



FACT SHEET ON MACEDONIA

1. General situation

The last available official census data for Macedonia puts the population total at 1,936,877. There is an ongoing process of rural to urban migration: according to the 1994 census 57% of the population lived in towns, an increase from 53.8% the previous decade.

Macedonia gained independence in 1991. Since then the country has undergone dramatic changes to adjust itself to a new political and economic environment. The first years of independence were marked by a steady decline in GDP and hyperinflation. The nineties were characterized by a significant fall in the standard of living. Over the last few years the inflation rate and GDP have stabilized but unemployment figures have steadily increased. The Kosovo crisis of 1999 intensified economic pressures on Macedonia. More than a quarter of a million Kosovo refugees severely stretched an already overburdened economy. In 2001, internal conflict between ethnic Albanian armed groups and Macedonian government forces further disrupted the economic situation and led to 80,000 internally displaced persons and 50,000 Macedonians seeking asylum in other countries.

In Macedonia, economic, political and institutional instability combined with other broad risk factors create a scenario where a serious HIV/AIDS epidemic is possible.

2. Epidemiological situation & vulnerable groups

It is unlikely that HIV/AIDS statistics reflect the real infection rates (67 HIV/AIDS cases). There is an under-developed surveillance system in place to measure prevalence and incidence of HIV/AIDS that does not address high-risk groups specifically. The data available on HIV/AIDS cases is based on test results, including blood/organ donor tests. Almost all registered HIV positive persons were not tested for HIV until after the development of health problems. Most of them develop AIDS 6 to 12 months thereafter, indicating that their HIV positive status was discovered late into the actual infection. The first HIV positive case was officially registered in 1987, and the first AIDS case in 1989.

There is evidence of high levels of risk behavior among young people in the country. Levels of knowledge about HIV/AIDS and other STIs among the population appear to be low, especially among injecting drug users, commercial sex workers, men that have sex with men, prisoners, trafficked people, refugees and displaced people. In addition, still there are high levels of stigmatization and medicalization of HIV and STI .

3. HIV/AIDS issues and challenges in the country

Macedonia has limited financial resources, underdeveloped public health system, and few NGOs to enable covering appropriately vulnerable groups. Although Macedonia has obtained funding from the GFATM, implementation capacity is low. **However, even with the GFATM money, the financial gap is still substantial, and weak institutional capacity to provide leadership and coordination of internal and external**

stakeholders, is a problem. Please find below some of the country achievements and challenges, under the framework of UNAIDS “Three Ones”:

1. One agreed HIV/AIDS action framework

Achievements:

- ✓ National AIDS Strategy 2003-2006 was prepared by the National AIDS Commission (NAC) and publicly launch on WAD in 2003.
- ✓ Broad and active participation of all national /international partners during the drafting process

Challenges

- ✓ Implementation of the NS- financial and programmatic
- ✓ Institutional capacity building
- ✓ Inclusion of the PLHA in the implementation of the NS.

2. One national HIV/AIDS authority

Achievements:

- ✓ NMC created in under the Prime minister auspices in 2003
- ✓ Inclusion of CSOs members in the NMC

Challenges

- ✓ Keep the momentum and political commitment
- ✓ Inclusion of the PLHA in the NMC

3. One agreed country level monitoring and evaluation system

Achievements:

- ✓ Establishment of an M&E WG
- ✓ Introduction of CRIS
- ✓ Regional M&E training
- ✓ PAF money allocated to support the development of the country M&E plan

Challenges

- **Surveillance**
 - ✓ Introduction of the II Generation of Surveillance
 - ✓ Strengthening of the biological surveillance
 - ✓ Measure HIV and behavioural trends among IDU, SW and MSM;
 - ✓ Accurately estimate size of vulnerable populations
 - ✓ Monitor coverage through regular coverage surveys (as part of behavioural surveys
 - ✓ Monitoring behavioural and biological trends/impacts through ongoing bio-behavioural surveys
- **Research**
 - ✓ Need to coalesce behind a few high quality data products
 - ✓ Triangulation
- **Financial monitoring**
 - ✓ Sustainable tracking of spent funds
 - ✓ Institutional capacity building in this regard

- **Programme monitoring**
 - ✓ M&E must include a standardized core (indicators- UNGASS, NAC, GFATM) so that data from different areas and projects flows from level to level, into a single overall data capture and summary system. This core may be supplemented by additional project-specific M&E
 - ✓ Introduce proven, quality interventions that aim to reach 100% of vulnerable populations
 - ✓ Monitor quantity and quality of services for vulnerable groups, using program monitoring forms and quality assurance standards and tools

4. UN/UNDP niche in addressing HIV/AIDS

A UN Theme Group on HIV/AIDS (UNTG) has been active in Macedonia since 1999. The UN Theme Group is currently chaired by WHO and composed of UNDP, UNICEF, WHO, IOM, UNHCR and the World Bank. As a result of the UN Theme Group on HIV/AIDS and UNAIDS advocacy for strengthened partnership between the government and civil society, NGOs, academia, the media and faith-based organizations were included in the National Multisectoral Commission and the first national strategy on HIV/AIDS was developed.

The National HIV/AIDS Strategy (2003–2006) is based on the results of the Situation Analysis and Response Analysis for HIV/AIDS, completed in late 2002 and early 2003, the Global Fund proposal submitted in May 2003, and the strategic planning workshop conducted by the Theme Group and UNAIDS in the spring of 2003. All these processes were facilitated by the UNAIDS FP.

A key aspect of an expanded national response is to understand the progress of the epidemic, the responses that are mounted to combat it and the impact that those responses are having. To this end, UNAIDS allocated in total \$ 95,000 Programme Accelerating Funds (PAF) resources for preparation of the National Strategy and establishing an integrated, multisectoral M&E System.

For 2005, UNAIDS will give additional \$75,000 under the PAF umbrella to strengthen the country M&E system and promote greater inclusion of PLHA.

UNDP as a long-time trusted partner is in unique position to making difference by:

- Promoting action-oriented advocacy for leadership at all levels, political commitment and mobilization of actors and institutions beyond the health system
- Promoting human rights framework and gender perspective
- Helping country develop capacities to plan, manage and implement National Strategy

At sub-regional level, UNDP COs should develop a sub-regional strategy and work plan on how to build country capacities and raise additional funds.