

CONSULTATION REPORT

Access to and availability of SRH and HIV services for Young Key Populations

Focus group discussions among young key populations

MACEDONIA



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COUNTRY CONTEXT

According to the last census conducted in 2002, Macedonia has a population of 2,022,547, out of which 16.2% (327,367) are young people aged between 15 and 24 years.

According to data from the Clinic for Infectious Diseases, Macedonia has low HIV prevalence, with a total of 239 cases reported by the end of 2014. The highest incidence was recorded in 2014, with 42 registered cases, of which 26% were among people aged 18–24.

The National Strategy for HIV 2012–2016 recognizes people who inject drugs (PWID), men who have sex with men (MSM), sex workers and prisoners as key populations in the context of HIV. The strategy for prevention among key populations also includes youth in general as a vulnerable group and envisages specific HIV programmes for all five groups. People living with HIV (PLHIV) are also targeted as a key population, with specific interventions related to treatment, care and support. It is estimated that there are between 9,000 and 14,000 PWID aged 18–45 years, about 20,000 MSM aged 18–59 years and around 3,600 sex workers over 18 years in the country.

A national bio-behavioural study (BBS) among key populations conducted in late 2013/early 2014 found no HIV-positive sex workers or PWID, but a significant increase in the prevalence of HIV among MSM. The RDSAT-weighted analysis estimated prevalence at 1.9% (CI95%=0.5–2.9%) in the entire estimated population of MSM. This is a significant increase from 2010, when prevalence in the study sample was 0.5%, while the estimated prevalence in the population was calculated as 0%. The findings correspond with the regular HIV surveillance data, showing a rising trend of new HIV cases among MSM. In 2014, 30 out of the 42 registered cases (71%) were MSM.

The BBS among key populations estimates that the prevalence of hepatitis B among MSM is becoming quite significant (4.5%) and that 47% of MSM used a condom during their last sexual intercourse with a casual partner. However, at risk sexual behaviours and the possibility of transmission of HIV or sexually transmitted infections (STIs) is not an isolated issue only among MSM, since the results indicate that 65% of MSM have had female sexual partners over the last 12 months. Additionally, there are unmet needs related to sexual and reproductive health (SRH) among sex workers, since the BBS estimates that 39% of sex workers have had symptoms of STIs in the past 12 months, 56.2% have had an abortion, 18.7% have never been to a gynaecologist or dermatologist, and only 5.7% have used other contraceptive methods besides condoms.

Since 2004 Macedonia has been receiving support from the Global Fund to Fight AIDS, Tuberculosis and Malaria for financing the national response to HIV. With the latest grant (2012–2016), HIV prevention programmes were expanded and upgraded throughout the country. As a result, there is currently a wide network of non-governmental organizations (NGOs) and community-based organizations (CBOs) delivering HIV prevention services to key populations, as well as programmes to strengthen the communities of PLHIV and sex workers. However, the challenge of maintaining effective HIV programmes and ensuring their financial sustainability, infrastructure and human resources will be one of the biggest issues once the Global Fund phases out its activities in the country at the end of 2016.

COMPONENT 1.

SOCIAL AND CULTURAL CONTEXT OF YOUNG KEY POPULATIONS

KEY POINTS

- The EMIS indicates that Macedonia is one of the European countries with the lowest proportion (13.6%) of MSM who have revealed their sexual orientation to their family, friends and work or study colleagues.¹
- HIV stigma and homophobia exist at every level of society (among health and social care providers, decision-makers, the media, the general public and young people).² The level of homophobia isolates MSM within society,³ and internal homophobia among MSM is also present.⁴
- Issues related to HIV stigmatization and discrimination, as well as issues concerning the specific needs of young people are not included in the official training curriculum of the key health care workers providing SRH services.⁵
- One third of sexually active MSM are under the age of 15, while as many as 71% of MSM are sexually active at an age younger than 17. Similarly, data showed that almost 55% of sex workers started selling sex between the ages of 15–19 years.⁶
- A quarter of PLHIV live in a difficult socio-economic situation and cannot regularly afford food for daily meals. There is lack of social care and specific benefits for socially disadvantaged PLHIV on the grounds of HIV infection within the social care system and in the workplace.⁷
- There is a growing tendency among PLHIV to hide their HIV status or to disclose it only to a limited number of people, mainly due to the stigma in the society. In addition, there is still a high level of self-stigma, which does not correlate with medical advances. (As a result of their HIV status, 43% of PLHIV have decided not to have (any more) children, 38% have decided not to get married, and 18% have decided not to have sex.)⁸
- In general, there is low awareness among MSM, PWID and sex workers of the need for preventive STI testing when there are no symptoms.⁹
- The unemployment rate in the country among youth aged 15–24 is 53.9%.¹⁰

¹ HERA (Health Education and Research Association), HIV Prevention Report Card for Men Who Have Sex With Men, 2011, available at: <http://hera.org.mk/?p=2357>.

