

MACEDONIA

STATISTICS

» COUNTRY OVERVIEW

Estimated size of population (2010):	2,052,722 ¹
Life expectancy at birth (2009):	74.2 years ²
Population aged under 15 years (2002):	17.7% ³
Population living below national poverty line (2009):	31.1% ⁴
Adult literacy rate, aged 15 years and older (2002):	96.4% ⁵
Public health expenditure, % of GDP (2007):	4.7% ⁶
Main ethnic groups (2002):	Macedonian 64.2 % Albanian 25.2% ⁷
Main religions (2002):	Macedonian Orthodox 64.7 % Muslim 33.3% ⁸
Main languages (2002):	Macedonian 66.5% Albanian 25.1% ⁹

» HIV ESTIMATES

Adult HIV prevalence, aged 15-49 years (2010):	<0.1% ¹⁰
Number of people living with HIV (2010):	69 ¹¹
Number of people newly infected with HIV (2010):	12 ¹²
Number of AIDS-related deaths (2010):	63 ¹³
People living with HIV receiving antiretroviral therapy (2009):	77.8% ¹⁴

» HIV DATA FOR MSM

HIV prevalence among MSM in capital city (2010):	0.2% ¹⁵
Percentage of MSM who have received an HIV test in the last 12 months and who know their results (2007):	55.9% ¹⁶
Percentage of MSM reached with HIV prevention programmes (2010):	31.6% ¹⁷
Percentage of MSM who both correctly identify the ways of preventing the sexual transmission of HIV and who reject major misconceptions (2010):	22.8% ¹⁸
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner (2010):	41.0% ¹⁹
Percentage of total funding spent on programmes for MSM (2008):	4.5% (\$96,139) ²⁰

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF) with the support of the Global Forum on MSM and HIV (MSMGF) and the United Nations Population Fund (UNFPA).

Gay men and other men who have sex with men are disproportionately affected by HIV. These communities are also often among the most marginalized and discriminated against in society due to laws that criminalize their behaviours making it difficult for them to exercise their human rights, including accessing health services.

This Report Card summarizes the current situation of HIV prevention strategies and services for gay men and other men who have sex with men in Macedonia and aims to support efforts to increase and improve the programmatic, policy and funding actions taken on HIV prevention.

The research analyses four key components that are widely recognized to be essential for effective action on HIV prevention for key populations:

1. Legal and social context
2. Availability of services
3. Accessibility of services
4. Participation and rights

It also provides recommendations for key national, regional and international stakeholders and service providers, to enhance action on HIV prevention strategies and services for gay men and other men who have sex with men.

This Report Card is based on extensive research carried out during 2010 including published data and in-country qualitative research in Macedonia. More detailed information can be found in a research dossier available on request from IPPF.

SETTING THE SCENE

Macedonia is among the countries with the lowest HIV prevalence in south-east Europe. Yet, similar to other countries globally, HIV has a disproportionate impact on gay men and other men who have sex with men (MSM), with HIV prevalence estimated at 0.2% per cent among MSM in the capital city of Skopje.

Macedonia was awarded grants from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) in rounds three, seven and 10. Consequently, it is the main source of HIV funds in Macedonia, with the Government providing some funding through the annual HIV prevention programme. The National Multi-sectoral Commission on HIV, constituted by non-governmental organizations (NGOs), Governmental and UN organizations, is accountable for the development and overseeing of the National HIV/AIDS Strategy.²¹ However, at present, the Country Coordinating Mechanism (CCM) is more active.

In both national bodies, the MSM community is represented by Equality for Gay and Lesbians (EGAL). This community-based organization was founded in 2003 with the mission to improve the sexual health and quality of living of the LGBT population in Macedonia. EGAL is the only organization that currently addresses the HIV prevention needs of MSM and conducts activities in three cities in Macedonia.

During the period from 2003 to 2010, the Government and various NGOs collaborated to strengthen HIV prevention activities for key populations, including MSM, sex workers, and people who use drugs. This included developing a network of voluntary counselling and testing (VCT) and methadone centres; improving the access to ART, condoms and lubricants; and strengthening harm reduction activities. In 2010, an informal group of people living with HIV (PLHIV) was formed called Stronger Together.

