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NORTH MACEDONIA:

Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund support to domestic funding

Eurasian Harm Reduction Association (EHRA)

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Alliance for Public Health

100%LIFE

CAAPL Central Asian Association of PLHIV

EURASIAN KEY POPULATIONS COALITION

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Contents

Acronyms and abbreviations

ART	Antiretroviral Therapy
ARV	Antiretroviral
BBS	Biological-Behavioural Survey
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
Clinic for Infectious Diseases	University Clinic for Infectious Diseases and Febrile Conditions, Skopje
CSO	Civil Society Organisation
ECDC	European Centre for Disease Prevention and Control
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EU	European Union
GDP	Gross Domestic Product
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
Gov.	Government
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological-Behavioural Survey
IPPF	International Planned Parenthood Federation
IT	Information Technology
KAP	Key Affected Population
LGBT	Lesbian, Gay, Bisexual and Transgender
MoH	Ministry of Health
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NSE	Needle-Syringe Exchange
NSP	National Strategic Plan
OAT	Opioid Agonist Therapy
OOP	Out-Of-Pocket
PEP	Post-Exposure Prophylaxis
PIU	Project Implementation Unit
PLHIV	People Living with HIV
PLWH	People Living With HIV

PrEP	**Pre-Exposure Prophylaxis**
PWID	**People Who Inject Drugs**
PWUD	**People Who Use Drugs**
SRH	**Sexual and Reproductive Health**
STI	**Sexually Transmitted Infection**
SW	**Sex Worker**
TB	**Tuberculosis**
TMT	**Transition Monitoring Tool**
UMI	**Upper-Middle-Income**
UNAIDS	**Joint United Nations Programme for HIV/AIDS**
UNFPA	**United Nations Population Fund, formerly the United Nations Fund for Population Activities**
USD	**United States Dollars**
VCT	**Voluntary Counselling and Testing**
WHO	**World Health Organization**

Executive Summary

With a total of 504 reported cases by the end of 2020 and 112 reported HIV-related deaths, North Macedonia is experiencing a low-level HIV epidemic, concentrated primarily among men who have sex with men (MSM). Surveillance data and bio-behavioural studies from the past decade indicate a rising trend within this key population, where prevalence was estimated at 5.4% in 2018. The epidemic can be assumed to be under control among populations of people who inject drugs (PWID) and sex workers (SW).

The Global Fund invested USD25.7 million in the national response to HIV between 2004 and 2017, enabling the establishment and scale-up of tailormade services for key affected populations (KAPs), including MSM, SW, PWID and people living with HIV (PLHIV). By the end of 2017, North Macedonia had made a full transition from this support, since when all essential HIV services for KAPs have been managed by civil society organisations (CSOs) funded by the State (approximately USD900,000 annually). However, no scale-up nor introduction of new services has happened since then.

This assessment of the fulfillment of key public commitments with respect to the sustainability of the HIV response among key populations in the context of transition from Global Fund to domestic funding in North Macedonia was conducted using the Methodological Guide and Transition Monitoring Tool (TMT) developed by EHRA. A number of national commitments contributing to ensuring sustainability of the HIV response were identified and prioritised and subsequently analysed based on available data, as well as information from key informants. The assessment was conducted and led by two national reviewers with the support of local HIV experts and representatives of affected communities from organisations involved in advocacy and service delivery for KAPs and PLHIV (the national reference group).

With regards to the fulfilment of the prioritised transition and sustainability-related commitments that were the subject of the analysis, North Macedonia appears to have demonstrated substantial progress in two key domains – *financing* (progress score of 80%) and *service provision* (73%); average progress in the domains of *data and information* (63%) and *human resources* (55%); moderate progress in *governance* (43%); and low progress in the domain of *drugs, supplies and equipment* (0%).

Table 1: Progress in the fulfillment of the selected transition-related commitments by health system domains in North Macedonia

No.	Health Domains	Progress
1	Financing	80%
2	Governance	43%
3	Service Provision	73%
4	Drugs, Supplies and Equipment	0%
5	Human Resources	55%
6	Data and Information	63%

From the point of view of programmatic areas, substantial progress in fulfilling the selected transition and sustainability-related commitments was observed in the area of HIV treatment (progress score of 71%), while average progress was achieved in the area of HIV prevention among KAPs (progress scores of 53% for MSM, 56% for SWs and 62% for PWID).

Table 2: Progress in the fulfillment of the selected transition-related commitments by programmatic areas

Programmatic area		*Overall progress in the fulfillment of commitments by programmatic areas*
1. HIV Prevention among KAPs	*HIV Prevention MSM*	*53%*
	HIV Prevention SW	*56%*
	HIV Prevention PWID	*62%*
2. HIV Treatment		*71%*

These findings show that while domestic funding contributed to maintaining of the existing infrastructure for service provision among the three KAPs, **there has been no scale-up of HIV prevention programmes**, thereby failing to meet the country's strategic objectives. Moreover, the fulfilment score of 80% in *financing* for both prevention and treatment programmatic areas means that actual funding allocations in the three years after the formal transition failed to meet the projected targets even in relation to basic needs, i.e. maintaining coverage levels of existing prevention services and providing up-to-date treatment for an increasing number of patients.

In the domain of *data and information*, the failure to conduct an Integrated Biological-Behavioural Survey (IBBS) – and to allocate an adequate budget – means that the country cannot fully assess the recent course of the epidemic; it can be assumed, however, that the previously attested rising trend among MSM must have continued considering that programmes for MSM were not significantly changed or scaled-up.

The fact that the transition process falls short in the domain of *governance* puts long-term sustainability under threat.

The analysis reveals some clear areas where the national response to HIV must be improved and optimised in order to achieve the expected impact. In particular, there is a need **to increase the investment in programmes for KAPs in future, and especially for MSM**, as well as for male and transgender sex workers, both in terms of scale-up and in the opening of new community-led programmes, including innovative approaches according to the trend of the epidemic. **The funding of both treatment and prevention programmes should be evidence-based**, following regular costing and projections in accordance with epidemiological trends and the number of new diagnoses, etc.

The **data and information domain needs to be strengthened to properly assess trends in the**

epidemic and the impact of interventions, including conducting regular IBBS and continuum of care analysis as the basis for the planning of strategic interventions.

The findings also show that **particular attention is needed in terms of programmatic management, monitoring and evaluation,** as well as **continued investment in human resources engaged in service delivery, including investment in capacity building.**

Moreover, there is a need **to accelerate processes for improving the legal framework** in order to ensure long-term sustainability of the newly established funding mechanism for services delivered by CSOs, as well as the quality of services.

Donor support may still be essential to address bottlenecks that exist, or may appear, in the future that are not covered by the government, in particular technical support and capacity building, as well as community and CSO-led advocacy to ensure government accountability.

Context

North Macedonia is a relatively small country with a population of approximately 2.1 million. The country was a recipient of Global Fund support for its national response to HIV between November 2004 and 2017. While this support has allowed North Macedonia to maintain a low-level HIV epidemic and provide continuous HIV prevention services to key affected populations, the country is now facing a challenge to sustain those interventions as the Government struggles to allocate sufficient funding to provide services to people in need, according to epidemiological trends.

The health care system in North Macedonia

Life expectancy in North Macedonia was 76.7 in 2018 compared to the average of 81 in 27 European Union (EU) countries[1]. Regarding the number of years of life lost due to premature death, cerebrovascular disease, ischemic heart disease, and trachea, bronchus, and lung cancers were the highest-ranking causes in 2010[2].

In 2000, the health care system was reformed by implementing the Bismarck model of health insurance, the characteristics of which are still prevalent today. The right to health insurance in this system is based on a deducted part of the individuals' income in the form of a contribution which is paid into the single National Health Insurance Fund. The system of compulsory health insurance introduced in this manner is prescribed in the Health Insurance Law, the principles of which include comprehensiveness, solidarity, equality and effective use of funds. The Law also prescribes that the Budget of the Republic of Macedonia shall determine and pay a transfer to the Health Insurance Fund for financing the majority of services, or the majority of the population's need for services. In 2018, reforms of the primary health care system were initiated by the Government in order to address existing barriers in access to health care services that include a plan for quality-of-care policy development and the introduction of new primary health care payment model in the upcoming years[3].

While the total health care expenditure has increased in absolute terms during the past two decades, it has consistently decreased as a share of gross domestic product (GDP) and the level of private health expenditure remains high. In the last 20 years, North Macedonia has been allocating 6 to 10 percent of GDP for health care[4] and, in 2018, it was 6.58%[5] (Figures 1 and 2). In the past two decades, the share of the domestic general Government health expenditure as a percentage of the

[1] Eurostat Database. https://stat.link/04219

[2] Global burden of disease, injures and risk factors study. http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_macedonia.pdf

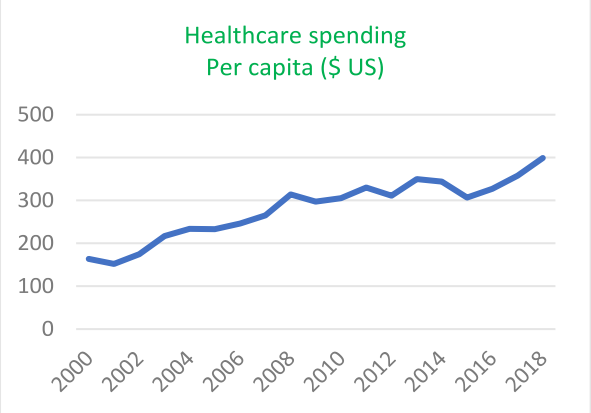
[3] Lucheska I. Comparative analysis of payment arrangements in the primary healthcare system, with specific consideration given to payment arrangements for gynaecologists. Skopje; HERA – Health Education and Research Association, 2021

[4] Universal Health Insurance in the Republic of Macedonia and Effects from the Implementation of the Project "Health Insurance for All". Finance think, 2018. https://www.financethink.mk/wp-content/uploads/2018/01/Universal-health-coverage_Final_EN.pdf

[5] World Health Organization. Global Health Expenditure. Geneva; WHO, 2018. https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=MK

current health expenditure ranged between 53% and 65%[6] (Figure 3). In 2014, North Macedonia had an estimated 36.7% private household out-of-pocket (OOP) expenditure as a proportion of the total heath expenditure in the country, while the WHO European Region average amounted to 26.6% and the EU average was 16.7%[7].

Figures 1 and 2: North Macedonia Health Care Spending, 2000-2018



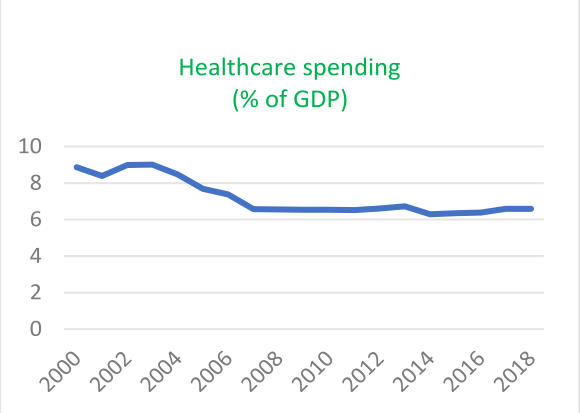
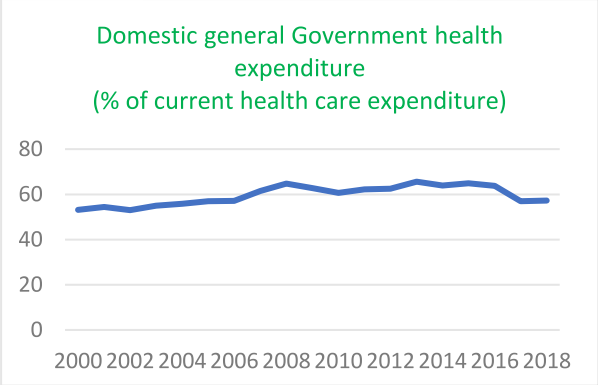


Figure 3: Domestic general Government health expenditure



The Law on Health Protection stipulates that the Government, at the proposal of the Ministry of Health (MoH), adopts annual programmes for implementing measures and activities for improving the health care of citizens, including prevention and control of infectious diseases[8]. The National Strategic Plan (NSP) on HIV and the annual National HIV Programme are the key documents structuring the national HIV response. While the draft NSP for 2017-2021 envisages the main strategic interventions for the 5-year period, the National HIV Programme is the operational document implemented by the MoH and includes both HIV prevention and HIV treatment and is funded by the national budget on an annual basis. The total amount of domestic budget funding of the National HIV Programme increased from MKD45 million

6 World Health Organization. Global Health Expenditure database. Domestic general government health expenditure (% of current health expenditure) - North Macedonia | Data (worldbank.org)

7 Lucheska I. Reproductive Healthcare in the Republic of Macedonia. Situation analysis, with specific consideration given to human resources. Skopje; HERA – Health Education Research Association, 2018. Analiza_en_web.pdf (hera.org.mk)

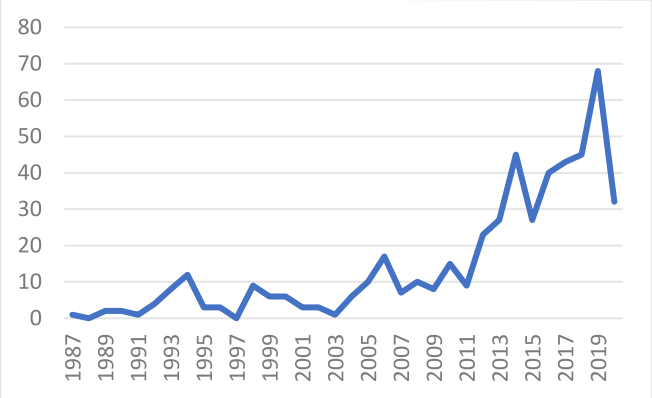
8 Government of Republic of Macedonia. Law on Healthcare Protection. Skopje; Official Gazette of Republic of Macedonia, Number 37/16.

(approximately USD804,000) in 2016[9] to MKD95 million (app. USD1,900,000) in 2018[10] when funding for the prevention activities for KAPs was taken over by the Government as the Global Fund support phased out.