² Ibid.

³ HERA. Society, Gender, Sexuality, Sexual Health and MSM in Macedonia, 2013, available at: <http://hera.org.mk/?p=2345>.

⁴ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, available at: <http://hera.org.mk/?p=2357>.

⁵ HERA. An HIV Prevention Report Card among Girls and Young Women, 2012, available at: <http://hera.org.mk/?p=2362>.

⁶ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among Men Who Have Sex with Men, 2013–2014

⁷ HERA. Needs Assessment of People Living with HIV in Macedonia, 2014, available at: <http://hera.org.mk/?p=3331>.

⁸ Ibid.

⁹ HERA. Sexual and Reproductive Health and Rights among the Population, especially among the vulnerable to HIV – Qualitative Needs Assessment of Health Rights among Men Who Have Sex with Men, People Who Inject Drugs and Sex Workers, 2012.

¹⁰ State Statistical Office. Report on Unemployment Rate, 2014.

QUOTES AND ISSUES

- According to a focus group discussion (FGD) with young MSM, MSM have recently become more relaxed about their sexual orientation within the circles of young people. However, the majority of them are out only to their friends – but not to their families or within the wider community.
- Because they are afraid of stigma, young PLHIV hide their HIV status from the broader community, and even from their families and close friends; they are especially afraid that their parents might become excessively worried. Some of the participants have not shared their HIV status with anyone; those who have, have done so with two or three people at most: close friends, peers and, very rarely, parents. (FGD with PLHIV)
- Education has a negative effect and provides no way for young MSM to learn about sexuality. High school and higher education textbooks which are still in use contain scientifically ungrounded, discriminatory and offensive descriptions of people with a different sexual orientation. Young MSM, PWID and PLHIV believe that school and workplace settings do not provide adequate support in the process of self-development or acceptance. (FGD with MSM, PWID and PLHIV)
- Members of young key populations feel that they are not integrated into society, because they experience unequal treatment, stigma, violation of their rights and radical examples of discrimination and violence. (FGD with SW, MSM, PWID and PLHIV)
- PWID and sex workers point to unemployment and poor working conditions as major problems in the country: low incomes, exploitative work hours, unregulated health care and social insurance all make it hard for people to meet even their basic needs. (FGD with sex workers, MSM, PWID and PLHIV)
- **“I had a close friend who I wanted to share my HIV status with; I started off by talking about HIV, and I could see she was not at all informed: she thinks you can get HIV from saliva, that it’s a disease of prostitutes and fags, who have sex with 100 people in a single night.”** (FDG with PLHIV)
- **“Whenever there were any presentations on HIV and AIDS in high school, they were too vague, and the students never took them seriously. The medical personnel would only tell us to use condoms for protection; that the virus is transmitted by such-and-such sex; but they never say anything about the therapy, how successful it is, and the like.”** (FGD with PLHIV and MSM)
- **“Homosexuality is taboo. We don’t know how to reach information about sexuality. I am 24 and I am quite mature now, but when I was 18 I had no information and I felt ashamed”** (FGD with MSM)
- **“For example, I’m a drug user, and I hide away from my employer. I don’t tell him I’m a drug dependent that I’m on methadone. So, first of all, I’m lying about the methadone. Especially for drug users, discrimination in employment is terrible. You’re just considered a scumbag.”** (FGD with PWID)
- **“If my mother could only realize that HIV today doesn’t mean certain death, that you’ll live a poor-quality life, weigh 15 kilos, crack all your bones... because these are the images imprinted on people’s minds. And I don’t even blame them, because this is the information available.”** (FGD with PLHIV)

COMPONENT 2.

ACCESS TO AND AVAILABILITY OF SRH/HIV SERVICES

(Available programmes, scale of services, range, location, user-friendliness, and affordability.)

