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FUTURE OF HIV/AIDS PREVENTION IN MACEDONIA BEYOND THE GLOBAL FUND

Context and importance of the problem

HIV/AIDS is one of the major public health concerns in the world, 35 million people were living with HIV in 2013, vast majority of them in low and middle income countries. Most affected is region of Sub-Saharan Africa with 24.7 million cases, while Central and Western Europe with North America account for 2.3 million people. HIV is the leading cause for death from infectious diseases, an estimated 39 million people have died since the first cases were reported in 1981 and 1.5 million people died of AIDS-related causes in 2013¹.

In 2013 28 million people living with HIV were eligible for antiretroviral therapy (ARV), but only 11.7 million had actual access to therapy.

1 GLOBAL REPORT, UNAIDS report on the global AIDS epidemic 2013, available at: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Global_Report_2013_en_1.pdf

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Macedonia is country with low HIV prevalence, with cumulative number of 239 reported cases, however more than half of all HIV/AIDS cases have been reported in the last 7 years.

In 2014, 42 HIV/AIDS cases were reported, the highest number since 1986 when first HIV case was registered in Macedonia. There were four death cases in 2014. The problem of late HIV diagnosis remained in 2014, 40% of all cases were diagnosed with developed AIDS symptomatology, which can have negative impact both on prevention and outcome of the disease.

As in previous period, in 2014 most of newly diagnosed cases were males (40 out of 42), while MSM (man having sex with man) mode of transmission was most frequent (71%), injecting drug use accounted for one case and remaining cases reported heterosexual route of HIV transmission.

Surveys conducted in 2013-2014 among most at risk populations (man having sex with man, sex workers and people who inject drugs) in Macedonia revealed various risk behaviours associated with HIV transmission among these populations^{2,3,4}. Furthermore, it was estimated that HIV incidence among MSM is increased from estimated 0% in 2010 to 1.9% (95CI=0.5-2.9%) in 2014⁵, having in mind estimated population of 19,300 MSM¹ there are close to 400 MSM living with HIV in Macedonia.

Data from above surveys shows that 70% of people who inject drugs are hepatitis C positive, which implies to risk injecting behaviours and consequently potential of HIV spread in this population.

Vast majority of the HIV preventive activities among key population, research and active surveillance in this area are done with funds secured through Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

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- 2 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Zoran Jordanov, - Report on the bio-behavioural study among "men having sex with men" population in Skopje, Macedonia 2013-2014, Ministry of Health 2014, ISBN 978-608-4518-57-0
 - 3 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Silvana Naumova, Report on the bio behavioural study among people who inject drugs Macedonia in 2014 Ministry of Health 2014, ISBN 978-608-4518-56-3
 - 4 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Silvana Naumova, Report from the bio-behavioural study conducted among male and female sex workers in Macedonia in 2014, Ministry of Health 2014, ISBN 978-608-4518-55-6
 - 5 Vladimir Mikic at all Report on the bio-behavioural study among "men having sex with men" population in Skopje, Macedonia 2013-2014 ISBN 978-608-4518-57-0

Currently Macedonia is implementing last round of GFTAM project 2012-2016 – Maintaining low HIV prevalence in Macedonia – Sustainable Development. Due to higher GDP in last years, from 2017 Macedonia is no longer eligible country to apply for GFTAM HIV projects.

Countries with low HIV prevalence should focus activities and policies in two domains:

- Access to antiretroviral therapy and support for people living with HIV/AIDS and
- Prevention of HIV transmission among most-at-risk populations for HIV infection

Antiretroviral therapy not only prevents AIDS-related illness and death, it also has the potential to significantly reduce the risk of HIV transmission and the spread of tuberculosis⁶. Access to Antiretroviral (ARV) Therapy (ART) in Macedonia became available in 2005 with funds secured through GFATM. In the period of 2005-2010 the procurement of ARV therapy was implemented through GFATM funds, while starting from 2011 Macedonia overtook full responsibility for procurement and supply of ARV to all eligible people living with HIV/AIDS. Currently, 100% of eligible people diagnosed with HIV in Macedonia have access to ARV.

The most significant policy documents referring to the treatment care and support of PLWHA and prevention among population at risk are:

- National Strategy on HIV/AIDS 2012-2016, and
- National Program for Protection of the Population from HIV/AIDS.

National Strategy on HIV/AIDS, is adopted every five year, current strategy refers to the period 2012 – 2016, while National Program for Protection of the Population from HIV/AIDS provides details regarding budget for ARV and prevention activities and it is adopted every year.

As low prevalence country Macedonia focuses prevention activities primarily to key populations at risk of HIV infection. Due to the stigma it is subjected to, the key populations remains “hidden” and thus unavailable to regular preventive programs and the HIV surveillance system.

6 GLOBAL REPORT, UNAIDS report on the global AIDS epidemic 2013, available at: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Global_Report_2013_en_1.pdf

Due to low accessibility, Ministry of Health (MoH) implements preventive activities delivered through well-developed network of Civil Societies working with these population. Currently there are more than 20 NGOs working in the area of HIV prevention, all of them financed by MoH through funds secured by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Most of these NGOs are implementing HIV preventive activities among people who inject drugs and sex workers, while there is only one NGO that works with population of man having sex with man.