The HIV epidemic

North Macedonia has a low-level, concentrated HIV epidemic, with a total of 504 reported cases and 112 reported HIV-related deaths by the end of 2020[11].

Figure 4: Number of new HIV diagnoses



The total number of PLHIV in 2018 was estimated at 404 (95% CI 298–516) and the total number of MSM living with HIV was estimated at 338 (95% CI 274–441), or 84% of the estimated population living with HIV [12](Table 3).

Table 3: Estimated number of PLHIV and MSM living with HIV

Year	PLHIV	MSM living with HIV
2017	402 (95% CI = 334 – 445)	245 (95% CI 237 – 282)
2018	404 (95% CI = 298 – 516)	338 (95% CI 274 – 441)

Surveillance data and bio-behavioural studies between 2010 and 2018 have shown a trend of increasing HIV prevalence, but only among men who have sex with men (MSM). According to the last bio-behavioural study conducted at the end of 2017 and the beginning of 2018, the epidemic among MSM had already become concentrated, with an estimated prevalence of 5.4%. In the past

9 Government of Republic of Macedonia. Programme for the Protection of the Population from HIV/AIDS in the Republic of Macedonia for 2016. Skopje; Official Gazette of Republic of Macedonia, Number 2/16, 2016. http://www.fzo.org.mk/WBStorage/Files/PROGAMA_ZA_ZDRAVSTVENA__ZASTITA_NA_NASELENIETO_OD__HIV__SIDA_VO_REPUBLIKA_MAKEDONIJA_ZA_2016_GODINA.pdf

10 Government of Republic of Macedonia. Programme for the Protection of the Population from HIV in the Republic of Macedonia for 2018. Skopje; Official Gazette of Republic of Macedonia, Number 17/18, 2018. http://zdravstvo.gov.mk/wp-content/uploads/2018/02/Programa-HIV-2018.pdf

11 Karadzovski Z. Narrative report for the National HIV Programme for 2020. Skopje; Institute for Public Health, 2021.

12 Continuum of HIV care in North Macedonia. Skopje; Stronger Together, 2018. https://zp.mk/wp-content/uploads/2020/08/the-continuum-of-hiv-care-in-north-macedonia-in-2018.pdf

decade, regular surveillance data indicates a rising trend among MSM (above 80% of all HIV cases on an annual basis)[13]. On the other hand, neither regular surveillance nor data from bio-behavioural studies supports assumptions for on-going HIV transmission within the populations of PWID and female sex workers. Male sex-workers (MSW) and transgender people have not been properly studied as separate groups of interest in relation to the HIV epidemic; however, based on intersections with MSM and experience from the region, there have been assumptions made as to the potential higher prevalence among these populations[14].

The national HIV strategic documents for the period between 2005 and 2021 have recognised four key affected populations: PWID, SW, MSM and prisoners.

Late diagnosis of HIV cases in North Macedonia is still a significant problem. Data from 2018 shows that the average proportion of cases with late diagnoses (CD4 count below 350 cells/mm3) in the 5-year period between 2014 and 2018 was 46.2%[15]. At the end of 2020, a total of 306 people living with HIV (PLHIV) were enrolled in care and 303 were receiving antiretroviral therapy (ART)[16].

HIV services for key populations

Counseling for voluntary HIV testing within public health centres exits in almost all big cities countrywide, including at the Clinic for Infectious Diseases and several other institutions and organisations in Skopje. Opioid agonist therapy (OAT) centres have also been integrated within the public health care system. Other HIV prevention services for MSM, PWID and SW, such as HIV testing, needle exchange programmes and condom and lubricant distribution, have been almost exclusively delivered by CSOs during the past 15 years.

The total number of PWID in the country in 2017 was estimated at 6,756 (95% CI=5,206-10,377)[17]. **Needle and syringe exchange services** for PWID were first established in 1995 in Skopje by the CSO, HOPS, and services were later scaled-up and decentralised across the country with the support of the Global Fund. Currently, a total of 10 organisations[18] are delivering services for PWID in 12 different cities.

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13 Karadzovski Z. Narrative report for the National HIV Programme for 2020. Skopje; Institute for Public Health, 2021.

14 World Bank. Optimizing Investment in Former Yugoslav Republic of Macedonia's HIV Response. Washington, DC; World Bank, 2015. https://documents1.worldbank.org/curated/pt/931741477978680273/pdf/Optimizing-Investments-in-Former-Yugoslav-Republic-of-Macedonia-s-HIV-Response.pdf

15 Continuum of HIV care in North Macedonia. Skopje; Stronger together, 2018. https://zp.mk/wp-content/uploads/2020/08/the-continuum-of-hiv-care-in-north-macedonia-in-2018.pdf

16 Karadzovski Z., Ibid.

17 Mikikj V. Report on the bio-behavioral study and population size estimates of people who inject drugs in Skopje, Republic of Macedonia. Skopje; Ministry of Health of the Republic of Macedonia, Institute for Public Health, 2018. http://iph.mk/wp-content/uploads/2019/03/RDS-LID-2018.pdf

18 CSO service providers for PWID: HOPS – Skopje, Doverba – Skopje, Opcija – Ohrid and Struga, Help – Gostivar, VIA VITA – Bitola, Izbor – Strumica, Zona – Kavadarci, Mladinski klub – Shtip, PULS – Kumanovo, Red Cross Prilep, Veles and Kocani.

Table 4: Population size estimates of people who inject drugs

Year	Estimated number of PWID
2010	10,900 (95%CI = 9,150-14,000)
2017	6,756 (95%CI = 5,206-10,377)

The total number of SW in the capital in 2017 was estimated at 878 (95% CI=510-1,750)[19]. With support from the Global Fund, services for HIV prevention among SW were established and scaled-up, with 6 organisations[20] currently providing HIV services to SW in 8 cities throughout the country.

Table 5: Population size estimates of sex workers in Skopje

Year	Estimated number of SWs
2010	653 (95% CI = 428 – 1,316)
2017	878 (95% CI = 510-1,750)

The total number of MSM in 2017 was estimated at 11,054 (95% CI=9,301-14,229)[21]. **HIV prevention services for MSM** were first introduced in 2005 with Global Fund support and they have been mainly delivered by only one community-based LGBT organisation (EGAL) that offers a comprehensive package of HIV prevention services for MSM, including outreach work in several cities in the country among this key affected population. Two other organisations have been involved in offering certain services targeting MSM, such as HIV testing (HERA since 2010, and CSO Stronger Together since 2017) as well as sexual and reproduction health (SRH) services and sexually transmitted infection (STI) diagnosis and treatment (HERA, since 2005).

Table 6: Population size estimates of men who have sex with men

Year	Population size estimations for MSM
2010	19,300 (95% CI = 11,300 – 36,350)
2017	11,054 (95% CI = 9,301-14,229)

A mobile HIV testing service programme for all key populations was established in 2007 in Skopje and scaled-up in 2009 countrywide by the CSO, HERA, in partnership with most of the other CSOs involved in service provision among KAPs and the State public health centres across the country. Additionally, two SRH youth-friendly centres were established in 2005/2006 in the capital with support of the International Planned Parenthood Federation (IPPF), offering comprehensive SRH packages for both youth and KAPs. A CSO-operated mobile gynecological clinic was introduced in 2013 with Global Fund support for SW, women who inject drugs and vulnerable women from rural and remote areas throughout the country. Since 2018, both youth friendly SRH centres and the Mobile SRH clinic have been financed within the National HIV Programme.

19 Mikikj V. Report on the bio-behavioral study and population size estimates of sex workers in Skopje, Republic of Macedonia. Skopje; Ministry of Health of the Republic of Macedonia, Institute for Public Health, 2018. http://iph.mk/wp-content/uploads/2019/03/SW-2018.pdf

20 HOPS – Skopje, STAR STAR – Skopje, Tetovo and Strumica, Opcija – Ohrid and Struga, Help – Gostivar, VIA VITA – Bitola, Izbor – Strumica.

21 Mikikj V. Report on the bio-behavioral study and population size estimates of men who have sex with men in Skopje, Republic of Macedonia, 2017. Skopje; Ministry of Health of the Republic of Macedonia, Institute for Public Health, 2018. http://iph.mk/wp-content/uploads/2019/03/RDS-MSM-2018.pdf

The **treatment and care of PLHIV** in North Macedonia is centralised and provided only at the Clinic for Infectious Diseases. Since 2015, all people diagnosed with HIV are offered antiretroviral therapy (ART) upon diagnosis. Provision of ART started in 2005 thanks to Global fund support which continued until 2010 when it transitioned to full Government funding and procurement. Since then, the source for the provision of antiretroviral (ARV) medicines and basic monitoring tests for patients with HIV (CD4 count and viral load) has been the National HIV Programme, i.e. the budget of the MoH. A similar model for funding treatment is also employed in a few other disease areas, such as diabetes and rare diseases despite the fact that the national health insurance is the basic approach to funding health care in the country. In line with the described practice, ARV medicines are not included in the positive reimbursement list of the National Health Insurance Fund.

OAT, which had already been available before Global Fund support, was scaled-up in 2006 as part of the national HIV grant by opening 10 new OAT services in public health institutions. In 2008, the country fully overtook responsibility for the financing of OAT[22]. A total of 1,650 people were receiving OAT – methadone and buprenorphine - in 2017[23].

Global Fund support for HIV services

Since the beginning of 2018, HIV services for KAPs run by CSOs and supported until then by the Global Fund, have been funded almost exclusively through the National HIV Programme using a mechanism involving annual open calls and annual funding contracts. 14 CSOs, including 4 community organisations, operating in 13 cities countrywide are directly contracted by the MoH as implementers of activities of the National HIV Programme. Existing services include outreach and stationary services for HIV prevention among MSM, SW, services for needle-syringe exchange (NSE) among PWID, peer support services for PLHIV and people on OAT, mobile HIV testing clinics, and stationery and outreach SRH and STI diagnostic and treatment services for KAPs.

After the Government took over the funding of HIV services for KAPs in 2018, the main challenge in service delivery has been related to the absence of a well-developed mechanism for the timely transfer of funds from the MoH to CSOs. The reimbursement-based funding practice requires monthly reporting by CSOs which has caused an additional administrative burden to staff of implementing organisations. The delay in the disbursement is also identified as one of the major challenges by the implementers, which causes delay in the implementers' obligations for service running costs and management/service provider fees, which may jeopardise the sustainability of programmes[24].

Allocation of funds for scaling-up existing interventions and funding new services for prevention in priority key populations in which the epidemic appears to be rising – MSM and male SW – is an additional challenge for the national response. Although 2015 data analysis clearly showed that increasing investment in programmes focused on MSM and male SW will ensure maximising of the effects and contribute to reducing HIV incidence and prevalence[25], there has been no increase of funding to-date.

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22 Draft National HIV Strategic Plan 2017 – 2021. Skopje; Ministry of Health, 2018.

23 Ignjatova Kiteva L. Report of the assessment of the minimum standards of the quality of the program for treatment of opioid addiction in Republic of Macedonia. Skopje; Ministry of Health, 2017.

24 Initiative for Contribution in Development of Programme of the Government of the Republic of North Macedonia for 2021. Proposal for Amendments of Law on Health Protection for recognition of CSOs as service providers from healthcare protection from special importance to public health and enabling young people aged 16-18 to have access to preventive services for HIV and SRH. Skopje; HERA – Health Education and Research Association, HIV Platform, September 2020.

25 World Bank, Ibid.

Since 2004, North Macedonia has received 3 HIV grants from the Global Fund that have significantly contributed to strengthening the national HIV response[26]. The Global Fund support of HIV services for KAPs in North Macedonia ended in December 2017, with the country becoming ineligible for Global Fund support as early as 2010 because it was categorised as an upper-middle-income (UMI) country and had less than a high disease burden for both HIV and TB[27].

Table 7: Global Fund HIV grants to North Macedonia

Period of implementation	Disbursed funding (USD)
01/11/2004-31/03/2008	5,802,462
01/04/2008-31/03/2013	6,638,468
01/01/2012-31/12/2017	13,269,500
Total	25,710,500

The process of planning for the transition from donor to domestic funding of HIV services was initiated during the period of 2014-2017 and included the active involvement of CSOs who led the development of a national transition plan as well as coordination with key State institutions. The Country Coordinating Mechanism (CCM) had an active role in the development of the national transition plan.

In 2019, North Macedonia regained its eligibility status for financial support from the Global Fund to address its HIV epidemic[28] based on the criterion of high disease burden, i.e. the estimated 5.4% prevalence among MSM from 2018, but it has not received a funding allocation. The national response to HIV has, nevertheless, benefited from two multi-country projects in the wider region of Eastern Europe and Central Asia (EECA) supported by the Global Fund: the Right to Health (2017-2019) and SoS (2019-2021). Technical support processes for the development of policies for PreP, PEP, HIV testing, a national strategy on drugs, as well as ensuring community engagement in monitoring and advocacy for the maintenance of domestic funding for KAPs are some of the interventions that were funded.

Conclusion

North Macedonia is one of the few EECA countries that has fully transitioned from Global Fund support and has recently become eligible again. Currently, all essential services for KAPs are funded by the State and implemented by a well-developed network of CSOs. However, it is important to expand the services and to introduce new services according to the trend of the epidemic. It is also important to consider lessons from the transition process, particularly from the perspective of key populations, to ensure the long-term sustainability of the interventions and a lasting impact on the epidemic.

26 https://data.theglobalfund.org/results/HIV/MKD

27 Varentsov I. Status of transitions from Global Fund support in the EECA region. Aidspan, 03.04.2018. https://www.aidspan.org/en/c/article/4577

28 Eligibility list of Global Fund 2019. http://dpnsee.org/2019/03/13/global-fund-eligibility-list-2019/

ABOUT THIS REVIEW

The assessment of the fulfillment of key public commitments with respect to the sustainability of the HIV response for key populations in the context of transition from Global Fund support in North Macedonia was conducted based on the Methodological Guide and Transition Monitoring Tool (TMT) developed by EHRA[29].

The assessment aims to assist key affected communities to stay informed and engaged in the monitoring of the transition process and to thereby advocate for the sustainability of the national HIV response.