KEY POINTS

- Different HIV prevention programmes have been established and substantially scaled up¹¹ in the past decade through the HIV programme supported by the Global Fund targeting PWID, sex workers, MSM and prisoners in different regions of the country.¹² Free-of-charge services for HIV prevention have been implemented in collaboration between governmental institutions and civil society organizations.¹³
- Throughout the country there are 15 needle exchange services run by NGOs and 13 centres for drug substitution treatment,¹⁴ 10 stationary voluntary counselling and testing (VCT) centres within health institutions and two mobile VCT units and a mobile SRH clinic.¹⁵ In addition, prevention programmes among MSM have been established in four cities by the NGO EGAL, and programmes for sex workers are run by NGOs in five cities.¹⁶
- There are no specific SRH clinics adapted to the needs of key populations except for the NGO HERA's youth-friendly centres (I WANT TO KNOW)¹⁷ which provide free and confidential HIV and SRH services, including VCT, STI testing and treatment¹⁸, gynaecological and dermatological services and contraception. These centres, in cooperation with different NGOs and leaders of the MSM, sex worker and PWID communities, offer services to the young key populations who have the greatest needs for them.¹⁹
- HIV treatment and care for PLHIV are provided only at the Clinic for Infectious Diseases in Skopje. Although the availability of antiretroviral treatment has significantly improved since 2014, there are still issues related to the service.²⁰ A needs assessment of PLHIV conducted in 2014 showed that the time interval for dispensing antiretroviral medicines at the clinic (each month) was considered a problem by the majority of the respondents, as was the centralized distribution, and the travel expenses for socially disadvantaged patients.²¹
- There is an obvious need for reproductive health services for PLHIV, such as in vitro fertilization (not available for women living with HIV) and sperm washing for men with HIV, without risk of transmission of the virus to the partner/child, as well as a need for reproductive health services that are free from discrimination.²²
- VCT is free of charge and regularly available among MSM, sex workers and PWID through mobile VCT units coordinated by HERA in partnership with 13 other NGOs throughout the country.²³ However, data show that the VCT coverage of key populations is insufficient (only 19% of MSM²⁴ 33% of PWID²⁵ and 44% of sex workers received an HIV test in the last 12 months).²⁶

¹¹ Republic of Macedonia. Global AIDS Progress Reporting, 2012. Universal Access in the Health Sector Reporting Dublin Declaration, available at: [http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0[1].pdf).

¹² HERA. HIV Affects Us All – Guide for Members of Parliament in the Republic of Macedonia, available at: <http://hera.org.mk/?p=2543>.

¹³ Republic of Macedonia, Global AIDS Progress Reporting, 2012. Universal Access in the Health Sector Reporting Dublin Declaration, available at: [http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0[1].pdf).

¹⁴ HERA. HIV Affects Us All – Guide for Members of Parliament in the Republic of Macedonia, available at: <http://hera.org.mk/?p=2543>.

¹⁵ Republic of Macedonia. Global AIDS Progress Reporting, 2012. Universal Access in the Health Sector Reporting Dublin Declaration, available at: [http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0\[1\].pdf](http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_MK_Narrative_Report_0[1].pdf).

¹⁶ Ibid

¹⁷ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, <http://hera.org.mk/?p=2357>.

¹⁸ Ibid.

¹⁹ C World Health Organization. Youth-Friendly Health Policies and Services in the European Region, 2010, available at: http://www.euro.who.int/data/assets/pdf_file/0017/123128/E94322.pdf.

²⁰ STRONGER TOGETHER. Access to Therapy, Report of the Patients, 2014.

²¹ HERA. Needs Assessment of People Living with HIV in Macedonia, 2014, available at: <http://hera.org.mk/?p=3331>.

²² Ibid.

²³ HERA. HIV Affects Us All – Guide for Members of Parliament in the Republic of Macedonia, available at: <http://hera.org.mk/?p=2543>.

²⁴ Republic of Macedonia, Ministry of Health. Report on Bio Behavioural Study among Men Who Have Sex with Men, 2013–2014.

²⁵ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among People Who Inject Drugs, 2013–2014.

²⁶ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among Sex Workers, 2013–2014..

- In terms of prevention programmes for MSM, data show that 82% of MSM have received free condoms in the past 12 months, while one third have used some of EGAL's services.²⁷ Among sex workers, 72% have received free condoms and 46% have used the services of the NGO HOPS in the past 12 months.²⁸ Among PWID, 71% have received free condoms in the past 12 months, from outreach workers or the 'drop-in' centres run by NGOs.²⁹
- There are a number of reasons why the needs of PWID, sex workers and MSM for SRH-related health care services in public health institutions are not being fulfilled:
 - **health insurance is not regulated and/or the right to select a general practitioner is not used;**
 - **they are economically weak, which is underlined by their high rates of unemployment;**
 - **primary health care capacities are not adapted to the specificities of SRH;**
 - **services are not accessible to marginalized groups;**
 - **there is little awareness among the key populations that they need particular services, they do not know their health care rights, nor are they familiar with the overall health care system and capacities; and**
 - **they are not satisfied with the health care services available, especially when it comes to communication, counselling and psycho-social support, and they generally distrust the health care system.**³⁰
- PWID face many obstacles in accessing health care services, there is insufficient coverage with methadone and buprenorphine for all those in need of treatment, and there is lack of health care and treatment programmes for children who use drugs. Furthermore, active drug users are prevented from accessing hepatitis C therapy.³¹
- Services required for the sex reassignment process, such as a psychiatrist's approval, hormone therapy under medical supervision and surgical interventions, are not at all accessible to transsexual people.³²