In effort to reduce the risk of HIV transmission, as part of the defined basic package of services MSM and SW receives free condoms, lubricants, and information materials, while people who inject drugs receive sterile injection equipment as well. Apart from this services a voluntary HIV testing and counselling (VCT) is offered in order to achieve higher coverage with VCT which could lead to early diagnosis and treatment. However, data^{7,8,9} on HIV testing and counselling reveals that less than 10% of people in these population have actually done HIV test in last 12 months, a figure far less than 90-90-90 UNAIDS target for 2020¹⁰

As in the case of ARV, strategic documents that are defining activities targets and budget for HIV prevention among key population is National HIV/AIDS Strategy 2012-2016 and is National Program for Protection of the Population from HIV/AIDS.

7 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Zoran Jordanov, - Report on the bio-behavioural study among “men having sex with men” population in Skopje, Macedonia 2013-2014, Ministry of Health 2014, ISBN 978-608-4518-57-0

8 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Silvana Naumova, Report on the bio behavioural study among people who inject drugs Macedonia in 2014 Ministry of Health 2014, ISBN 978-608-4518-56-3

9 Vladimir Mikic, Aleksandar Arnikov, Gordana Kuzmanovska, Silvana Naumova, Report from the bio-behavioural study conducted among male and female sex workers in Macedonia in 2014, Ministry of Health 2014, ISBN 978-608-4518-55-6

10 By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. Available at: http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf

Conclusions

Currently 100% of people living with HIV in Macedonia have access to ARV, however all the funds for procurement are secured through Annual National Program for Protection of the Population from HIV/AIDS.

Current model of financing ARV procurement does not completely take in to account the increasing trend of HIV positive people in Macedonia, which may lead to shortage of ARV therapy in near future.

Due to limited funds available by Annual National Program for Protection of the Population from HIV/AIDS Program, funding other HIV prevention activities are relying solely on funds secured through GFATM project.

Although recognized in National HIV/AIDS Strategy 2012-2016 and Annual Program for prevention of HIV, activities for HIV prevention among most at risk population is financed exclusively through GFATM funds. Since 2016 is the last year with available GFATM funds, financing of these activities in future is uncertain.

Failure to ensure sustainability of HIV preventive activities among key population implemented by civil societies, will put in risk all what has been done and achieved so far. Consequences, both economic and social, will by far outweigh the cost of prevention activities.

Recommendations

“In the post-2015 era, global governance systems must be inclusive and people-centred. Fragile communities exist from Baltimore to Bamako and we need better systems for health to make sure we reach people on the margins.”

Michel Sidibé, UNAIDS Executive Director

Period to the end of 2016 when GFATM funding for HIV will end, should be used to find alternative and sustainable approaches in financing of key HIV program activities.

HIV prevention is not problem that affects exclusively Public Health sector, in contrary responsibility for successful HIV program must be shared through various Ministries, such as Ministry of Social Affairs, Ministry of Science and Education to name few. If left alone, Ministry of Health cannot cover all the costs related to HIV prevention on one hand, while on other it will, lack coordination with other sectors which is necessary for successful implementation.

This shared responsibility and multi – sectorial approach should be addressed in Health 2020 Strategy as well as in new National HIV Strategy 2017-2021, with clear division of responsibilities among different key players such as Ministry of health, Ministry of Social Affairs, Ministry of Science and Education, Ministry of Justice, Civil Society etc.

Commitment of local governments should be strengthen in support of local NGOs implementing preventive HIV activities among key populations.

- Focus should be given in securing access to care and support to people living with HIV, above all ARV. In this respect National Program for Protection of the Population from HIV/AIDS is not most adequate source of financial resources for ARV.
- Effort should be made ARV therapy to be available through Health Insurance Fund, as most adequate and sustainable approach.
- Cooperation between Public Health and other Governmental Sectors with Civil Societies. Financing of HIV prevention among key population implemented by Civil Society Organizations should be taken over by the governmental institutions. One of the sources of finance should be National Program for Protection of the Population from HIV/AIDS, while other Ministries should take over costs related to social affairs.
- Register of competent Civil Organizations can be compiled in order to ensure quality of services delivered to key populations.
- Priority activities should remain to achieve higher coverage HIV prevention activities and with VCT among key populations, especially among MSM as population currently at highest risk of HIV in Macedonia and Europe.
- In order all future decisions for sustainability of HIV prevention in Macedonia to be evidence based and cost effective, it is necessary to conduct situation analysis study in the field of HIV done by recognized experts. This analysis will help to steer the future decisions.

Finally, new National HIV Strategy 2017-2021 and Health 2020 Strategy should ensure sustainability of above mentioned programs and future activities, in order Macedonia to remain country with low HIV prevalence.

Executive summary

HIV/AIDS is one of the major public health concerns in the world, 35 million people were living with HIV in 2013, vast majority of them in low and middle income countries. HIV has an increasing trend in Macedonia, in 2014, 42 new cases were diagnosed with HIV, highest number to date. As in previous period late diagnosis of HIV remains concern, 40% of cases in 2014 had developed AIDS. Currently all HIV patients that fulfill National criteria, are on antiretroviral treatment. Funds for antiretroviral therapy are secured through National Annual Program for Protection of the Population from HIV/AIDS. Majority of HIV prevention and harm reduction activities including voluntary HIV testing and counselling among population at risk of HIV are financed through funds secured by Global Fund to Fight AIDS, Tuberculosis and Malaria.

Currently Macedonia is implementing last round of Global Fund HIV project that ends in 2016, as upper-middle income country Macedonia will be no longer eligible to apply for new Grants.

If policy of financing HIV programs remains unchanged beyond Global Fund, funding of ARV therapy and HIV preventive activities among most at risk population as two pillars of HIV prevention will be seriously threatened. As consequence, Macedonia will be exposed to higher risk of spread of HIV infection among population at risk but other population as well. Timely invest in prevention is best strategy to tackle HIV problem.

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