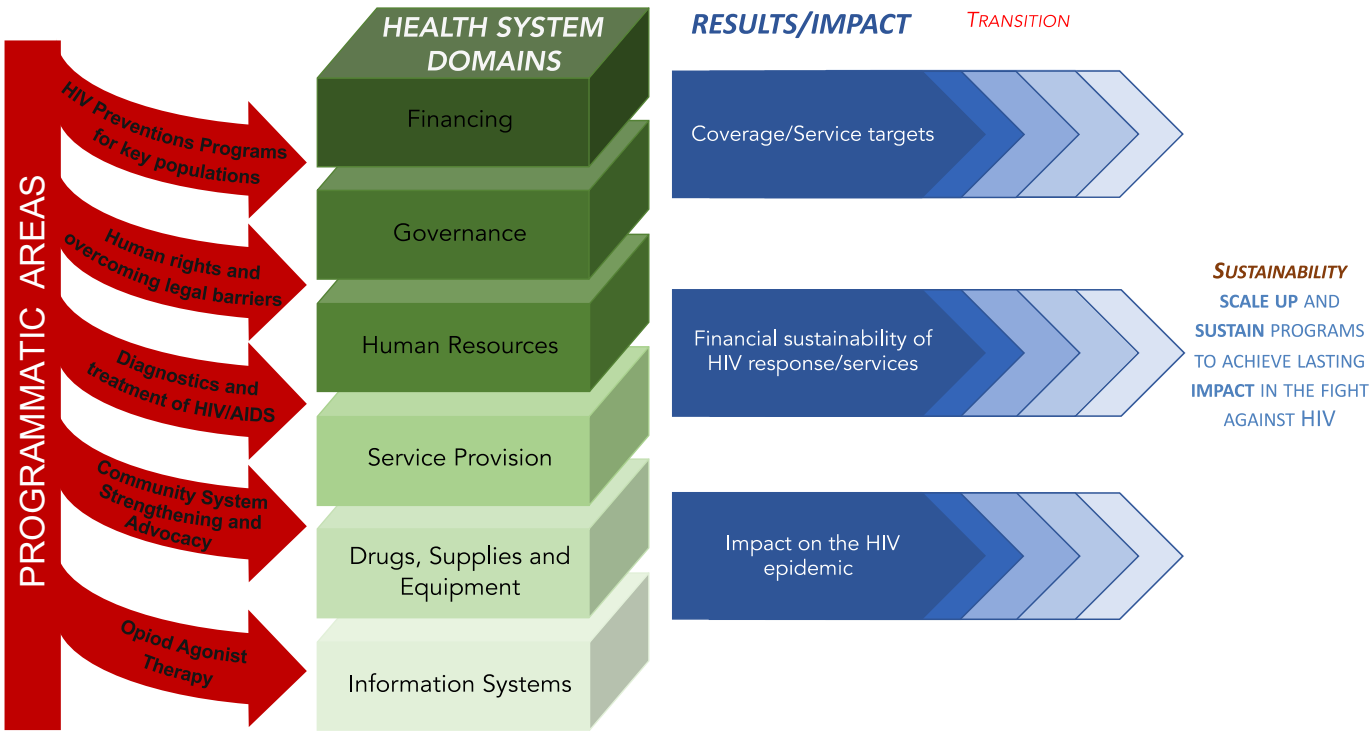
The TMT has been designed to collect and evaluate the achievement of countries with regards to the commitments made and to benchmark those achievements among countries. The Tool is primarily designed to trace commitments by Governments which have been stated in public documents; however, the opinions of communities and experts are included in identifying priority commitments for the purpose of monitoring and for filling in information gaps.

The results of this assessment should contribute to key national processes related to the planning of HIV policies, including the upcoming development of the National Strategic Plan on HIV for 2022-2027 as the key policy document for strategic planning of the interventions in the national response to HIV that is expected to address the identified bottlenecks. In addition, it should serve representatives of key affected communities and CSOs as evidence to further engage with relevant stakeholders, such as members of Parliament, health authorities and other relevant Government representatives, contributing to evidence-based HIV policy planning and effective implementation.

[29] Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius; Eurasian Harm Reduction Association, 2020.

Overview of the methodology

Conceptual Framework



This methodology was designed to be applied by national experts. The review was conducted, and led, by two local experts as national reviewers with the support of local experts in the field and representatives of communities from organisations involved in advocacy and service delivery for KAPs and PLHIV. A total of nine experts were invited to act as the **national reference group** for the purpose of this analysis, including representatives from the communities of PLHIV, PWID, SW and MSM, service-delivery organisations, the HIV Centre at the Clinic for Infectious Diseases in Skopje and the UNFPA Country Office (a full list of group members is in the acknowledgements section of this report). The main role of the **national reference group** was to prioritise the identified commitments, involvement in data collection for certain indicators where official data were lacking and verification of the evaluation of the fulfillment of the commitments.

The review process consisted of five main steps:

1. Scoping: Identification and collection of a set of strategic and programmatic documents, including national laws and regulations, that contain governmental commitments reflecting the transition processes from Global Fund support.

A total of 13 strategic and programmatic documents (placeholders) were identified during the scoping phase that contained commitments relevant for the transition from donor do domestic funding in the six health system domains: (1) Financing; (2) Drugs, supplies and equipment; (3)

Service provision; (4) Governance; (5) Data and information; and, (6) Human resources. These commitments were, likewise, related to one or more of four programmatic areas: (1) HIV prevention among MSM; (2) HIV prevention among SW; (3) HIV prevention among PWID; and, (4) HIV treatment. Eleven of the identified placeholders are policies that have been officially adopted by the Government (n=10) or the Parliamentary Commission on Health (n=1), while two placeholders have not been officially approved (Annex 1). The NSP 2017-2021 was the key source from which the majority of the commitments were identified (n=21 or 67%) in addition to seven impact-related indicators related to the HIV epidemic. As the NSP was developed at the beginning of 2017, it also reflected commitments from the Action Plan for Transition, which had been endorsed by the CCM in 2016, and therefore in selecting the commitments priority was given to the former. The Annual National HIV Programmes (2018, 2019, 2020) were also an important source for some of the commitments (n=5).

2. Identification and grouping of commitments by health system domains in each programmatic area.

In this phase, a total of 32 commitments, and an additional 7 indicators related to the results, impact and outcomes of the HIV response, were identified by the national reviewers and categorised in one of the six health system domains within each of the programmatic areas. All of the selected commitments had already set targets, except for two (funding of prevention and funding of treatment) which had concrete targets for only one year and, for the purpose of monitoring, a projection of the funding allocation target for the subsequent years was made by the reviewers based on relevant data. Targets for the continuum-of-care indicators were not taken from the NSP but from globally accepted targets. The approach in presenting commitments and related indicators was to maintain the original wording as identified in the source documents. However, in a few cases, the formulation of the commitment could not be derived as such from the source document but was constructed based on the wording of the related indicator or the general wording and sense of the source document. Likewise, in a few cases, the wording of the indicator had to be further specified based on references from within the source document. The formulation of all selected commitments and related indicators was verified with the reference group and the details of the modifications are explained as relevant in notes to the section Findings.

The majority of identified commitments and impact-related indicators were derived from the NSP 2017-2021, developed in 2017. However, some were made in 2018, 2019 and even 2020, i.e. after the country had formally phased out from Global Fund support. These were selected for monitoring considering their relevance to ensuring sustainability of the response to HIV, and also because they specified in more detail earlier commitments from the NSP. Only two commitments, dating back to 2014 and 2015, were included due to their relevance to the transition process. The end year for the analysis of the fulfillment of all prioritised commitments was 2020.

3. Prioritisation of the identified commitments

Prioritisation of the identified commitments and consensus building with regards to the importance of their fulfillment to ensure the sustainability of HIV services for KAPs in the transition context was made in a consultative process with the national reference group and other key informants from CSOs and institutions. The final list of prioritised commitments for further assessment of their fulfillment was endorsed by consensus. Out of the initial list of 39 identified commitments, in this phase 6 were excluded, while adding another 6 commitments considered more relevant for the purpose of monitoring. Details of those identified, and on the selected commitments, are presented in Annex 2.

For the purpose of prioritisation, one online group meeting was organised with the national reference group, as well as two online interviews (a list of the members of the national reference group and other involved key stakeholders is presented in the acknowledgements section of this report).

4. Collection of data on the fulfillment of the prioritised commitments and analysing the findings

Data collection was conducted during the period of April–June 2021 through a desk review and interviews with key informants. Annual reports for implementation of the National HIV Programmes 2016-2020 were the main documents to track the key data related to the fulfillment of the identified commitments, particularly in the service provision domain. Other official or available documents were also used for data collection, such as bio-behavioural studies (2017/2018), reports on the continuum of HIV care (2017, 2018), minutes and policies endorsed or discussed by the National HIV Commission, periodic reports on OAT, etc. Moreover, phone/online interviews for clarification of some of the data collected were conducted with 3 key informants from the Psychiatry Hospital of Skopje and the CSOs, HOPS and HERA.

The fulfillment of each commitment was evaluated by a score as a percentage for the related indicator. The score for cumulative indicators was calculated as the average of the achievement for all relevant years. The score for data indictors was assigned a score of 100% if the target was achieved by the target year or by 2020; in some cases, a lower score was assigned by the reviewers based on the assessed level of fulfillment of that particular indicator.

Scores were calculated for each domain within programmatic areas as the average of the scores of the analysed commitments relevant to the respective domain. The overall score for a programmatic area was calculated as the average of the scores for each domain within that programmatic area, while the overall score for each domain was calculated as the average of the scores for each domain within individual programmatic areas. The scores were interpreted according to the grading shown in Table 8, below.

Table 8: Scoring system for achieved progress

Definition of sustainability	Description	Achievement percentage	Color code
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and/or baseline	85% - 100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding planned indicators and/or baseline	70% - 84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and/or baseline	50% - 69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and/or baseline	36% - 49%	Orange
Fairly law progress	A fairly law degree of progress in fulfilling the commitments regarding planned indicators and/or baseline	26% - 35%	Light red
Law progress	Law progress of progress in fulfilling the commitments regarding planned indicators and/or baseline	0% -25%	Red

5. Developing findings in the present report

The final findings were developed by the national reviewers based on their interpretation of the scores and insights on the broader context of the analysis.

Limitations and challenges

Despite the fact that the last NSP for 2017-2021 was never formally adopted by the Government, the reference group agreed that the NSP should by all means be included in the assessment considering that (1) it was developed by an officially appointed working group of the MoH through an inclusive consultative process which meaningfully involved affected communities and CSOs, as well as all national stakeholders and with the support of the WHO Country Office; and, (2) it has been used as the main reference by the National HIV Commission in the past few years and it has informed the annual planning of the National HIV Programme, as well as for the development of other policies and strategic interventions.

Considering that the funding of the services for OAT and ART had fully transitioned to Government funding by 2011, few transition-related commitments were identified in the programmatic area of treatment and the domain of *drugs, supplies and equipment*. As a result, during the identification and prioritisation of the commitments in this domain, the reference group and national reviewers chose only aspects of continued and adequate funding, improving the model of provision of ARVs, as well as the components of care and support for PLHIV that had not transitioned completely to national funding until 2017.

In the programmatic areas – *community systems strengthening and advocacy* and *human rights and overcoming legal barriers* - no commitments directly related to the transition process were

identified by the national reviewers or the reference group. Namely, although the NSP does recognise some community system strengthening components, such as capacity building and inclusion in decision-making, no clear and measurable targets were identified. On the other hand, community-led services, including peer support among PWID, PLHIV, MSM and SW, are recognised in the NSP at the service-delivery level in HIV prevention programmes for KAPs. Therefore, some components of community system strengthening have been integrated and evaluated under the programmatic areas – *HIV Prevention among SW, PWID and MSM and HIV treatment* (peer support services for PLHIV), which also include service delivery by community-led organisations (4 CBOs) that are engaged in the HIV response. In the programmatic area *Human rights and overcoming legal barriers*, no commitments were identified within official documents that were associated with the process of the transition of the HIV response from donor support.

Findings

A total of 32 Government commitments contributing to ensuring the sustainability of the HIV response in the context of transition from Global Fund support to domestic funding were prioritised and analysed, in addition to seven indicators related to the results, impact and outcomes of the HIV response. Each commitment was categorised in one of the six health system domains (Table 9), with half of the commitments (16) being related to the Service provision domain. Only 2 commitments related to the Financing domain were analysed and only 1 related to the Drugs, supplies and equipment domain. A number of commitments were relevant for more than one programmatic area and this has been adequately reflected in the analysis of each programmatic area.

Table 9: Number of analysed commitments by health system domain

Health system domain	Number of analysed commitments
Financing	2
Drugs, supplies and equipment	1
Service provision	16
Governance	6
Data and information	4
Human resources	3
Total	32

Each commitment was also categorised in one or more of the four key programmatic areas (HIV prevention among MSM, HIV prevention among SW, HIV prevention among PWID and HIV treatment) (Table 10). However, one of the selected impact indicators, and one commitment in the domain of service provision, refers to people in detention facilities despite the fact that there is no separate programmatic area for this population.

Table 10: Number of analysed commitments by health system domain within programmatic areas

	Health system domains						
Programmatic areas	Financing	Drugs, supplies and equipment	Service provision	Governance	Data and information	Human resources	Total
Prevention among MSM	1	0	5	6	3	2	17
Prevention among SW	1	0	4	6	3	2	16
Prevention among PWID	1	0	5	5	3	2	16
Treatment	1	1	1	0	1	1	5

Next most important and challenging process was the prioritisation of the commitments and their indicators given the very high number of national indicators (over 80 only in the national strategic plan). The RG selected 37 of the most critical commitments and relevant SMART indicators to be

further assessed in terms of their fulfillment. Prioritisation involved mixed approaches. Initially, the goal of the prioritisation was described during the RG meeting. Given that not all working group members were familiar with the national strategic plan/transition indicators, some indicators were explained to facilitate informed decision-making on prioritisation.

Results, impact and outcomes

The analysed indicators related to the results of the national response to HIV and the impact on the epidemic refer to the estimated prevalence within each of the key populations, as well as to progress across the three main stages of the continuum of HIV care (the globally accepted 90-90-90 targets).