QUOTES AND ISSUES

- The young MSM, sex workers and PWID who participated in FGDs almost exclusively use the services of NGOs when it comes to VCT. Also, PWID exclusively use NGO needle and syringe exchange services. MSM, PLHIV and sex workers acknowledge the I WANT TO KNOW Youth Centre in Skopje as the place they can go for information or assistance related to SRH. Most frequently, they seek gynaecological examinations and contraceptives (women sex workers), STI diagnosis and treatment (MSM and sex workers), and HIV testing. (FGD with sex workers, MSM, PWID and PLHIV)
- The FGD participants listed the following advantages of the HIV and SRH services: the services are free of charge; they are confidential – there is no need for personal identification; and they trust the quality of the services and the conduct of the personnel. However, the main barriers they identified include: opening hours of some of the services; services cannot be used by people under the age of 18; SRH services are not available every day and are mainly focused on the capital city; and dissatisfaction with the quality of the free condoms supplied by NGOs.
- A smaller proportion of the members of the key populations also use SRH services from the public and private sectors: while women sex workers and PWID visit their elected gynaecologist and use the pregnancy termination services in health care institutions, men of all key populations seek medical assistance almost exclusively after they develop symptoms, mostly from their general practitioners and dermatologists. (FGD with sex workers, MSM, PWID and PLHIV)

²⁷ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among Men Who Have Sex with Men, 2013–2014.

²⁸ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioral Study among Sex Workers, 2013–2014.

²⁹ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioral Study among People Who Inject Drugs, 2013–2014

³⁰ HERA. Sexual and Reproductive Health and Rights among the Population, especially among the vulnerable to HIV – Qualitative Needs Assessment of Health Rights among Men Who Have Sex with Men, People Who Inject Drugs and Sex Workers, 2012.

³¹ Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf.

³² Ibid

- Young MSM identify the following major barriers to using public-sector SRH services: fear of a lack of confidentiality; services are not adapted to the needs of MSM; and discrimination. In addition to discrimination, women sex workers see the price of gynaecological services, especially the price of abortions, as a significant problem. (FGD with MSM)
- Young PLHIV, once they learn about their HIV status (but not before), have started regularly visiting the day-care centre for treatment, care and support for PLHIV at the Clinic for Infectious Diseases in Skopje, mainly for a control examination or antiretroviral therapy, but also for other purposes: if they have health issues or for a talk and support. As for condoms and lubricants, they buy them, or get them from NGOs. (FGD with PLHIV)
- **“I’m not happy that I can only use methadone, and there’s no option to use buprenorphine.”**
- **“Urologists are not available at primary health level. My [female] friends are not in the same situation, because they have a gynaecologist. I, too, will go to one, just for the information.” (FGD with MSM”**
- **“I think that NGOs should change the condoms – they are disgusting– thick; crude; won’t break, but won’t fit either; bed smelling...” (FGD with MSM)**
- **“There should be full support for the treatment of hepatitis. People don’t ask for help – they don’t even have the money to go to Skopje and have all the necessary tests; even if they managed to get to Skopje, they wouldn’t know their way around. From that perspective, the assistance provided by the NGOs is insufficient; it should be much better.” (FGD with PWID)**
- **“When I was giving birth, I told them I was on methadone therapy, and they got all puzzled and didn’t know what to do. The paediatrician told me the delivery would be at my own risk; the gynaecologist said he was only going to deliver the baby and didn’t know more than that. I didn’t even see him later.” (FGD with PWID)**
- **“I had to take my wardrobe out of the house and sell it, to pay for an abortion.” (FGD with sex workers)**
- **“If it’s free to see a family gynaecologist, I’d go there every week, or twice a month. If NGOs start to charge [for gynaecologist services], I won’t go there either. (FGD with sex workers)**

COMPONENT 3.

LEGAL CONTEXT, DISCRIMINATION AND VIOLENCE

(National laws, regulations, policies, guidelines and cultural practices, physical assault, sexual assault, psychological abuse by state or non-state actors)

KEY POINTS

- The National HIV/AIDS Strategy (2002–2016) is the only national policy document that recognizes SRH and HIV among MSM, sex workers, PWID, PLHIV and youth in a separate strategic area.³³ SRH services are available for young people under 18, though the Law on Health Protection states that they must be accompanied by a parent or guardian.³⁴
- The Law on Protection against Discrimination, adopted in 2010, does not include sexual orientation and gender identity as grounds for protection and is not fully aligned with the acquis.³⁵ The Lesbian, Gay, Bisexual and Transgender (LGBT) community continues to suffer from discrimination and stigmatization, and there has been increased intolerance towards LGBT people, such as repeated physical attacks on the LGBT Support Centre in Skopje and homophobic media content.³⁶ The school curriculum does not provide basic information on sexuality and stimulates homophobic attitudes by defining homosexuality (in text books) as an illness.³⁷
- Although one quarter of PLHIV have been refused medical services (other than HIV treatment and care), and more than a third report violations of their rights on the basis of their HIV status, they rarely use the existing legal mechanisms to protect their rights, mainly due to fear of wider exposure of their status and because they consider a favourable outcome unlikely.³⁸ Indeed, relevant state agencies, such as the State Commission for Protection against Discrimination and the State Sanitary and Health Inspectorate, have been slow in processing such complaints or have failed to find discrimination where the Ombudsman did.³⁹
- The national legislation has completely excluded transgender people, and not a single piece of legislation prohibits discrimination on the grounds of gender identity. This situation puts trans people in a position of insecurity with regards to their legal status and leaves them without any protection against discrimination and other forms of violation of their rights.⁴⁰
- PWID are still treated by the police as criminal offenders, rather than misdemeanour offenders. The largest shares of all people arrested are regularly ‘persons apprehended for possession of narcotics’, even though ‘possession of a narcotics’ for personal use has not been defined either as a misdemeanour or as a crime.⁴¹ Numerous cases have been registered of the police violating the human rights of PWID: violation of the right to personal dignity and discrimination; violation of health care rights; denial of their rights during apprehension; humiliating searches of their person in public; endangering their personal safety; violation of their physical integrity; and indications of torture and inhumane and degrading treatment.⁴²

