 23 y/o Skopje)
- "Confidentiality is most important. I would like everything I discuss with my doctor to stay between us and to know the doctor will do the best he can for me..." (focus group discussion, Macedonian, 23 y/o Skopje)
- "My general practitioner is a young woman and is open-minded, but still there is a doctor-patient relationship and some barriers exist. Here [at the YFC 'I want to know'] it is different. We feel more comfortable. We feel as we do when we are having coffee with our friends." (focus group discussion, Macedonian, 15 y/o Skopje)
- "I think there is a different approach for clients from different backgrounds, meaning if a girl is HIV positive she is treated in a different (discriminatory) way." (focus group discussion, Macedonian 23 y/o, Skopje)
- "More people come here [to the youth friendly centre 'I want to know'] compared to the state health institutions because all the services are free of charge and in the state health institutions we have to pay because we don't have health insurance..." (focus group discussion, Roma, 21 y/o, Skopje)
- "Only 30% of our clients who ask for VCT are women, which is a clear indication that prevention among this target group is neglected." (Interview with a social worker at the Clinic for Infectious Diseases)
- "Everything related to the treatment of opportunistic infections such as PMTCT and ARVs is centralized and accessible within the Clinic for Infectious Diseases." (Interview with the Programme Director of HERA)
- "In Macedonia, only male condoms are distributed by NGOs among youth. However, all services are equally open for all, no matter whether the client is male or female." (Interview with member of the working group of PLHIV 'Stronger Together')





KEY POINTS:

- The Republic of Macedonia ratified the Convention on the Rights of the Child (CRC) in 1993 and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)⁵⁴ in 1994. However, there is a lack of commitment to ensuring the implementation of these international conventions.⁵⁵
- Macedonia ratified the Convention on Consent To Marriage, the Minimum Age of Marriage and the Registration of Marriages in 1994.⁵⁶
- There is no organization or representative in the national bodies for HIV (neither on the National Multi-Sectoral HIV group or the Country Coordinating Mechanism) to represent the interests of girls and women.⁵⁷ The National HIV/AIDS Strategy of 2007-2011 does not specifically address gender issues and does not recognize the sexual and reproductive health needs of women living with HIV.⁵⁸
- No youth-led organizations were involved in the development of the National HIV/AIDS Strategy of 2007-2011.⁵⁹
- There are few organizations that represent the interests of girls and women and which actively promote HIV prevention and SRH needs.⁶⁰
- There is no active youth representative (either male or female) in the informal group of PLHIV “Stronger Together” to advocate for the rights of PLHIV and to offer peer-support services. However, membership in this group is open to anyone who is living with HIV.⁶¹
- To date, no girls or young women living with HIV have been willing to speak openly about their HIV status. This is mainly due to the lack of empowerment and the high level of stigma and discrimination towards PLHIV in the country.⁶²
- Sex work is illegal and sex workers face legal barriers to organizing themselves in any formal association, though the updated Law on Citizens’ Associations and Foundations recognizes the right of association for all citizen regardless of social status.⁶³



QUOTES AND ISSUES:

- “ESE developed a shadow report regarding CEDAW. I have to say that almost all obligations from CEDAW have been addressed within the domestic legislation. However, when it comes to implementation I have noticed that there is still a lack of comprehensive implementation of CEDAW obligations.” (Interview with Coordinator of the Program Public Health and Women’s Health NGO ESE)
- “Macedonia has ratified most relevant conventions; however, shortfalls and gaps in their implementation remain, as well as in progress towards ensuring the enjoyment of those rights by all and every citizen. Latest deliberations by the CEDAW and CRC and their observations and recommendations for the country recognize important achievements but also urge the country to improve, particularly in the area of reproductive rights.” (Interview with Programme Officer, UNFPA)
- “In general, the National HIV/AIDS Strategy of 2007-2011 takes into consideration the rights-based agenda, but the document is mainly focused only on the public health aspects while sexual and reproductive rights are not specifically addressed.” (Interview with Programme Director, HERA)
- “NGOs representing women and youth can and do participate in some segments of decision making, including public debates on policy documents and participation in working groups. (Interview with Programme Officer, UNFPA,)
- “If we want to motivate young girls and women living with HIV to take part in the decision-making process, we first need to provide an enabling environment within the NGOs. What I’m talking about is a working environment that is confidential and free of discrimination and prejudices towards PLHIV.” (Interview with member of the Working group of PLHIV ‘Stronger Together’)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Macedonia. The following actions should be considered by all key stakeholders, including the government, relevant inter-governmental and non-governmental organizations, and donors:

LEGAL PROVISION

- To introduce legislation in both the Family Law and the Criminal Code that specifically addresses gender-based violence and ensures that such legislation is widely promoted and implemented to reach all people, especially those who are poor and marginalized.
- To revise and remove the legal barriers in the Law on Health Protection to ensure that young people under the age of 18 can also legally access HIV and SRH services without parental consent if they are physically and psychologically mature.
- To ensure that that the Law on Citizens' Associations and Foundations is equally implemented and that all citizens, especially those from marginalized communities, including sex workers, are formally entitled to establish community-based organizations.

POLICY PROVISION

- Gender aspects need to be mainstreamed into national HIV and SRH strategic policies and programmes in order to address the specific needs of girls and young women.
- National HIV testing protocols need to be developed to ensure gender perspectives are included.
- Mandatory comprehensive sexuality education needs to be introduced in schools and it is necessary to ensure that the curriculum is gender sensitive and gender transformative (changing gender norms and promoting relationships between men and women that are fair and just).
- Provisions for access to SRH services in the National Plan for Gender Equality need to be effectively implemented and sufficiently budgeted.

AVAILABILITY OF SERVICES

- To establish HIV testing and counselling services at gynaecological and obstetric clinics to ensure that pregnant girls and women can more easily access HIV prevention services.

- To ensure that gynaecologists at primary healthcare centres are trained and able to offer HIV testing in their scope of services.
- To develop specific educational and life-skills programmes for young people living with HIV that addresses positive prevention, gender equality, empowerment and the sexual and reproductive health needs of PLHIV, in particular for girls and women living with HIV.

ACCESSIBILITY OF SERVICES

- To strengthen the capacities of service providers, especially those working in SRH clinics, to address issues related to HIV stigmatization and discrimination, young people, gender equality and gender-based violence and to ensure that these topics are integrated in the official training curricula for healthcare workers.
- To design and implement educational activities and media campaigns that specifically address HIV prevention among women and young girls.
- To promote VCT among girls and women in order to increase the number of females accessing VCT services.
- To ensure that condoms are widely available, especially in the organizations and clinics providing HIV and SRH information and services, and to ensure that condoms are provided free or are subsidized.

PARTICIPATION AND RIGHTS

- To involve organizations that represent the interests of women and young people in all national HIV bodies, including both the National Multi-Sectorial Commission on HIV and CCM, in order to ensure that gender is mainstreamed into HIV decision-making.
- To strengthen the capacity of women and girls living with HIV to enable their active involvement in decision-making, programme design and implementation and also to ensure that they know how to advocate for the protection of human rights of people living with HIV.

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