Table 11: Indictors related to results, impact and outcomes of the HIV epidemic .

Indicator	Target (target year)	Result in 2020	Last available result (year)
Percentage of MSM who are living with HIV	<2.5% (2020)	No data available	5.4% (2018)
Percentage of PWID who are living with HIV	<1% (2020)	No data available	0% (2017)
Percentage of SW who are living with HIV as well as prisoners and detainees	<1% (2020)	No data available	0% (2017)
Percentage of prisoners who are living with HIV	<1% (2020)	No data available	No data available
Percentage of PLHIV aware of their HIV status	90% (2020)	No data available	65% (2018)
Percentage of PLHIV receiving ART	81% (2020)	No data available	57% (2018)
Percentage of PLHIV that had achieved viral suppression	73% (2020)	No data available	48% (2018)

Prevalence has been estimated based on integrated bio-behavioural studies which were conducted in 2017-2018 among MSM, PWID and SW – only once in the period under this analysis. Taking into consideration the trends attested to by previous IBBS (2007, 2010 and 2014), the data have quite clearly shown a concentrated and rising epidemic only among MSM with the prevalence having increased from an estimated 0.5% in 2010 to an estimated 1.9% in 2014 and an estimated 5.4% in 2017-2018[30]. The last available estimation by far exceeds the target of maintaining HIV prevalence among MSM lower than 2.5% which was set in 2017 in the NSP (2017-2021). Considering that the prevalence was not estimated again until the end of the period that is subject to this analysis, it is difficult to assess the impact of the interventions at the national level until the end of 2020.

On the other hand, none of the IBBS conducted between 2010 and 2018 among PWID, SW and prisoners have detected any HIV-positive cases. The most recent studies among these three KAPs, which were conducted in 2018, did not establish a specific estimate of the prevalence within the

[30] Mikikj V., MSM, Ibid.

populations by extrapolation, considering that the prevalence in the study samples was 0[31],[32],[33]. While it is difficult to speculate whether prevalence has maintained a really low level, or there has been no on-going HIV transmission among these three groups for a significant period of time, it can be safely assumed that the values for the respective indicators are well below the set target of <1% for each group.

Regarding the continuum-of-care indicators, there seem to be some inconsistencies between the set targets in the NSP when compared with international targets and, moreover, the wording of the indicators is unclear[34]. Considering this, the progress for these three indicators was assessed against the globally accepted UN targets until 2020. Unfortunately, at the time of this assessment, data on the fulfillment of these indicators were only available for 2017 and 2018. According to the 2018 data, out of all PLHIV, only 65% were aware of their HIV status, while 57% were receiving treatment and 48% had achieved viral suppression at the end of that year. While these percentages show some improvement in comparison to the previous year, (for which the estimated respective values are 55%, 49% and 46%)[35], with this progress it is not likely that North Macedonia would have reached the 90%-81%-73% targets by the end of 2020. The data also reveals that the major gap in the national response is within the first stage of the continuum of HIV care, i.e. in the low up-take of tes ting by key populations, in particular by MSM, where the epidemic is concentrated.

Transition-related commitments by health systems domains

FINANCING

Two key commitments were analysed in the domain of financing – one related to adequate budget allocation for prevention programmes for KAPs and the other for HIV treatment. Both commitments were identified in the same documents – Excerpt of the Minutes of the 26th Session of the Government of the Republic of Macedonia held on 5 September 2017 and the related Information on Ensuring Sustainability of the National Response to HIV in the Republic of

[31] Mikikj V. Sex workers, Ibid.

[32] Mikikj V. People who inject drugs, Ibid.

[33] Mikikj V. Report on the bio-behavioral study among imprisoned people Republic of Macedonia 2017-2018. Skopje; Ministry of Health of the Republic of Macedonia, Institute for Public Health, 2018. http://iph.mk/wp-content/uploads/2019/03/Osudenici-2018.pdf

[34] For example, while the indicator 'Percentage of PLHIV receiving ART' is worded as if referring to the proportion out of the total estimated number of PLHIV (and not just those that are aware of their HIV status), the third indicator ('Percentage of PLHIV on ART that achieve viral suppression') refers to the proportion only out of the previous stage of the continuum (i.e. the number of people receiving ART and not all PLHIV). Considering that baseline data from the NSP, which are derived from the so-called Optima analysis conducted in 2015, refer to the proportions out of the total estimated number of PLHIV, we took both the second and the third continuum-of-care indicators to be referring to the respective proportions out of the estimated total number of PLHIV. This means that the target values for the continuum-of-care would be expected to be in line with the global targets of 90%-81%-73% out of the total estimated number of PLHIV for 2020. However, the NSP has set 83%-80%-80% for the same year and 90%-90%-90% for 2021 as the end year of the NSP period. Furthermore, baseline data for the continuum-of-care indicators, which refer to the situation in 2014, were relatively outdated at the time when the NSP was being developed (2017).

[35] Continuum of HIV care in North Macedonia. Skopje; Stronger Together, 2017. https://zp.mk/wp-content/uploads/2020/08/the-continuum-of-hiv-care-in-north-macedonia-in-2017.pdf

Macedonia within the Budget of the Ministry of Health. The commitments envisage budget allocations for prevention among KAPs (MKD60 million or app. USD12 million) and HIV treatment (MKD43 million or app. USD 860.000), which refer only to 2018 (North Macedonia implements a one-year budget cycle). However, it is logical that adequate allocations would need to be made in the subsequent years as well[36]. In the absence of concrete figures, for prevention among KAPs we assumed the same annual amount of MKD60 million as the target for both 2019 and 2020, while for treatment we calculated an annual increase of MKD8.6 million to enable the provision of ARVs for the newly diagnosed patients, based on the projections for 2018 and on the attested rate of new diagnoses in the preceding years[37].

These two commitments, in particular the one on prevention among KAPs, represents the key steps taken by the Government in 2017 to ensure adequate funding of HIV interventions starting from 2018, i.e. as soon as the Global Fund support had phased out.

Table 12: Analysed commitments in the Financing health system domain

Commitment	Programmatic area	Indicator	Target (MKD)			Actual allocation (MKD)[38]			Score
			2018	2019	2020	2018	2019	2020	
Ensure national funding to sustain HIV prevention programs for KAPs	HIV Prev._ MSM HIV Prev._ SW HIV Prev._ PWID	Budget allocated	60m	60m	60m	47,949,260 (79.9%)	49,100,000 (81.8%)	46,720,000 (77.9%)	80%
Ensure adequate funding for HIV treatment	Treatment	Budget allocated	43m	51.6m	60.2m	43,055,040 (100.1%)	39,420,000 (76.4%)	39,420,000 (65.5%)	79%

The data on the actual allocation in the following years reveals that the commitment regarding prevention was met up to only 80% as, despite the concrete figures in the cited Government documents, the actual allocations were lower (an average of MKD48 million instead of MKD60 million annually). The progress score for treatment based on this indicator is 79%, but it reveals an even more alarming situation as the budget has decreased instead of an expected increase – if the budget were to follow the increasing number of patients in need of treatment.

Within this domain, the commitment on funding for prevention is relevant for all three programmatic areas of prevention considering that the budget is not disaggregated by key populations in the specific source documents.

[36] The Information on Ensuring Sustainability of the National Response to HIV in the Republic of Macedonia within the Budget of the Ministry of Health, adopted at the 26th Session of the Government of the Republic of Macedonia on 5 September 2017 itself stipulates that 'fiscal implications […] will be reflected in 2018 and subsequently until 2021'.

[37] The amount of MKD43 million was intended for the treatment of 200 patients during 2018. The average number of annual new diagnoses for the previous 4 years was 40, i.e. 20% of the total number of patients in 2018. If we calculate 20% of the intended amount, it gives a figure of MKD8.6 million.

[38] Sourced from the National HIV Programme for 2018, 2019 and 2020, Government of North Macedonia.

DRUGS, SUPPLIES AND EQUIPMENT

Only one commitment was identified in the domain of drugs, supplies and equipment, referring to the inclusion of ARVs under the positive reimbursement list of the National Health Insurance Fund, as opposed to the current budgeting for, and procurement of, ARVs under the National HIV Programme of the MoH. The reason no other commitments related to the supply of drugs were identified or prioritised for analysis is partly related to the fact that the transition from Global Fund support to national funding for both OAT and ART happened several years earlier (in 2009 and 2010, respectively) and therefore these components were not in the focus of this analysis, which dealt primarily with the full transition of prevention among KAPs that happened within the last 5 years.

Table 13: Analysed commitment in the drug, supply and equipment health system domain

Commitment	Programmatic area	Indicator	Target (target year)	Achievement	Score
Budget ARVs under the National Health Insurance Fund and include essential ARVs in the positive reimbursement list	Treatment	Number of ARVs included in the positive reimbursement list	12 (2018)	0	0%

Conversely, no specific commitments were identified in the domain of drugs, supplies and equipment relevant to prevention programmes. Although procurement of supplies, such as condoms, lubricant and HIV tests, is included in the National HIV Programme, no clear indicators and targets were identified. In practice, supplies necessary for the provision of services have been procured by both the MoH and certain larger CSOs.

The analysis of the available data regarding the selected commitment reveals no progress in its fulfilment. Key informants have reported only one follow-up meeting organised in 2017 by the MoH, together with the Health Insurance Fund, the Clinic for Infectious Diseases and the organisation of patients, which discussed the necessary steps to fulfill the Government commitment, but no concrete subsequent actions were taken. Therefore, the provision of ARVs has remained a component of the National HIV Programme until the end of the period under analysis.

SERVICE PROVISION

Selected commitments in service provision refer to increasing the coverage of MSM with basic HIV prevention services, HIV testing and STI services, as well as opening new facility-based and outreach services and introducing PrEP. On the other hand, according to the wording of the commitments referring to other KAPs, maintaining (instead of increasing) the current coverage and quality had been envisaged in terms of harm reduction, HIV testing, OAT and psychosocial and peer support services for PWID, as well as in terms of basic HIV and STI prevention, HIV testing and STI services for SW. In addition, a commitment to expand access to OAT in 4 new towns was

identified and selected, as well as one to strengthen capacities for engaging with male and transgender SW by establishing a new targeted programme. One selected commitment refers to improving the coverage and quality of HIV prevention in prisons.

The introduction of PrEP was sourced from the National HIV Programme for 2019, considering that this document specified a concrete coverage target, but an essentially same commitment was also identified in the NSP 2017-2021, i.e. at the time of planning the actual transition to national funding.

One service provision commitment was selected for the programmatic area of treatment – related to maintaining continuous psychosocial and peer support for PLHIV after the phase-out of Global Fund support to ensure linkage to, and retention in, treatment and care. The commitment refers specifically to community-based support services established in 2011-2012, including with Global Fund support.

Service provision for MSM

The analysis of the available data on the results in fulfilling the five selected commitments related to service provision for MSM revealed that despite the envisaged increase in coverage of MSM with the basic prevention package (progress score of 65%), HIV testing (42%) and STI diagnosis and treatment (30%), as well as introducing new services for this population, including PrEP (0%), this did not materialise to any substantial extent by the end of 2020. A commitment to maintain, expand and open new-facility-based and outreach services for MSM was evaluated with a progress score of only 33%, considering that only one new facility-based service for MSM, which was opened in this period, has had very limited scope and coverage (as well as limited funding). The decreasing coverage (as a percentage) of MSM with basic HIV prevention is partly a result of the fact that the coverage targets envisaged a substantial increase[39] over the years, while the actual achievement did not keep the same pace and even decreased in 2020. The situation is more or less similar for the other two coverage-related commitments, where overall progress has been even lower. It is especially important to highlight the low coverage of testing, considering the major gap in the first stage of the continuum of HIV care, as explained under the section Results, impact and outcomes, above.

Table 14.1: Analysed commitments related to Service provision for MSM

Commitment	Indicator	Achievement [40]				Score
		2017	2018	2019	2020	
Increase coverage of MSM with basic HIV prevention services	Number of MSM covered with the basic package for prevention of HIV/STI (condom, lubricant, educational materials)	3,597 (71.9%)	4,807 (80.1%)	4,916 (70.2%)	3,590 (44.9%)	65%
Increase coverage of MSM with HIV testing services	Number of MSM who received VCT services and are aware of the test result	1,194 (47.5%)	1,614 (58.4%)	1,097 (36%)	1,010 (30.1%)	42%
Increase coverage of MSM with STI services	Number of MSM who received services regarding STIs (SRH)	206 (51.5%)	93 (18.6%)	90 (15.0%)	264 (37.7%)	30%

[39] That is, from 5,000 to 6,000, 7,000 and 8,000 for the years 2017-2020 respectively, from a baseline of 4,643 in 2016.

[40] Sourced from the annual reports on the implementation of the National HIV Programme for 2017, 2018, 2019 and 2020, published by the Institute for Public Health.

Table 14.2: Analysed commitments related to Service provision for MSM

Commitment	Indicator	Baseline (Year)	Target (Target year)	Achievement	Score
Maintain, expand and open new facility-based and outreach services for MSM	Include new organisations which work on prevention o f HIV among MSM which will increase coverage of this key population	1	2[41] (2018)	2[42]	33%
Introduce PrEP for MSM[43]	Number of MSM receiving PrEP	0 (2019)	300 (2020)	0	0%

Service provision for sex workers

The coverage of SW with key services shows a high overall achievement (progress score of 94%) in the basic prevention package, an average achievement with STI services (61%), but insufficient achievement of targets for HIV testing (50%). The decreasing trends in achievement for these indicators are due to the fact that coverage in absolute numbers has been maintained at a roughly similar level over the 4 years under analysis, while the targets envisaged some increase from one year to the next. There has also been a failure to engage male and transgender sex workers (0%), despite warnings from the Optima modeling in 2015 that prevalence among male sex workers in particular may be the highest.