³³ Republic of Macedonia, Ministry of Health. National Strategy for HIV 2012–2016, available at: <http://zdravstvo.gov.mk/wp-content/uploads/2012/12/nova-strategija-hivvida.pdf>.

³⁴ HERA. HIV Prevention Report Card among Girls and Young Women, 2012, available at: <http://hera.org.mk/?p=2362>.

³⁵ ILGA Europe. Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in FYR Macedonia. Contribution to the 2014 EC Progress Report, available at: http://www.ilga-europe.org/sites/default/files/ilga_europe_review_of_fyr_macedonia_contribution_to_the_2014_ec_progress_report.pdf.

³⁶ European Commission. The Former Yugoslav Republic of Macedonia 2013 Progress Report, available at: http://ec.europa.eu/enlargement/pdf/key_documents/2013/package/mk_rapport_2013.pdf.

³⁷ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, available at: <http://hera.org.mk/?p=2357>.

³⁸ HERA. Needs Assessment of People Living with HIV in Macedonia, 2014, available at: <http://hera.org.mk/?p=3331>.

³⁹ Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

- The Criminal Code (Article 205) treats the transmission of an infectious disease, including through sexual intercourse, as a crime. The article was used in 2008 by the Macedonian police to justify forced testing of sex workers for HIV and blood-borne infections and to file criminal charges against those who tested positive.⁴³

QUOTES AND ISSUES

- According to the FGD participants, PWID, women sex workers and young transgender people are particularly exposed to police violence. They normally encounter ridicule, insults and threats, but there are also cases of flagrant violations of human rights, including physical violence.
- Young key populations share the perception that they cannot rely on the institutions of the system, especially not on the police and the judiciary. Even in those rare cases when the young members of key populations have reported the violence they have experienced, the police have often shown no interest in resolving the case, and the procedure has taken too long and has rarely resulted in effective protection. (FGD with sex workers, MSM, PWID and PLHIV)
- Often young PLHIV have problems with their general practitioners, once they have learned their patients' HIV status. This may range from a lack of discretion and confidentiality on the part of the doctor, improper questioning, unsolicited sexuality-related words of advice, and disclosure of the HIV status to third persons by way of careless conversation about HIV and sexuality in the presence of other people. (FGD with PLHIV)
- **“Once in Skopje, we were having a walk with my friend, and some guys started chasing us and shouting ‘faggots’. I called the police, and when the Alfas [special police units] came, one said, ‘Had I known it was for you, faggots, I wouldn’t have bothered to come. You ask for it.’ We are harassed by police officers in all possible ways. Just yesterday, we were walking cross-dressed, and a policeman asked for my ID card. He asked, ‘Are you faggots?’ I told him, ‘We’re transsexuals.’ In a different case, I recorded a policeman insulting us and calling us ‘faggots’. I recorded a 13-minute video. Plus he hit me, so I reported him to the LGBT Support Centre and also to the police, but the procedure has dragged on for more than a year now.”**
- **“Yesterday I was with some friends, dressed as women. The Alfas and policemen came and detained us for two hours. They recorded us, bothered us with, ‘Why do you fuck like that, why are you gay, why are you dressed like that? ...If only I were in power, I would kill you!’ I took a note of their car licence plates, and reported them to the Helsinki [Committee for Human Rights]. No one anywhere gives us trouble, just the police...”** (FGD with transgender sex workers)
- **“I’ve been having problems with the police all my life. They’ve treated me inappropriately every single day... They chase me away when I’m with a girl... They harass me non-stop... They’ve slapped me once when I was a minor. Then, they put me in solitary for 2–3 hours.”** (FGD with PWID)
- **“There’s this kid who knows me, he got a joint from someone else, but the inspector gave him a statement to sign, saying he bought it from me. In court, the kid started crying before the judge, claiming I hadn’t sold him the joint, that he was forced by the police to say I had. And the judge tells me, ‘whether or not it was you, you’d better admit it. You’ll do better if you don’t disobey ‘e.’ And so I admitted it, even though I didn’t do it. It affected my life tremendously; I was prevented from going to France.”** (FGD with PWID)
- **“Police officers come regularly to my house. They break down the door, bring their warrant and search my mother, my grandmother, my aunt... There’s no one to protect me...”** (FGD with PWID)
- **“I had a problem with my general practitioner – with her colleague, to be more precise – who asked me, ‘For crying out loud, why you haven’t used condoms? Who’s the fag you caught it**