In Macedonia, the most commonly used terms among the LGBT community are gay or homosexual, bisexual, and something between gay and bi.²² The term “faggot” (*peder*) is used by the general population with homo-negative connotations, although it has different and acceptable meanings when used by the LGBT community. The term “MSM” is exclusively used for the purposes of the Global Fund programme. When used among general population the term is most commonly misinterpreted as a synonym to homosexuality.

Homosexuality is not legally prohibited. However, the level of homophobia among state officials and the general population is high. The state curriculum, at all education levels, presents homosexuality as an illness. In the recently adopted Anti-Discrimination Law, sexual orientation was deliberately excluded as grounds for non-discrimination.

A community report from the European MSM Internet Survey in 2010 indicated that Macedonia is one of the European countries with the lowest proportion of MSM “being out” (13.6%) to their family, friends, and work or study colleagues about their same-sex attraction.²³ The findings also indicated that less than half of the respondents (44%) from Macedonia answered that they were happy with their sex life.

Under the conditions described, MSM remain hidden and discouraged to openly assert their sexual identity, or even less, to stand up for the fulfilment of their rights. Some of the MSM reported cases where individuals were seriously injured due to their visible sexual orientation. Most of these cases have not been reported and brought to justice because of the victim’s fear of public condemnation.

DEFINITIONS

Men who have sex with men (MSM): a term to describe all men who engage in consensual male-to-male sex, regardless of whether or not they have sex with women or self-identify with a specific sexual identity, and include men who are sex workers. MSM may self-identify as gay, bisexual, heterosexual or other culturally specific sexual identities.

1» PREVENTION COMPONENT 1

LEGAL AND SOCIAL CONTEXT

NATIONAL LAWS, REGULATIONS, POLICIES, PROTOCOLS, GUIDELINES FOR (AND AGAINST) MSM, THE CULTURAL AND SOCIAL CONTEXT THAT THEY LIVE WITHIN

» KEY POINTS:

- Regardless of their HIV status, there is no specific legislation in Macedonia that protects MSM from stigma and discrimination either at home or in the workplace.²⁴
- Homosexuality in Macedonia is not prohibited, but there is no clear provision on the age of consent.²⁵
- Although sex between men is not illegal, same-sex relations are publicly stigmatized, and the public opinion towards homosexuality is generally negative.²⁶
- The Anti-Discrimination Law adopted in 2010 does not consider sexual orientation as grounds for non-discrimination.²⁷
- The Criminal Code does not have a provision on hate crime.²⁸
- Civil partnerships and same-sex marriages are not legally recognized in Macedonia.
- The school-based curriculum does not provide basic information on sexuality and stimulates homophobic attitudes by defining homosexuality (in text books) as an illness.²⁹
- There are no specific laws or policies in Macedonia that prohibit HIV prevention for MSM; however article 205 in the punitive law can be interpreted to criminalize HIV transmission.³⁰
- The National HIV/AIDS Strategy (2007-2011) is the only policy document that addresses sexual health and HIV needs of MSM. However, it focuses solely on HIV prevention. Sexual and reproductive health needs of MSM are not considered.³¹
- National data about HIV are not routinely disaggregated to include specific information about HIV among MSM. There has been no national research conducted among the MSM population regarding self-identification.³²
- HIV stigma and homophobia exists at every level of society (among health and social providers, decision makers, media, among general public, and young population. Internal homophobia among MSM is also present.³³

» QUOTES AND ISSUES:

- ***"I have been beaten almost to death by the police. When I tried to report the case at the local police station, I was so humiliated that I never went back to file a formal complaint."*** (Focus group discussion, gay man, Roma, 30y/o, Skopje, rural area)
- ***"We cannot fight the state. The system is so dysfunctional that at the end we – as victims of the crime – will need to pay for the violence perpetrated."*** (Focus group discussion, gay man, Macedonian, 30y/o, Skopje, rural area)
- ***"I have never heard of the National Strategy for Prevention of HIV, or any other HIV-related legislation."*** (Focus group discussion, gay man, Roma, 35y/o, Skopje, rural area)
- ***"We need to know and be informed about our sexual and reproductive rights."*** (Focus group discussion, gay man, Roma, 23y/o, Skopje, urban area)
- ***"Criminal law affects negatively on PLHIV. If you are HIV-positive and somebody sues you for HIV transmission, you can be judged by HIV status, rather than the crime itself."*** (Interview with Coordinator, Stronger Together)
- ***"I have heard about the National Strategy for Prevention of HIV, though I have no clue how it has been implemented in practice."*** (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)
- ***"Research on the status and rights of MSM population should be conducted in order to get a better picture not only on their estimated numbers, but on their lifestyles and life habits, behaviour and risks (who are they, where they are, what risk behaviour they engage in, etc.)."*** (Interview with Programme Officer, UNFPA Macedonia)
- ***"There is double discrimination in health institutions for being Roma and MSM at the same time, people refuse to get help or information in the institutions."*** (Focus group discussion, gay man, Roma, 33 y/o, Skopje, urban area)
- ***"De-stigmatization of society and government will help MSM to ask openly for their needs, and it would not let others make decisions on issues that affect them."*** (Interview with Executive Director, EGAL Macedonia)
- ***"There is jealousy and discouragement within the MSM community itself, especially when your peers call you faggot behind your back. We need the next 30 years to overcome the internalized homophobia."*** (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)

2» PREVENTION COMPONENT 2 AVAILABILITY OF SERVICES

THE NUMBER OF SITES AND RANGE OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES AVAILABLE FOR MSM

» KEY POINTS:

- Information about safe sex, and free lubricants and condoms for MSM are routinely available through outreach work and HIV services of EGAL.³⁴
- Within the SRH services of the government, condoms and lubricants are not routinely available for the general public. However, condoms for adolescents are available in the 19 recently established youth SRH centres throughout the country.³⁵
- VCT is free of charge and is regularly available for the MSM population through outreach VCT clinics coordinated by HERA in partnership with EGAL.³⁶ There are 13 governmental stationary state VCT services in 11 cities.³⁷
- EGAL is the only organization that provides HIV prevention services among MSM in Skopje, Bitola and Strumica.³⁸
- EGAL and HERA are providing safe spaces and sexual health services for MSM.³⁹ HERA provides STI diagnosis and treatment for MSM in the capital city.⁴⁰
- Stakeholders, including service providers, are not familiar with 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.⁴¹
- The proportion of MSM using condoms is 41.0 per cent; this refers to the reported condom use the last time they had anal sex with a male partner.⁴² However, the experience from the field questions the reliability of this data.⁴³
- There are 13 operational harm reduction services (Needle Exchange Services and Opiate Substitution Treatment) operating in different regions of the country. All of them are free of charge and are available to anyone;⁴⁴ however none are specifically for MSM.⁴⁵

» QUOTES AND ISSUES:

- *"I regularly use condoms ever since I got gonorrhoea. Sometimes I buy them; sometimes I receive them free from field workers."* (Focus group discussion, drug user, Albanian, 29y/o, Skopje, rural area)
- *"I am in a monogamous relationship thus never use condoms for sexual intercourse."* (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)
- *"There are information brochures and posters everywhere, but we ignore them because rational thinking is dysfunctional when it comes to emotions and hormones."* (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)
- *"From all the surveys and all work we are doing, the conclusion is that knowledge is on the increase, but on the other hand, the change of behaviour still remains a challenge."* (Interview with Executive Director, EGAL Macedonia)
- *"The NGO sector is mostly focused on HIV prevention services, with very little attention being paid to other sexually transmitted infections, particularly co-infections that might easily progress into chronic diseases."* (Focus group discussion, gay man, Macedonian, 35y/o, Skopje, urban area)
- *"NGOs should pay more attention to our needs and articulate our priorities in the most suitable manner."* (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)
- *"It is time for NGOs to get out in cities like Tetovo, Veles or Kumanovo, where there is a notable deficiency of both information and available services."* (Focus group discussion, gay man, Macedonian, 30y/o, Skopje, urban area)
- *"The most popular HIV testing among MSM is outreach VCT, where one can be tested for HIV and the result will be given in the van. But there is a lack of information on where the testing will take place."* (Focus group discussion 2, gay men, Roma, 30 y/o, Skopje, urban area)
- *"The funding of MSM prevention is still supported by international funds. In terms of opportunity, the conditions of the HIV services have been improved, but in terms of sustainability of the services, the conditions are unchanged, since the state has not been concerned with funding any of the components."* (Interview with HIV/AIDS Officer, UNAIDS Focal Point)