Table 15.1: Analysed commitments related to Service provision for SW

Commitment	Indicator	Achievement [44]				Score
		2017	2018	2019	2020	
Maintain high coverage and quality of basic HIV and STI prevention services for sex workers	Number of SW covered with the basic package (condom, lubricant, educational materials) for prevention of HIV/STIs (disaggregated by sex)	1,713 (97.9%)	1,825 (98.6%)	1,912 (98.1%)	1,659 (80.9%)	94%
Maintain high coverage and quality of HIV testing services for sex workers	Number of SW who received VCT services and are aware of their HIV test result (disaggregated by sex)	496 (49.6%)	664 (60.4%)	610 (50.8%)	539 (41.5%)	50%
Maintain high coverage and quality of STI services for sex workers	Number of SW who received services regarding STIs (SRH)	572 (81.7%)	424 (55.1%)	569 (65.4%)	462 (47.6%)	61%

Table 15.2: Analysed commitments related to Service provision for SW

Commitment	Indicator	Source	Target (Target year)	Achievement	Score
Strengthen capacities to engage male and transgender SW	A new programme for male and transgender SW established	National HIV Programme 2019	100% (2019)	0%	0%

[41] This target was not identified in the NSP – it was assumed by the reviewers in consultation with the reference group as the lowest realistic target for this commitment.

[42] Community-based services for MSM were introduced in one additional organisation but the scope of the activities and the coverage remained comparatively low – therefore, a progress score of only 33% was assigned by the reviewers.

[43] The commitment 'Introduce PrEP for MSM' (action: 'Implement a PrEP pilot programme') in the domain of service provision from the National HIV Programme for 2020 is related to another commitment formulated in the National HIV Programme for 2019, 'Develop a concept for a pilot study for introducing PrEP as a complementary prevention measure'. We chose the one from 2020 since it includes a specific coverage target.

[44] National HIV Programme for 2017, 2018, 2019 and 2020, published by the Institute for Public Health.

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Service provision for people who inject drugs

The coverage of PWID with the basic prevention package has been maintained at a quite high level – leading to a score of 87% – while HIV testing has failed to reach projected targets (54%). However, it is important to highlight that the achievement of targets has had a decreasing trend over the 4-year period of 2017-2020: from 98% in the first year to 73.3% in 2020 for coverage with the basic prevention package and from 65.3% down to only 34.8% for coverage with HIV testing. Decreasing coverage with testing is attested to as both the absolute achievement and as a percentage of targets which were set to significantly increase. The most notable decreases were seen in 2019 and 2020 (by 10 percentage points for each year), which may be related to the termination of the contract of one service-delivery organisation in 2019 (due to non-fulfillment of the terms of the agreement) and the permanent discontinuation of service delivery in the respective geographic area. On the other hand, coverage with OAT has exceeded the annual targets set in the NSP (122%) as has also been the case with community-based psychosocial and peer support services in Skopje only (151%). However, access to OAT did not improve beyond the existing geographic locations as the envisaged treatment centres in 4 new towns were not established (progress score of 0%).

Table 16.1: Analysed commitments related to Service provision for PWID

Commitment	Indicator	Achievement [45]				Score
		2017	2018	2019	2020	
Maintain coverage and quality of harm reduction services	Number of PWID covered with the basic packa ge for prevention of HIV/STIs (exchange of sterile injecting kits, condom and educational materials)	4,409 (98%)	4,450 (93.7%)	4,167 (83.3%)	3,848 (73.3%)	87%
Maintain coverage of PWID with HIV testing services	Number of PWID who received VCT services and are aware of their HIV test result	803 (65.3%)	984 (72.9%)	761 (50.7%)	574 (34.8%)	54%
Maintain coverage of PWID who are treated for dependence with drug substitution treatment [46, 47]	Number of PWID who are on drug substitution treatment (methadone)	2,050 (117.1%)	2,050 (109.6%)	2,500 (125%)	2,860 (133%)	122%
Ensure continuous psychosocial and peer support for people on OAT[48]	Number of persons on OAT covered with community support services	N/A	418 (139.3%)	391 (130.3%)	547 (182.3%)	151%

Table 16.2: Analysed commitments related to Service provision for PWID

Commitment	Indicator	Source	Target (Target year)	Achievement	Score
Expand access to opioid dependence treatment[49]	Number of established OAT centres	National Drug Strategy	4 (2020)	0	0%

[45] The data on the indicators on coverage of PWID with service provision was collected from the annual reports on the implementation of the National HIV Programme for 2017, 2018, 2019 and 2020, published by the Institute for Public Health.

[46] The commitment, 'Maintain coverage of PWID who are treated for dependence with drug substitution treatment', was formulated based on the indicator and on the wording of the other related commitments in the NSP. The related indicator is listed in the NSP among the key indicators for monitoring of coverage related to Strategic area 1 - Preventing HIV transmission with a focus on people at highest risk.

[47] The data on this indicator was collected from key informants from relevant institutions and organisations due to the lack of official reports on the number of clients in OAT programmes within public health care institutions.

[48] The indicator for this commitment was defined only in the National HIV Programme for 2018, while for the years 2019 and 2020 it was specified in the related public calls for the selection of associations (CSOs) and awarding funds to associations that will implement activities of the National HIV Programme for 2019 and 2020.

[49] Data on this indicator was collected from key informants from the CSO, HOPS, who have been involved in the evaluation of the National Drug Strategy, 2015-2020.

Service provision for people in detention facilities

While historically HIV prevention activities in prisons have been rather limited for us to be able to group them in a separate programme comparable to those for the other KAPs, the reference group believed that the commitment for improving the coverage and quality of HIV prevention in prisons deserved to be monitored. The analysis shows that not only was there a significant reduction in the achievement of set targets during 2016-2018 (from 59.6% to 36.8% achievement of targets), but the activities completely stopped in 2019 and 2020.

Table 17: Analysed commitment related to service provision for people in detention facilities

Commitment	Indicator	Achievement				Score
		2017	2018	2019	2020	
Improve the coverage and quality of HIV prevention in prisons[50]	Number of inmates who received HIV testing and are aware of the result of their HIV test	143 (59.6%)	92 (36.8%)	0 (0%)	0 (0%)	24%

Service provision related to HIV treatment

While achievement of the treatment-related indicator in service provision has been relatively low in absolute numbers, it actually shows coverage increasing beyond the expected targets, leading to an overall progress score of 125%.

Table 18: Analysed commitment related to Service provision for PLHIV

Commitment	Indicator	Achievement				Score
		2017	2018	2019	2020	
Ensure continuous psychosocial and peer support for PLHIV[51]	Number of PLHIV covered with positive prevention and support services	N/A	82 (102.5%)	95 (118.8%)	124 (155%)	125%

Governance

Six important commitments were selected for monitoring in the domain of Governance related to:

- adopting criteria for contracting CSOs as implementers of the National HIV Programme;
- amending legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange by CSOs;
- developing a legal framework for a functional and long-term funding mechanism for HIV activities, as well as national standards for HIV services for KAPs; and,
- adopting national guidelines on PrEP and new guidelines on PEP (including sexual exposure) with a primary focus on MSM, as well as a protocol on lay-provider testing.

The selected commitments have been sourced from several different documents based on the consideration of the clarity and detail in their wording and indicators/targets, although it is worth mentioning that similar commitments were identified in a number of other source documents.

[50] Data on the indicators for coverage of inmates with service provision was collected from Annual Reports on the implementation of the HIV programme for 2017, 2018, 2019 and 2020, published by the Institute for Public Health.

[51] Data on this indicator was collected from Annual Reports on implementation of the HIV programme for 2017, 2018, 2019 and 2020, published by the Institute for Public Health.

Table 19: Analysed commitments related to the Governance health system domain

Commitment	Programmatic area	Indicator	Source	Target year	Achievement (Year)	Score
Determine and adopt criteria for contracting CSOs as implementers of National HIV Program Programme that will guarantee transparent process of selection of CSOs with experience and expertise in service delivery for HIV prevention, care and support[52]	HIV Prevention among MSM, SW, PWID	Adopted criteria	Conclusions, Public Hearing in Parliamentary Commission on Health, 11 December 2015	2016	100% (2016)	100%
Amend legislation to enable screening or HIV and STIs, SRH services and needle and syringe exchange by CSOs[53]	HIV Prevention among MSM, SW, PWID	Developed and adopted proposals for legal amendments	NSP	2018	30% (2019)	30%
Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures related to the establishment of a functional and long-term funding mechanism for HIV activities[54, 55,56]	HIV Prevention among MSM, SW, PWID	Developed proposals for legislative framework	AP, Gov. Strategy for Cooperation with and Development of Civil Society Sector 2018 – 2020	2018	30% (2019)	30%
Develop standards for HIV prevention and support services among KAPs delivered by CSOs[57, 58]	HIV Prevention among MSM, SW, PWID	Developed and adopted standards for HIV services	AP, Gov. Strategy for Cooperation with and Development of Civil Society Sector 2018 – 2020	2018	0% (2020)	0%
Introduce biomedical prevention (PEP and PrEP) in line with WHO recommendations with a primary focus on MSM[59, 60]	HIV Prevention among MSM, SW, PWID	Developed national guidelines for PEP and PrEP are approved	NSP	2019	50% (2020)	50%
Introduce lay-provider HIV testing[61]	HIV Prevention among MSM, SW, PWID	Protocol on lay-provider testing adopted	National HIV Programme for 2019	2019	50% (2020)	50%

[52] Data on this indicator was collected from the official decision of the Ministry of Health for adoption of criteria for contracting CSOs as implementers of the National HIV programme in 2016 and public calls for implementers of the National HIV programme from 2017, 2018, 2019 and 2020.

[53] The NSP does not specify which laws need to be amended.

[54] The wording of the indicator for this commitment does not contain 'adopt', but only 'develop'. However, it can be assumed since the overall activity specified in this document is 'Establishing a functional and long-term funding mechanism for activities of the National HIV Programme that are implemented by CSOs' and it is also stipulated that this should happen through amendments of relevant laws or by-laws or adoption of new ones.

[55] This commitment corresponds to a similar one ('Develop and adopt legal and/or by-law provisions to ensuring long-term and sustainable financing of HIV prevention programmes among KAPs managed by civil society and community organisations') in a Government Act adopted in September 2017, entitled, 'Information on ensuring sustainability of the national response to HIV in the Republic of Macedonia within the budget of the Ministry of Health', as well as to one of the key indicators of the NSP (2017-2021) – Laws and/or by-laws ensuring long-term and sustainable financing of programmes on HIV prevention among key populations, managed by civil society and community organisations, adopted.

[56] The source of data on the achievement of this indicator is the Proposal for amendments to the Law on Health Protection for recognition of CSOs as service providers in the area of health protection submitted to Government Counsel for cooperation and development of CSOs in September 2020.

[57] This commitment refers to the services for all key populations. The formulation of the commitment itself was based on the indicator, which does not contain the word 'adopt', but only 'develop'. However, it can be assumed, since the overall activity specified in the source document is 'Establishing a functional and long-term funding mechanism for activities of the National HIV Programme that are implemented by CSOs' where 'developed standards' are listed as one of the indicators, i.e. as part of this 'functional mechanism'.

[58] Annual Report 2020 on implementation of the Action Plan for Implementing the Strategy of the Government of the Republic of Macedonia for Cooperation with, and Development of, the Civil Society Sector 2018–2020 is the source on the achievement of this indicator.

[59] These commitments from the NSP are also reflected in the National HIV Programme for 2019 in the following actions: (1) Revise national guidelines on PEP for health care workers and develop guidelines for PEP for MSM (Indicator: Approved new national guidelines for PEP, including for sexual exposure to HIV); and, (2) Develop national guidelines for PrEP (Indicator: Approved national guidelines for PrEP).

[60] Minutes from meetings of the National HIV Commission held in June 2020 as the source on the achievement of this indicator.

[61] Ibid.

Data shows that only one of the 6 selected commitments was already fulfilled (progress score of 100%) in 2016, i.e. in advance of the transition to national funding when the MoH adopted criteria for the contracting of CSOs as implementers of activities of the National HIV Programme. Other governance aspects of what would be a functional social contracting mechanism for engaging CSOs to implement programme activities and provide services to KAPs have experienced relatively slow progress. For example, the commitments (1) to enable HIV and STIs screening, other SRH services and needle and syringe exchange by CSOs as well as (2) to establish a functional and long-term funding mechanism for these services were each assigned a progress score of only 30% based on the consideration that although an official working group for developing draft amendments was appointed by the Minister of Health in 2018, and several draft proposals were developed until 2020, no finalised draft amendment was ever endorsed by the Government and submitted for adoption to Parliament. In addition, the process for developing national standards for HIV services never commenced, resulting in a progress score of 0%. On the other hand, new national guidelines on PEP, and the first clinical guidelines on PrEP as well as a protocol to regulate lay-provider testing, were developed through formal consultative processes and were endorsed by the National HIV Commission but were not yet officially adopted by the MoH until the end of 2020. We, therefore, assigned a score of 50% to each of these two commitments.

Of the six commitments in the domain of governance, 5 are relevant for all three programmatic areas of prevention, while one commitment (Introduce biomedical prevention (PEP and PrEP) in line with WHO recommendations with a primary focus on MSM) we considered to be relevant for both MSM and SW despite the designation 'with a primary focus on MSM'. No commitments in this domain were considered relevant for the programmatic area of treatment.

DATA AND INFORMATION

Four commitments were selected for monitoring within the Data and Information domain. One commitment is related to conducting regular bio-behavioural studies among key affected populations to assess prevalence, as well as the impact of national interventions. Within the period being monitored, the NSP envisaged that two studies would be conducted among each of the four KAPs (including people in detention facilities). However, studies were conducted only once in 2017/2018 (4 instead of 8 studies conducted), resulting in a progress score of 50%. It is important to note that even these four studies were realised thanks to the financial support of the Global Fund and no budget was allocated by the Government for this important exercise for generating strategic data. Similarly, only twice was the total number of PLHIV estimated at the national level (for 2017 and 2018) and this was enabled through a multi-country Global Fund grant and led by a CSO. These assessments were still not conducted on a regular basis by relevant public health institutions in the country by the end of 2020. Conversely, collecting data and reporting on the coverage of KAPs with activities for HIV prevention has been conducted regularly on a quarterly basis and reports have been shared with stakeholders, mainly through the National HIV Commission (progress score of 100%). Last but not least, in accordance with NSP commitments, a national plan for monitoring and evaluation was developed in 2018 (when it was presented to the National HIV Commission). However, based on interviews with key informants, the reviewers considered that it was never visibly implemented in practice and, therefore, decided to assign a progress score of only 50%.