⁴³ Open letter to the Government of Macedonia regarding the detention, compulsory medical testing and criminal prosecution of alleged sex workers in November 2008, December 2008, available at: [http://www.hrw.org/sites/default/files/related_material/Open%20letter%20to%20the%20Government%20of%20Macedonia%20\(2\).pdf](http://www.hrw.org/sites/default/files/related_material/Open%20letter%20to%20the%20Government%20of%20Macedonia%20(2).pdf)

from?', and in front of the many people there she shouted out to the nurse to note down the B20 code, that I have HIV." (FGD with PLHIV)

- "When I worked in a tavern in Tetovo, the owner told me, 'If you want to entertain some clients, feel free to go, I won't stop you.' The clients plied me with alcohol. And there was physical violence, too... The tavern was downstairs, and the rooms were upstairs, and the owner would lock me in. The owner himself raped me. I didn't report him; that's where I worked, and I was afraid. We should be given opportunities for completely different jobs." (FGD with sex workers)
- "At work, some people won't give you money, others will pay you less; some will call you names, others will hit you." (FGD with sex workers)
- "I go to a medical high school, and I had a friend who is bisexual. She raised the question whether gay people are sick, and our teacher in Anatomy and Physiology answered that they are. An argument broke out, and the student was sent to see the school psychologist." (FGD with MSM)

COMPONENT 4.

PARTICIPATION AND RIGHTS

(Human rights, representation, advocacy, participation in decision-making etc.)

KEY POINTS

- Although MSM peer educators and outreach workers are empowered to inform themselves and their peers about HIV prevention, there is neither an advocacy framework nor any national programme to build the capacity of MSM to stand up for their rights.⁴⁴
- Besides the CBO EGAL, the rights of MSM and the LGBT community are also promoted by the Coalition for Promotion and Protection of Sexual and Health Rights of the Marginalized Populations, and by the Macedonian Helsinki Committee for Human Rights.⁴⁵
- To date, there has been no individual living with HIV who has spoken openly in public about their HIV status, mainly due to the high level of stigma in society.⁴⁶ However, over the past five years the community of PLHIV has organized itself and has established its own community-led organisation, STRONGER TOGETHER, to support PLHIV in the country.⁴⁷
- There are four community-led organisations for different key populations, and they are all included in the national HIV programme: people being treated for drug addiction (DOVERBA), LGBT (EGAL), sex workers (STAR-STAR) and PLHIV (STRONGER TOGETHER).⁴⁸
- No documents reveal specific programmes or mechanisms for involving young key populations in decision-making or advocacy through direct representation.
- The communities of PLHIV, LGBT and people receiving treatment for addiction are actively represented through their respective organizations in the national bodies involved in the governance of the response to HIV, such as the National HIV/AIDS Commission⁴⁹ and the Country Coordinating Mechanism. However, only the organization of PLHIV has initiated and led specific advocacy activities, mostly related to the availability of antiretroviral therapy, as well as in policy work related to the national HIV response in general.⁵⁰
- Coordinated civil society activism has been emerging over the last two years. The National Network Against Homophobia and Transphobia was established in 2014 and includes 15 civil society organizations and informal groups that act against physical violence, hate speech and structural violence towards LGBTI people, including public awareness-raising activities and public protests in front of the Public Prosecutor's Office.⁵¹ In 2014, civil society organizations took part in coordinated and successful action to prevent the government from amending the Constitution to include a constitutional definition not only of marriage, but also of any type of civil union, as being only between a man and a woman.⁵²

⁴⁴ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, available at: <http://hera.org.mk/?p=2357>.

⁴⁵ Ibid.

⁴⁶ HERA. Needs Assessment of People Living with HIV in Macedonia, 2014, available at: <http://hera.org.mk/?p=3331>

⁴⁷ Ibid.

⁴⁸ Republic of Macedonia, Proposal Form, ROUND 10, 2010

⁴⁹ Republic of Macedonia, Ministry of Health. Decision to Establish the HIV/AIDS Commission, Number 25/4923/1, dated 12 June 2012.

⁵⁰ STRONGER TOGETHER. Access to Therapy, Report of the Patients, 2014.

⁵¹ Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf.

⁵² Ibid.