3» PREVENTION COMPONENT 3 ACCESSIBILITY OF SERVICES

THE LOCATION, USER-FRIENDLINESS AND AFFORDABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES FOR MSM

» KEY POINTS:

- The main barriers for MSM to access HIV/SRH services in Macedonia are:
 - fear that confidentiality will be breached;
 - attitudes of parents or friends;
 - attitudes of health care workers in clinics;
 - location of services, especially those out of Skopje; and
 - cost of services, which particularly affect the poorest and those without health insurance.⁴⁶
- Issues related to reducing the HIV stigma and discrimination towards MSM and issues related to specific SRH needs of MSM are not part of the official training curriculum of health care workers at clinics providing SRH services.⁴⁷
- There are no specific clinics adapted to the needs of MSM, except for HERA's youth-friendly services ('I Want to Know') in partnership with EGAL, which provides HIV and sexual health services, including voluntary counselling and testing (VCT), sexually transmitted infection (STI) testing and treatment and skin care.⁴⁸
- Antiretroviral therapy is provided only at the Clinic of Infectious Disease in the capital city,⁴⁹ and every patient has equal access.⁵⁰ However, there is currently no sustainable system established for continuous provision of antiretroviral therapy in the country.⁵¹
- Outreach VCT is completely adapted to the needs of MSM.⁵² In the past four years, through this service seven HIV cases have been identified, and six of them among the MSM population.⁵³
- None of the past government HIV campaigns have been focused on prevention among MSM and/or to reduce public stigma and discrimination.⁵⁴

» QUOTES AND ISSUES:

- *"During a medical check up for genital warts, the doctors made jokes about my sexual orientation in front of the medical students. If someone is more feminine, the doctors will make jokes and laugh at him." (Interview with EGAL member, gay man, 33 y/o)*
- *"In general, the belief of the MSM community is not to rely on state health institutions when it comes to confidentiality, which concerns them the most." (Interview with Executive Director, EGAL Macedonia)*
- *"In general, I think that the attitudes of service providers towards MSM are negative. When a medical specialist says that homosexuals are sick within parliament, what can you expect from others?" (Interview with Coordinator, Stronger Together)*
- *"STI treatment had been a problem because there were no services targeting the MSM population, but with the opening of the HERA Youth Friendly Centres for SRH 'I Want to Know' in Skopje, we can refer clients for treatment of STIs. Unfortunately, STI services for MSM exist only in Skopje." (Interview with Executive Director, EGAL Macedonia)*
- *"For someone who wants to get condoms, it is easy to find the people who give them free, but MSM people do not use it." (Focus group discussion, gay man, Macedonian, 43y/o, Skopje, urban area)*
- *"Prevention is far better now than before; HIV testing through outreach is a hit in the bull's eye. And it must be continued and expanded, and it seems to be the most successful story in terms of HIV prevention." (Interview with National HIV Coordinator, Clinic for Infective Disease)*

4» PREVENTION COMPONENT 4

PARTICIPATION AND RIGHTS

LEVEL OF INVOLVEMENT OF MSM IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES, AND THEIR REPRESENTATION AND PARTICIPATION IN DECISION MAKING PROCESSES

» KEY POINTS:

- In the CCM there is a representative from EGAL – which is the only community-based organization that advocates on HIV prevention and SRH needs of MSM in Macedonia.⁵⁵
- There are no MSM programmes oriented towards strengthening the capacities of participation and mobilization.⁵⁶
- NGOs, particularly EGAL, are actively involved in the elaboration, adoption and implementation of the National HIV/AIDS Strategy (2007-2011), as well as in the development of the 2011 National HIV Prevention Programme.⁵⁷
- In addition to 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 Marginalised Populations, and by the Macedonian Helsinki Committee for Human Rights.⁵⁸ In 2009 the PLHIV working group 'Stronger Together', which is largely represented by MSM/LGBT members, has been initiated in the framework of HERA activities.⁵⁹
- 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 programmes to build the capacity of MSM to stand up for their rights.⁶⁰
- To date there have been no individual MSM living with HIV who speaks openly in public about their HIV status, mainly due to the lack of empowerment and absence of a supportive environment for equal participation of MSM in the social and political life.⁶¹

» QUOTES AND ISSUES:

- *"We need to know how to address the issues and learn how to position ourselves in our communication with the relevant stakeholders." (Focus group discussion, gay man, Macedonian, 35y/o, Skopje, urban area)*
- *"In terms of HIV policies, the CCM is accountable for creating policies and through EGAL, MSM can influence and are involved in addressing their needs in terms of HIV. Also, EGAL was involved in the development of the National HIV Strategy, and a number of needs were included in activities within the framework of the Strategy." (Interview with Executive Director, HERA)*
- *"The MSM community is not built yet. This is a process that has been started intensely in recent years. It's definitely a positive development. Are the existing organizations enough? I think that the number is small. Their efforts are still partial, oriented more towards HIV prevention rather than a comprehensive effort towards the promotion of the human rights of the MSM. There is a space for building up better organizational and programme capacities, but this process has to be initiated and led by the MSM community itself." (Interview with Programme Officer, UNFPA Macedonia)*
- *"Political parties and community leaders remain our only chance. Offering our votes to the favourable political parties might bring us a long way." (Focus group discussion, sex-worker/drug-user, Albanian, 25y/o, Skopje, rural area)*
- *"I have attended a workshop and became aware of quite useful information about HIV prevention. Nevertheless, once those gatherings are over, there is very little or no follow-up." (Focus group discussion, gay man Macedonian, 35y/o, Skopje, urban area)*
- *"I have been discriminated many times by my peers for being openly gay. If we cannot stand each other, then how can we expect to be accepted by others?" (Focus group discussion, gay man, Macedonian, 25y/o, Skopje, urban area)*
- *"Capacities of MSM NGOs have not been built enough yet. There is no spokesperson armed with knowledge and experience to deal with going out in public and responding to the challenges. Organizations working on human rights protection and providing services should help them build their capacities." (Interview with HIV/AIDS Officer, UNAIDS Focal Point)*
- *"If we're discussing honestly, MSM are involved in many segments of society and in decision-making processes, but not on the basis of being an MSM. The fear of being identified as MSM deters them from stating publicly about issues important to the MSM population." (Interview with Executive Director, EGAL Macedonia)*

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KEY RECOMMENDATIONS

Based on this report card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for men who have sex with men in Macedonia. Key stakeholders – including government, relevant intergovernmental and non-governmental organizations, and donors – should consider the following actions:

LEGAL AND SOCIAL CONTEXT

- Include sexual orientation, gender identity and gender expression as a non-discrimination clause in the Anti-Discrimination Law and ensure its implementation.
- Ensure that the Patient Rights Law, in particular non-discrimination on the grounds of sexuality orientation, is effectively implemented.
- Introduce mandatory comprehensive sexuality education starting from primary school; revise and remove the current homo-negative and homophobic information in the curriculum; and include in the official training curriculum of health care workers.
- Introduce specific budget lines for MSM (regarding HIV and sexual and reproductive health interventions) in the national government HIV programme, to ensure financial sustainability and recognition of the MSM community as a key population at higher risk of HIV exposure in national policies and budgets.

AVAILABILITY OF SERVICES

- Scale up HIV prevention services for MSM outside of the capital city, Skopje, preferably by building capacities of the local NGOs dealing with HIV prevention among other key populations.
- Conduct different surveys in partnership with MSM/LGBT organizations on the self-identification and wide-ranging needs of MSM in urban and in rural areas to address different health, social, cultural needs of the MSM population in the country.

- Establish new and/or ensure existing SRH services are MSM-friendly and guarantee professional standards, safety and confidentiality of clients.
- Design and implement special preventive programmes targeting behaviour change among MSM.

ACCESSIBILITY OF SERVICES

- Conduct government campaigns in partnership with MSM/LGBT organizations that address homophobia and public stigma and discrimination towards MSM and PLHIV.
- Improve the access to the existing state SRH and HIV services by building the capacities of medical personnel for working with MSM.
- Ensure protection of MSM/LGBT rights by providing accessible legal support services.

PARTICIPATION AND RIGHTS

- Strengthen the capacities of individuals and organizations dealing with MSM/LGBT as advocates on policy and legal reform to ensure that human rights of these groups are respected and protected.
- Enhance partnership and networking in the MSM community, in order to ensure greater public participation and fulfilment of MSM rights.
- Build alliances with political parties to fight homophobia as well as stigma and discrimination against the LGBT community, and ensure these issues are prioritized in their political agenda.

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