Table 20: Analysed commitments related to the Data and Information health system domain

Commitment	Programmatic area	Indicator	Target (Target year)	Achievement[62]	Score
Carry out epidemiological BBS among KAPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and estimate the size of these populations	HIV prevention among MSM, SW, PWID	Bio-behavioural surveys carried out among MSM, PWID, SW and persons serving prison sentences	8 (2020)	4	50%
Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.).	Treatment	Assessment carried out and report developed	4 (2020)	2	50%
Collect data on coverage with activities for HIV prevention within KAPs (VCT, minimal service package)	HIV prevention among MSM, SW, PWID	Developed reports on activity implementation and coverage	20 (2020)	20	100%
Develop a national monitoring and evaluation plan containing reporting forms and standard operating procedures	HIV prevention among MSM, SW, PWID	National plan for strategy monitoring and evaluation developed	100% (2018)	50%	50%

Three of the four commitments in this domain are relevant to all three programmatic areas of prevention, while the one on annual assessments of the number of individuals living with HIV was considered relevant primarily for the area of treatment.

HUMAN RESOURCES

Few specific commitments could be identified during the documents review for the domain of Human resources. The selected three that were monitored, however, are highly relevant for the transition process and for ensuring the sustainability of the national response to HIV among KAPs. Two commitments refer to establishing a unit for coordination and management of the national response to HIV within the MoH beyond Global Fund support, as well as establishing a national centre for monitoring and evaluation of HIV prevention activities. Their importance is highlighted by the fact that until the very end of Global Fund support (i.e. the end of 2017), HIV prevention programmes for KAPs were managed and monitored through a project implementation unit which, despite having been established under the MoH, had no prospect of continuity beyond the period of donor funding[63]. In the area of treatment and care, the only one monitored commitment was related to ensuring long-term institutional sustainability of psychosocial support for PLHIV, as this had also been a component relying on donor funding. Employment of a psychologist and a social worker within the Clinic for Infectious Diseases was part of the indicator for this commitment.

Based on this analysis, the establishment of separate management and coordination for the National HIV Programme within the MoH did not materialise, but we took into consideration the

[62] Sources on achievements for the first three indicators are reports of the bio-behavioral studies published in 2018 by the Institute for Public Health, Ministry of Health; Report on the Continuum of HIV care published in 2017 and 2018 (CSO, Stronger Together) and Annual Reports on the HIV Programme 2017, 2018, 2019 and 2020 by the Institute of Public Health.

[63] The Project Implementation Unit (PIU) had been established by the MoH solely for the purpose of managing Global Fund HIV grants. The staff were never employed on a regular basis by the Ministry and remained engaged on service contracts. No clear commitments were identified with regards to any intention of integrating the PIU or its staff within the structure of the MoH.

fact that the Programme has, nevertheless, been managed by staff of the Ministry. This staff, however, did not possess any public health or HIV background but only administrative skills. Therefore, the fulfillment of the commitment was evaluated with a score of 25%. The other crucial aspect – establishing a national centre for monitoring and evaluation of prevention activities – envisaged staffing with 3 experts (an epidemiologist, an expert for monitoring and evaluation and an IT expert) but the actual realisation was only 66% for 2018 and 2019, while the number of staff members decreased to only one (33%) in 2020, leading to an overall score of 55% for this commitment. The long-term institutional sustainability of the psychosocial support for PLHIV within the Clinic for Infectious Diseases was ensured in 2018 with the employment of a social worker, completing the team that had been established years earlier with Global Fund support.

Table 21: Analysed commitments related to Human resources

Commitment	Programmatic area	Indicator	Achievement				Score
			2017	2018	2019	2020	
Establish a unit for coordination and management of the national response to HIV within the Ministry of Health beyond Global Fund support	HIV Prevention among MSM, SW, PWID	Established unit within MoH		25%			25%
Establish a national centre for monitoring and evaluation of HIV prevention activities in the Republic of Macedonia	HIV Prevention among MSM, SW, PWID	Established National Centre for Monitoring and Evaluation is staffed with appropriate personnel: epidemiologist, IT expert and a person for monitoring and evaluation		66%	66%	33%	55%
Ensure long-term institutional sustainability of psychosocial support for PLHIV within the Clinic for Infectious Diseases	Treatment	Employed psychologist and social worker		100%			100%

The first two commitments in human resources are relevant to all three programma tic areas of prevention, while the third one was considered relevant for the area of treatment.

Transition progress in the programmatic area of prevention with regards to KAPs

A number of the monitored commitments are relevant for prevention among all three KAPs. For example, the key commitment on financing (i.e. 'Ensure national funding to sustain HIV prevention programmes for KAPs'), in which funding for prevention is not disaggregated by key population, contributes to a score of 80% (substantial progress) for all three target groups. This is also the case with 5-out-of-6 commitments in governance, 3-out-of-4 commitments in data and information and 2-out-of-3 in human resources – leading to fairly similar scores for progress in these domains for all three programmatic areas of prevention. Table 22, below, presents a summary of the analysed commitments in prevention common to all three KAPs.

Table 22: Analysed commitments in the programmatic area of HIV prevention common to all KAPs (MSM, SW and PWID)

Health system domain	Commitment	Score
Financing	Ensure national funding to sustain HIV prevention programmes for KAPs	80%
Governance	Determine and adopt criteria for contracting CSOs as implementers of the National HIV Programme that will guarantee a transparent process of selection of CSOs with experience and expertise in service delivery for HIV prevention, care and support	100%
	Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange by CSOs	30%
	Develop proposals for amendments to the relevant laws and by-laws, or for new by-laws and procedures, related to the establishment of a functional and long-term funding mechanism for HIV activities	30%
	Develop standards for HIV prevention and support services among KAPs delivered by CSOs	0%
	Introduce lay-provider HIV testing	50%
Data and information	Carry out epidemiological BBS among KAPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and estimate the size of these populations	50%
	Collect data on coverage of activities for HIV prevention for KAPs (VCT, minimal service package)	100%
	Develop a national monitoring and evaluation plan containing reporting forms and standard operating procedures	50%
Human resources	Establish a unit for coordination and management of the national response to HIV within the Ministry of Health beyond Global Fund support	25%
	Establish a national centre for monitoring and evaluation of HIV prevention activities in the Republic of Macedonia	55%

HIV prevention among MSM

A total of 17 selected commitments were relevant for the programmatic area of HIV prevention among MSM. In addition to the commitments common for all prevention areas listed above, Table 23 presents those specific only to MSM.

Table 23: Analysed commitments in HIV prevention specific to MSM

Health system domain	Commitment	Score
Service provision	Increase coverage of MSM with basic HIV prevention services	65%
	Increase coverage of MSM with HIV testing services	42%
	Increase coverage of MSM with STI services	30%
	Maintain, expand and open new facility-based and outreach services for MSM	33%
	Introduce PrEP for MSM	0%
Governance	Introduce biomedical prevention (PEP and PrEP) in line with WHO recommendations with a primary focus on MSM	50%

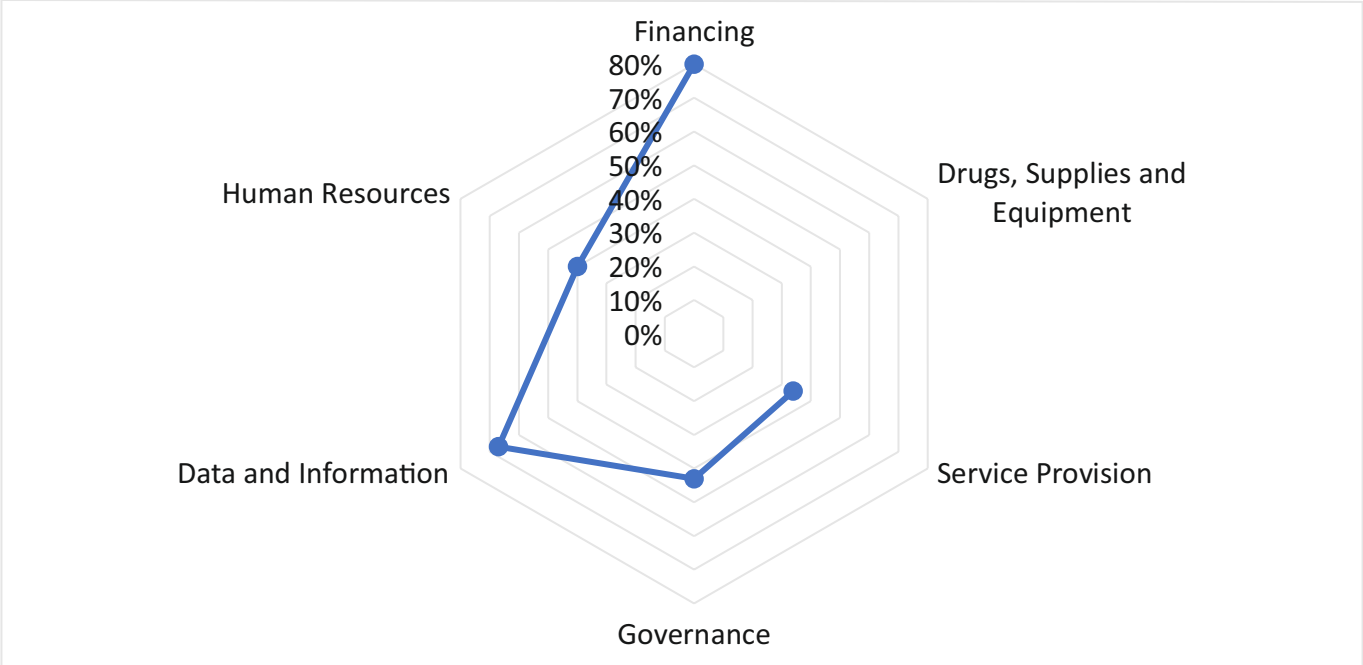
Table 24, below, presents the overall progress scores of the fulfilment of selected commitments in each domain within the programmatic area of HIV prevention among MSM. The highest progress score can be found in the domain of financing owing to the allocation of 80% of the funding target that was estimated and committed for all three prevention programmes jointly. However, this stands in sharp contrast with a much lower score in service provision (34% - fairly low progress) owing to low-to-average coverage with the basic prevention package for MSM, HIV and STI services, the failure to expand service delivery and to introduce new services, such as PrEP. The

domain of governance shows only moderate progress of 43% owing mainly to the absence of a legal framework that would regulate (1) the provision of HIV testing and certain medical services (in particular STI diagnostics and treatment) by CSOs, as well as (2) the funding mechanism for activities conducted by CSOs targeting all three key populations, together with the failure to develop service standards. Average progress is seen in data and information where the biggest challenge seems to be conducting regular bio-behavioural studies (the last one being conducted in 2017-2018 using Global Fund support). With the only 2 monitored commitments, the domain of human resources has shown a moderate progress of 40% for MSM, revealing considerable challenges with the management and monitoring and evaluation of HIV prevention programmes in general.

Table 24: Progress in fulfilling transition-related commitments by health system domains within HIV prevention among MSM

Health System Domain	Financing	Drugs, Supplies and Equipment	Service Provision	Governance	Data and Information	Human Resources
Number of commitments	1	0	5	6	3	2
Progress score by domain	80%	N/A	34%	43%	63%	40%

Figure 5. Progress in fulfilling transition-related commitments by health system domains within HIV prevention among MSM



The overall progress score of prevention among MSM based on the selected commitments is 53% (average progress).

HIV PREVENTION AMONG SWs

Prevention among SW was analysed on the basis of 16 commitments in total. Those that were specific to SW only are summarised in Table 25, below.

Table 25: Analysed commitments in HIV prevention specific to SWs

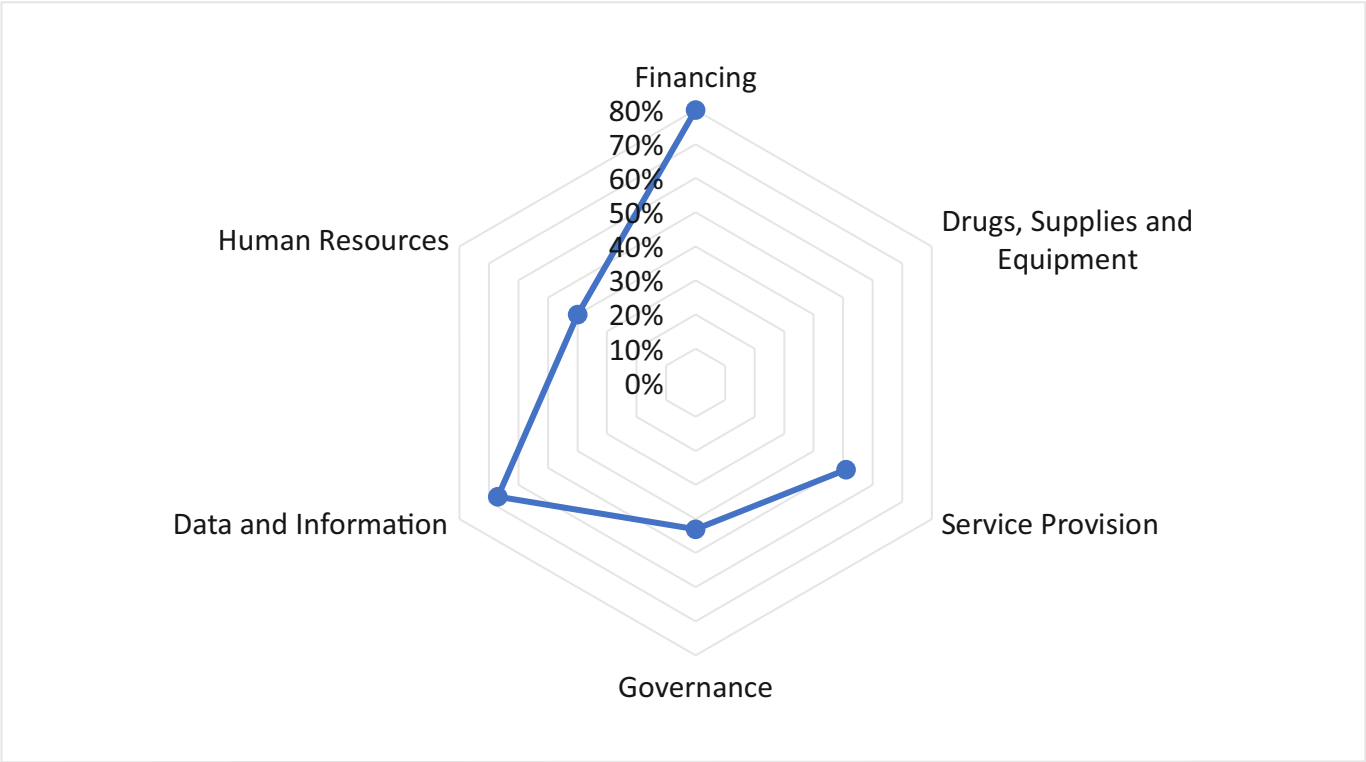
Health system domain	Commitment	Score
Service provision	Maintain high coverage and quality of basic HIV and STI prevention services for sex workers	94%
	Maintain high coverage and quality of HIV testing services for sex workers	50%
	Maintain high coverage and quality of STI services for sex workers	61%
	Strengthen capacities to engage male and transgender SW	0%
Governance	Introduce biomedical prevention (PEP and PrEP) in line with WHO recommendations with a primary focus on MSM	50%

The summarised progress scores for the fulfillment of the selected commitments in each domain within the programmatic area of prevention among SW shows the same results as prevention among MSM, i.e. financing (80%), governance (43%), data and information (63%) and human resources (40%). In the domain of service provision, however, overall progress is 51% (average progress). This score is primarily due to insufficient coverage of HIV testing (coverage has remained at roughly the same level over the 4 monitored years, while targets have been set at a higher level from the very beginning and they were also projected to increase) and there was a failure to develop a new programme for male and transgender SW.