QUOTES AND ISSUES

- **“There are no initiatives for involvement of young people from key populations in the process of strategic planning... Who from the YKP was involved in preparation of past HIV strategy? No one, even the mainstream youth are not involved in the process.... We need participation of young from key population at first place in NGOs that work on this field, and in other process for strategic planning such as Strategy for youth... ” (YKP meeting for verification of findings)**
- **PWID from Strumica use the health care, legal and social services of the IZBOR civil association to a great extent; some of them are even active as volunteers. Although they are in general satisfied with the support they are receiving, they believe that there should be an organization in the country that will take action to modify the laws and introduce ground-breaking changes to their situation.**
- **Young PLHIV state that most often they encounter stigma and discrimination from health care workers. If they experience a violation of their rights, young PLHIV are not aware of any organization that could offer them legal advice and support. (FGD with sex workers, MSM, PWID and PLHIV)**
- **The issue of the protection and safety of key populations also needs to be resolved, as places frequented by gay people are not safe. For example, a coffee shop was raided and demolished, with a few people injured, and a night club was ransacked and people physically threatened; in both cases police protection had failed. (FGD with MSM)**
- **“Asking for parental consent for people under 18 to use the services is violation of human rights. For sexual intercourse under the age of 18 you don’t ask your parent for consent” (FGD with MSM)**
- **“Let’s not forget there’s double discrimination – by the wider public and within community itself. Especially in the Balkan region, we’ll be facing the problem for many years to come. There are homosexual who are homophobes – even among those who identifies themselves as gay. That’s why I think before to start all this fight (against discrimination) to strengthening the gay community towards its outer surroundings, we should first do our work within the community” (FGD with MSM)**
- **“It’s bad that all organizations are predominant oriented to HIV; I think approach should be change a bit, because there is a great tension being build up over HIV, instead for MSM rights... for example, we don’t have so many HIV cases compared to other countries” (FGD with MSM)**
- **“Peer counselling helped me a lot – I learned about everything. If it wasn’t for it, I don’t know what I would do. I received the information from an affected person, and definitely that’s what’s most important. If anyone else told me, I wouldn’t trust them... There were two positive guys in STRONGER TOGETHER – wonderful people. I literally went in with eye bags, and came out smiling. What they told me, I knew it was told realistically and openly.” (FGD with PLHIV)**
- **“We don’t have any rights whatsoever – neither in employment nor in health care.” (FGD with sex workers)**
- **“Who’s got the guts to say he’s a sex worker or gay – no way... In Tetovo, the police caught us and demanded 1500 denars [≈€25] so as not to give us a penalty notice. The police there won’t bother with you, they just ask for your money. They asked me how much I had earned that day. And these were policemen, only off-duty.” (FGD with transgender sex worker)**
- **“We ought to have human rights – exactly the same rights as are enjoyed by other citizens. To become accepted in this country, that’s what we’re missing.” (FGD with sex workers)**

COMPONENT 5.

KEY RECOMMENDATIONS TO ADDRESS MAIN BARRIERS TO ACCESS TO SRH/HIV SERVICES

KEY POINTS

- The financial sustainability of existing HIV services and programmes needs to be ensured beyond 2016, after the phasing out of Global Fund funding, by integrating them into central and local government programmes and budgets.⁵³
- The contents of current education curricula and programmes with regards to education on gender, gender identity, gender equality and sexuality, as well as on SRH at all levels of education need to be improved,⁵⁴ and comprehensive sexuality education should be introduced in primary and secondary schools.⁵⁵
- There is an urgent need to intensify prevention programmes for HIV/STIs for MSM throughout the country, with a special focus on increasing the availability of community-based VCT services.⁵⁶
- Central and local government authorities should improve the availability and accessibility of centres for treatment of drug addiction throughout the country⁵⁷ and increase the availability of needle and syringe exchange programmes, specifically among young drug users.⁵⁸
- The knowledge and availability of free HIV and STI testing needs to increase among sex workers, and the scope of preventive programmes needs to expand beyond the 'open scene'.⁵⁹
- Specific reproductive health services for PLHIV, such as in vitro fertilization for women and sperm washing for men, should be made available to ensure their reproductive rights.⁶⁰
- Sexual orientation, gender identity and gender expression should be included in the Law on Protection against Discrimination, and implementation of the law needs to improve.⁶¹
- Sensitization training about HIV-related human rights needs to be provided to all relevant state agencies dealing with discrimination on the basis of HIV status, such as the State Sanitary and Health Inspectorate.⁶²
- Legal barriers in the Law on Health Protection should be revised and removed, 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.⁶³
- An awareness-raising campaign should be launched involving state representatives, academia and different health and social care professionals, to delegitimize the unscientific statements and claims that stigmatize non-heterosexuals from the public discourse and state education curricula.⁶⁴

⁵³ Republic of Macedonia, Ministry of Health. National Strategy for HIV 2012–2016, available at: <http://zdravstvo.gov.mk/wp-content/uploads/2012/12/nova-strategija-hivvida.pdf>

⁵⁴ HERA. Society, Gender, Sexuality, Sexual Health and MSM in Macedonia, 2013, available at: <http://hera.org.mk/?p=2345..>

⁵⁵ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, available at: <http://hera.org.mk/?p=2357>.