Table 26: Progress in fulfilling transition-related commitments by health system domains within HIV prevention among SW

Health System Domain	Financing	Drugs, Supplies and Equipment	Service Provision	Governance	Data and Information	Human Resources
Number of commitments	1	0	4	6	3	2
Progress score by domain	80%	N/A	51%	43%	63%	40%

Figure 6. Progress in fulfilling transition-related commitments by health system domains within HIV prevention among SW



The overall transition score for the programmatic area of prevention among sex workers is 56% (average progress).

HIV PREVENTION AMONG PWID

The transition progress in HIV prevention among PWID was assessed based on 16 monitored commitments. Only 5 commitments, all in the domain of service provision, were specific for this programmatic area only, as shown in Table 27, below.

Table 27: Analysed commitments in HIV prevention specific to PWID

Health system domain	Commitment	Score
Service provision	Maintain coverage and quality of harm reduction services	87%
	Maintain coverage of PWID with HIV testing services	54%
	Maintain coverage of PWID who are treated for dependence with drug substitution treatment	122%
	Ensure continuous psychosocial and peer support for people on OAT	151%
	Expand access to opioid dependence treatment	0%

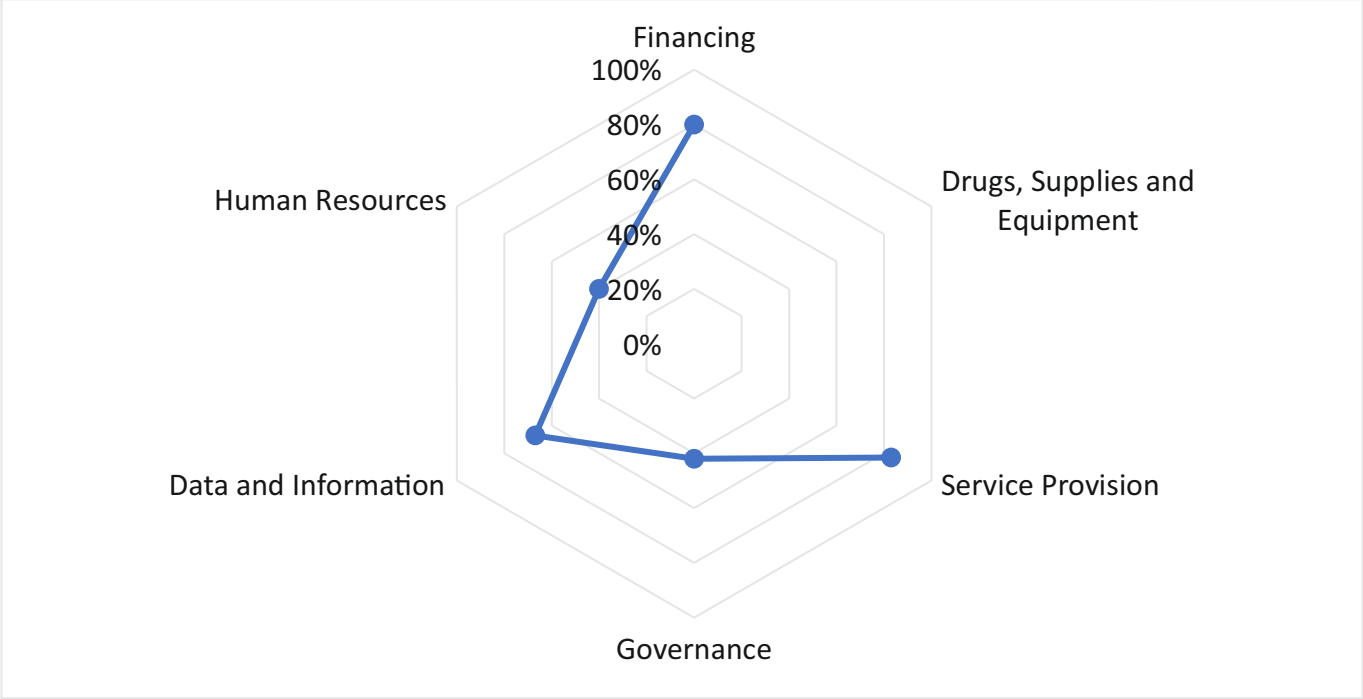
HIV prevention among PWID shows the highest overall progress score (83%) in the domain of service provision based on the 4 analysed commitments. This is largely a result of the overachievement in two specific indicators ('Maintain coverage of PWID who are treated for dependence with drug substitution treatment' and 'Ensure continuous psychosocial and peer

support for people on OAT'), while, conversely, coverage with HIV testing has seen some decrease instead of the projected increase). The progress score based on the analysed commitments for financing (80%) is also relatively high, followed by data and information (63%), governance (42%) and human resources (40%).

Table 28: Progress in fulfilling transition-related commitments by health system domains within HIV prevention among PWID

Health System Domain	Financing	Drugs, Supplies and Equipment	Service Provision	Governance	Data and Information	Human Resources
Number of commitments	1	0	4	6	3	2
Progress score by domain	80%	N/A	83%	42%	63%	40%

Figure 7. Progress in fulfilling transition-related commitments by health system domains within HIV prevention among PWID



The overall progress score for this programmatic area is 62% (average progress).

Transition progress in the programmatic area of HIV treatment

Five of the monitored commitments refer to HIV treatment as a key programmatic area in the national response to HIV, each of them belonging to one of 5 health system domains with only governance standing without an identified relevant commitment.

Table 29: Commitments for programmatic area of HIV Treatment

Health system domain	Commitment	Score
Financing	Ensure adequate funding for HIV treatment	79%
Drugs, supplies and equipment	Budget ARVs under the National Health Insurance Fund and include essential ARVs in the positive reimbursement list	0%
Service provision	Ensure continuous psychosocial and peer support for PLHIV	125%
Data and information	Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.)	50%
Human resources	Ensure long-term institutional sustainability of psychosocial support for PLHIV within the Clinic for Infectious Diseases	100%

Based on the monitored indicators, the transition progress in financing of HIV treatment is substantial (79%). However, as noted above, in this area in particular, this is a worrying result as it reflects a more or less fixed budget over the monitored years that does not correspond to the increasing number of people who need treatment. This has led to an achievement of only 65.5% for 2020. A commitment to include ARVs under the positive reimbursement list and budget for them under the National Health Insurance Fund has seen no progress, leaving the provision of ARVs within the National HIV Programme which has resulted in a 0% progress score in the domain of drugs, supplies and equipment.

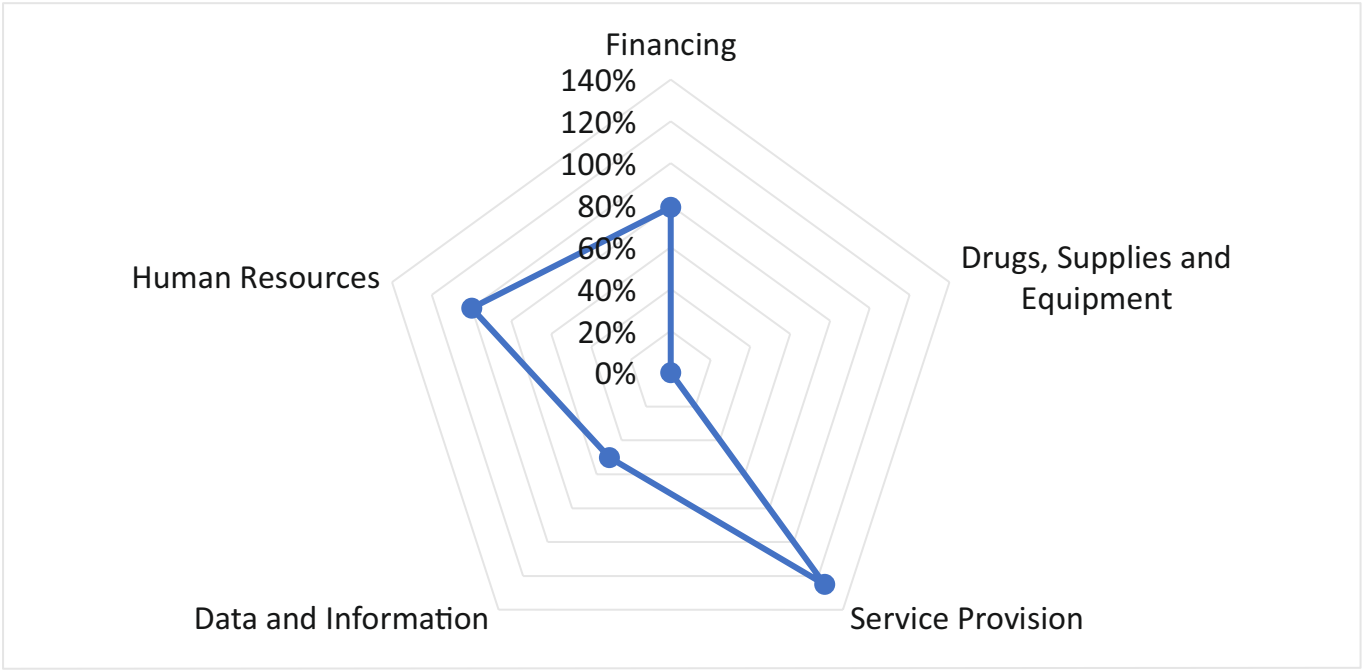
Table 30: Transition progress by health system domain within the programmatic area of treatment

Health System Domain	Financing	Drugs, Supplies and Equipment	Service Provision	Governance	Data and Information	Human Resources
Number of commitments	1	1	1	0	1	1
Progress score by domain	79%	0%	125%	N/A	50%	100%

Institutional psychosocial support and community-based and peer support have scored quite high in the area of treatment with 100% for the first (human resources) and 125% for the second (service provision). The first one is due to the employment of a social worker in the Clinic for Infectious Diseases in 2019 which is meant a full integration of psychosocial support services for patients within the relevant institution. The score in service provision is a result of overachievement of set targets for community-based psychosocial and peer support provided by the patient organisation under the National HIV Programme of the MoH since 2018. Although the absolute numbers are relatively low, the particular commitment illustrates the continuation of community-based services through the transition period.

A progress score of 50% was noted in the domain of data and information based on the commitment related to regular annual assessments of the number of individuals living, which unfortunately has happened only twice during the 4 years monitored.

Figure 8. Transition progress in the HIV treatment programmatic area



Based on these scores, the analysis gives an overall progress score of 71% for the programmatic area of treatment.

Comparison of overall progress between programmatic areas

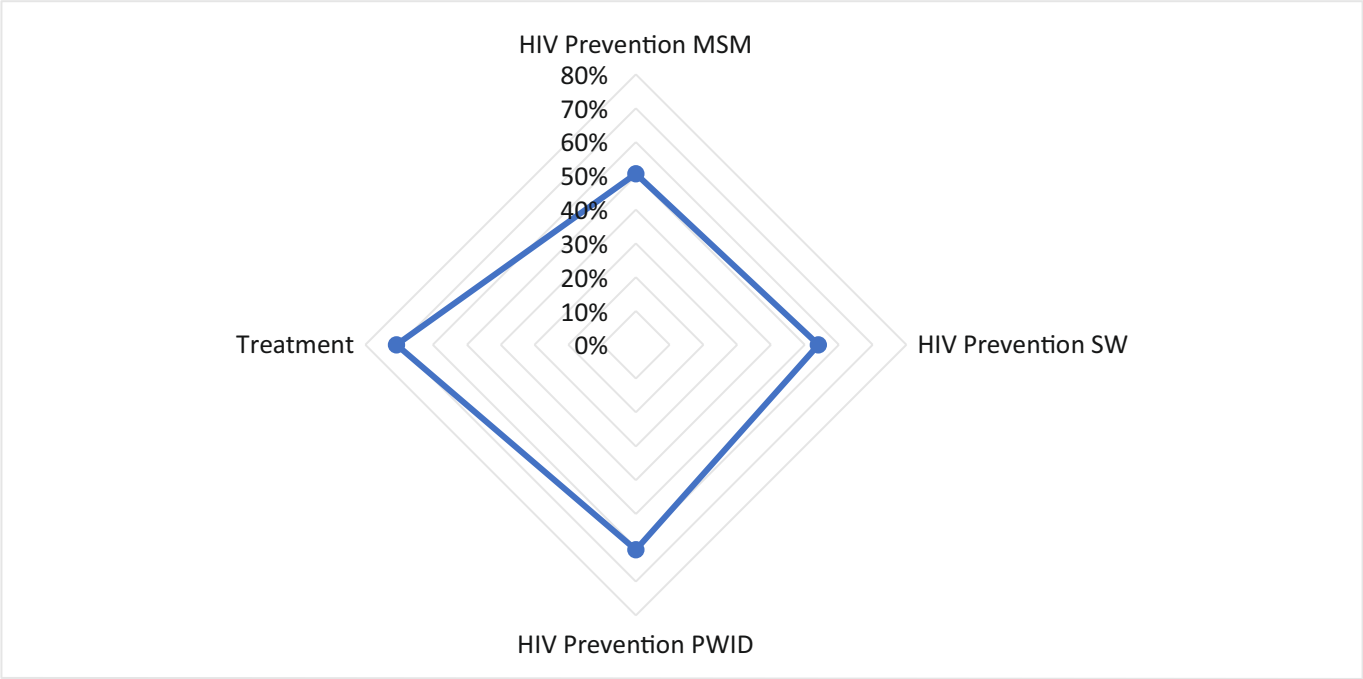
Progress in the fulfillment of the prioritised transition-related commitments by programmatic areas in North Macedonia can be characterised as average for prevention among KAPs (from 53% for HIV prevention among MSM, 56% for SW and 62% for PWID) and substantial for the area of HIV treatment (71%). The similar overall score in prevention among each of the three KAPs is mainly a result of the fact that in the majority of the domains, the identified and monitored commitments were not disaggregated by key populations and were, therefore, applied to all prevention areas in the analysis.