⁵⁶ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among Men Who Have Sex with Men, 2013–2014..

⁵⁷ Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf.

⁵⁸ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among People Who Inject Drugs, 2013–2014

⁵⁹ Republic of Macedonia, Ministry of Health. Report on Bio-Behavioural Study among Sex Workers, 2013–2014.

⁶⁰ HERA. Need Assessment of People Living with HIV in Macedonia, 2014, available at: <http://hera.org.mk/?p=3331>.

⁶¹ HERA. HIV Prevention Report Card for Men Who Have Sex with Men, 2011, available at: <http://hera.org.mk/?p=2357>.

⁶² Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf.

⁶³ HERA. An HIV Prevention Report Card among Girls and Young Women, 2012, available at: <http://hera.org.mk/?p=23>.

⁶⁴ HERA. Society, Gender, Sexuality, Sexual Health and MSM in Macedonia, 2013, available at: <http://hera.org.mk/?p=2345>.

- The Ministry of Health should adopt a clinical pathway for providing medical services related to diagnosis, treatment and surgical interventions for transsexual people in the process of their sex reassignment.⁶⁵
- Initiatives need to be established for the community mobilization and empowerment of young key populations and for their involvement in all decision-making processes that affect their lives.

QUOTES AND ISSUES

- There is a need to raise awareness among the general public about the rights of people of a different sexual orientation, so as to reduce discrimination. Also, the most recent information on HIV should be publicized through the media. (FGD with MSM and PLHIV)
- It is necessary to provide education in high schools and universities about sexual orientation and HIV-related stigma and discrimination. The issues of self-acceptance and support for persons of a different sexual orientation should be dealt with by psychologists and social workers, particularly in school settings. (FGD with MSM and PLHIV)
- It is also necessary to educate all health care workers, especially the doctors, and also to revise the scope of information provided to medical students as part of their regular education as doctors. The education programme for health care workers ought to include scientifically grounded data on the HIV infection, drug addiction treatment, sexual orientation and the human rights of MSM, PLHIV, sex workers and PWID. (FGD with sex workers, MSM, PWID and PLHIV)
- Functional legal mechanisms need to be set up that will force the wider public to think differently and will change perceptions in society. It is necessary to train the people whose duty it is to ensure the safety and protection against discrimination and violence of all citizens, and to set up efficient mechanisms so as to regulate and prevent police torture of MSM, sex workers and PWID.
- Sexual orientation should be acknowledged as one of the possible grounds for discrimination in the Law on Protection against Discrimination. Moreover, laws and policies should ensure that there is adequate education and protocols for all people that enforce the laws (especially the police). (FGD with sex workers, MSM, PWID and PLHIV)
- There ought to be SRH centres established outside the capital too, which will provide specialized services for MSM, sex workers, PWID and PLHIV. To widen the coverage of SRH services, some of these services should become available in the public health care sector – for example, through general practitioners. Young MSM, sex workers, PLHIV and PWID recommend that HIV and SRH services should be organized in a user-friendly way and that staff should be trained and sensitized to work with them. The key recommendations for improving access to services is to guarantee confidentiality, make them free of charge, provide a comprehensive package in one place and at the same time, and ensure that staff are kind and supportive. (FGD with sex workers, MSM, PWID and PLHIV)
- Young representatives of the key populations believe that, since young people engage in their first sexual intercourse already at the age of 13 or 14, it is necessary to also make SRH and HIV services available to them at that age. (FGD with sex workers and MSM)
- **“...there should be anti-discrimination campaigning for the LGBT population; just as the government runs campaigns for any other stuff, so they might launch one to reduce discrimination.” (FGD with MSM)**
- **“Under the law, we are protected, but the problem is in practice. Even if we were legally protected, discrimination won’t go away. The awareness of society needs to change.” (FGD with MSM)**

⁶⁵ Coalition for Sexual and Health Rights of Marginalized Communities. Annual Report, 2014, available at: http://coalition.org.mk/wp-content/uploads/2015/07/coalition_ar2014_MKD.pdf.

- **“...It is very difficult to gain the trust among MSM clients and even after we motivate them to make STI tests, the problem is that they can’t conduct all needed tests at one place and in one day. On the other side, HPV tests are not available for men at all, only if we have symptoms, although is very common among MSM and can cause testicular cancer ... In other countries exists SRH centers for gay man, where you can make all STIs test with one visit and one test sample. We need these kinds of clinics for male health in the country... ” (YKP meeting for verification of findings)**



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