As explained above, the provision of HIV treatment had already been taken over by the Government in 2010 and, therefore, only certain aspects of this programmatic area were chosen for the purpose of this monitoring exercise. These are related to the model of provision of ARVs and, in particular, to the institutional and community-based components of the care and support for PLHIV which were part of the 2017-2018 process of full transition from donor support to national funding of the response to HIV.

Table 31: Comparison of overall progress in the fulfillment of the selected transition-related commitments within the programmatic areas

Programmatic area		Overall progress in fulfillment of commitments by programmatic areas
HIV Prevention among KAPs	HIV Prevention: MSM	53%
	HIV Prevention: SW	56%
	HIV Prevention: PWID	62%
HIV Treatment		71%

Figure 9. Overall progress in the fulfillment of prioritised commitments by programmatic areas



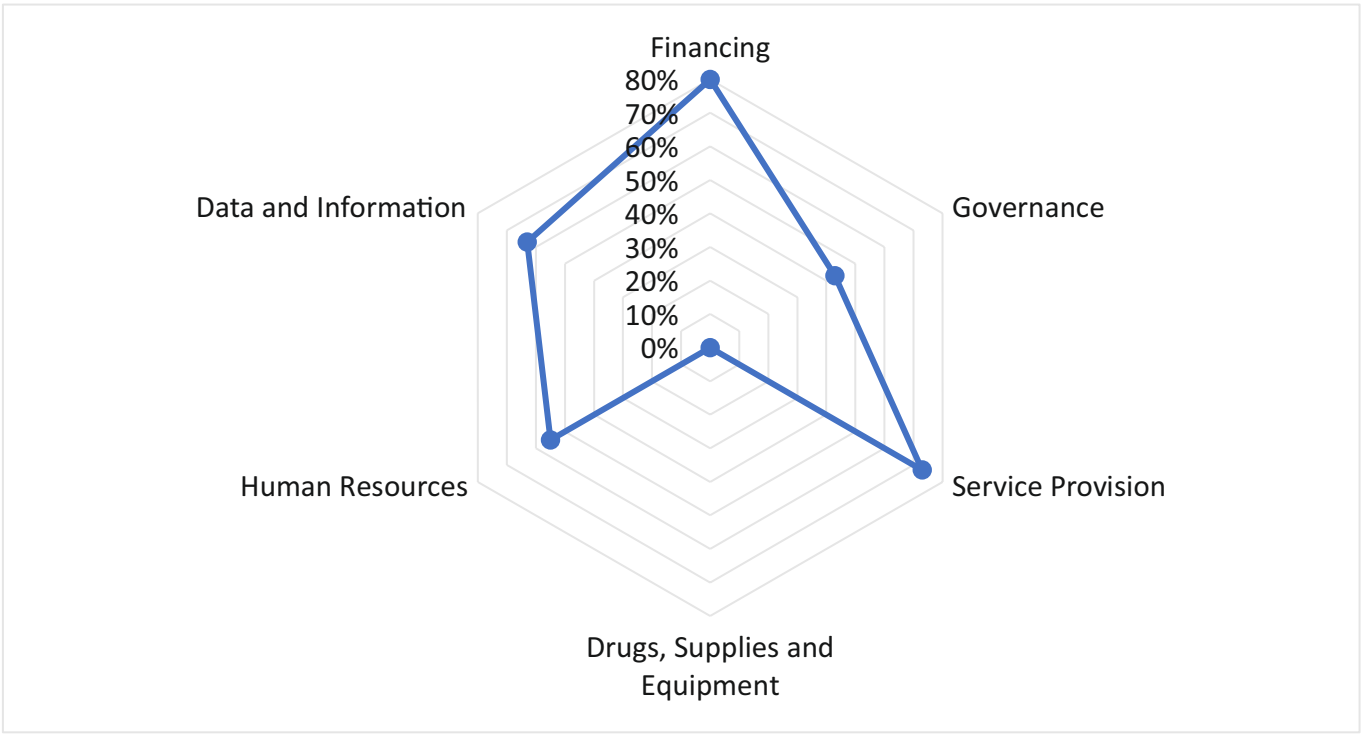
Progress in fulfilling the prioritised transition-related commitments by health system domains

Fulfilling the selected transition-related commitments in North Macedonia has demonstrated substantial progress in two key domains – financing (80%) and service provision (73%) – based on the monitored commitments in this analysis, which stems from the actual allocation of funds to replace Global Fund support of HIV prevention programmes for KAPs starting from 2018 and the fact that the majority of existing services for KAPs were maintained after the transition. The budget for HIV treatment was also increased at the point of transition, i.e. since 2018, although this trend did not continue in accordance with the annual rate of new diagnoses. Transition progress in service provision is, by all means, directly related to the budget allocation.

Table 32: Overall transition progress by health system domains

Health System Domain	Progress
Financing	80%
Governance	43%
Service Provision	73%
Drugs, Supplies and Equipment	0%
Human Resources	55%
Data and Information	63%

Figure 10. Overall progress in the fulfillment of prioritised commitments by health system domains



Discussion

North Macedonia has been regarded as an example of good practice when it comes to sustaining the essential HIV prevention services for the country's key affected populations, as well as an example of successful transition from Global Fund support to full Government funding of the national response to HIV. The actual transition happened during 2017 and was completed by the end of that year. This analysis looked at the transition process through the commitments made by the Government related to ensuring the sustainability of the HIV response among KAPs within the transition from Global Fund's support and the level of their fulfillment within the 5-year period between 2015 and 2020. The findings show the complexity of the transition processes and throw a much more nuanced light on the actual progress in different programmatic areas and across the main health system domains.

The country has indisputably made very important progress in maintaining the established essential prevention programmes for KAPs implemented by CSOs. However, when looked at broadly across all health system domains, the overall progress in ensuring the sustainability of the HIV response among KAPs by fulfilling the particular commitments in the context of transition can be classified as average (53% for MSM, 56% SW and 62% for PWID). This reflects a situation where funding for prevention services has been secured to a substantial level, but transition progress in most other domains has been only moderate to average. Even though national funding, which has been provided by the Government since the end of 2017, has been primarily directed towards sustaining the prevention programmes and in particular service provision, it is precisely in this domain that progress scores show a very significant difference between the programmatic areas: from 38% for MSM to 55% for SW and 85% for PWID. Overall, the low score for progress in fulfillment of the prioritised commitments related to service provision among MSM in this analysis is largely due to the discrepancy between commitments set in the 2017 NSP with the view to expand the type and coverage of services for MSM, as opposed to the actual achievement which reveals only the maintaining of existing services and their coverage. In part, it results from the discrepancy between the actual achievement and the set coverage targets for essential prevention services which project a trend of significant increase over the course of the 4-year period by nearly 100% for 2020 compared to 2016. The actual achievement in absolute numbers, on the other hand, has either stayed at roughly the same level (e.g. for the basic prevention package) or has decreased (HIV testing).

Similarly, the scores for the selected service delivery commitments in prevention among PWID and among SW also conceal an obviously decreasing achievement of set targets during the course of the 4-year period (2017-2020), such as in coverage of PWID with HIV testing, or maintaining roughly the same level of the basic prevention package. These observations raise the questions of (1) whether the increasing targets were set realistically in the first place (i.e. properly, considering the number of KAPs, the existing infrastructure, etc.) and (2) whether the projected increase is matched by adequate commitments in the other domains.

It is evident, for example, that the monitored funding commitments did not at all correspond to the increasing coverage targets. The actual funding allocation since 2018 has remained at a level of 80%

(an annual average of MKD48,000,000) of the projected need and the actual amount to which the Government committed in a key act from 2017 (annual target of MKD60,000,000)[64]. Therefore, with this reduction, even maintaining service delivery at the level before the actual transition has proven difficult, while the needs for improvement and scale-up could not be addressed. Importantly, as our findings in the domain of financing show, funding commitments did not address the need to increase allocations in the prevention programme for MSM so as to fulfill the goals of increasing coverage and scope in the service delivery domain.

The low score of fulfilling commitments for HIV prevention among MSM means that North Macedonia has not properly addressed the most important area of interest in terms of containing the HIV epidemic. In fact, it is evident that the focus during the transition years was largely on maintaining the existing infrastructure of services while overseeing important strategic commitments based on the epidemiological data.

It can be noticed that the selected key funding commitments fail to respond to key needs in other domains as well, such as human resources and data and information. For example, the commitment to ensure proper management and monitoring and evaluation does not match adequate funding allocations. Likewise, no funding for regular IBBS has been identified. Finally, it is also important to highlight that funding for service delivery through CSOs does not address the rising living expenses of the human resources engaged in the provision of these services, nor does it cover any capacity building.

Average progress in the fulfillment of commitments related to human resources is mainly due to the integration of staff for psychosocial support of PLHIV within the Clinic for Infectious Diseases, but there has been a failure to fulfill a key commitment related to the management of the National HIV Programme (i.e. to establish a unit for management and coordination of the national response to HIV). The absence of programmatic management can be pointed out as a significant threat to the optimal functioning and planning of on-going HIV prevention programmes, as well as their long-term sustainability.

It is noticeable that in the 4-year period under analysis, funding for ARV treatment, which had already transitioned under the national budget in 2010, has also scored 79%. The findings further show that like in prevention, the level of funding for treatment also remained at roughly the same level during the last three years (2018-2020) and even decreased in absolute terms despite the increase in the number of patients by 50% for the same time span. This has resulted in a significantly decreasing achievement and presents a threat to the regular provision of ARVs according to international guidelines, despite the fact that no treatment interruptions were identified for the observed period. The fixed budgets for both HIV prevention and treatment reveal an inert and inflexible historical budgeting practice which is not based on evidence.

[64] Excerpt from the Minutes of the 26th session of the Government of the Republic of Macedonia held on 5 September 2017. Skopje; Ministry of Health, Ministry of Finance, 2017.

The findings of the analysis show that progress in the fulfillment of the selected transition-related commitments has been lowest in the domain of governance. This is due to the low level of achievement in several clear and highly relevant commitments in strategic documents regarding the legislative changes that will ensure (1) the provision of HIV testing and certain medical services (in particular, STI diagnostic and treatment) by CSOs, as well as (2) the funding mechanism of the activities conducted by CSOs targeting all three key populations. Despite the fact that a practice of contracting CSOs as implementers of the National HIV Programme was introduced, and has been implemented, since 2017/2018, a proper legal framework for this practice has not been adopted in accordance with the strategic commitments as part of the transition process (for example, an amendment of the Law on Health Protection and adoption of new standards for service provision). This jeopardises the long-term sustainability of the mechanism and fails to address any bottlenecks in the current practice of social contracting.

It is important to note that some of the commitments that were monitored in this analysis were fulfilled with the contribution of continued donor support, in particular in the domain of data collection (i.e. assessments of the national continuum of HIV care), service delivery (e.g. occasional procurement of supplies, introduction of PrEP (a pilot was postponed from 2020 to 2021), complementary legal support services) and governance (e.g. development of national guidelines on PEP and PrEP). In addition, essential civil society-led advocacy to ensure the evident country progress in transition in the past 5 years was enabled by significant donor support, in particular through Global Fund-supported multi-country grants and grants from the Open Society Foundations.

It is crucial to contrast the progress in ensuring sustainability in terms of the analysed commitments across the health system domains and across programmatic areas with the achievements in terms of the actual impact on the HIV epidemic. In this regard, North Macedonia appears to have only partially fulfilled its commitments related to the impact on the epidemic within key affected populations. While it can be safely assumed that the epidemic within PWID and SW has been kept under control, it has been on the rise among MSM. These trends have been recognised at the national level, at least since 2015, and were confirmed with the last integrated bio-behavioural studies conducted in 2018. However, the findings of this analysis show that no recent data about impact have been available since 2018.

There is a significant discrepancy between the strategic projections about the epidemic among MSM ('maintain prevalence lower than 2.5% by 2020') and the attested prevalence already in 2018, which showed a concentrated epidemic at 5.4%. This discrepancy is largely a result of the fact that the target values for the impact indicators in the NSP for 2017-2021 were set based on earlier data from 2014, before the results of the 2017-2018 IBBS became available.

The lack of recent IBBS means that the country cannot fully assess the actual course of the epidemic, in particular among MSM. However, regular surveillance data supports the assumption that the rising trend attested to between 2010 and 2018 has continued. Furthermore, considering that programmes for MSM were not significantly changed or scaled-up during the transition

process and in the following period, it can be assumed that the rising trend of the epidemic must have continued.

Considering the absence of the HIV epidemic among PWID and female SW, at least in the period between 2010 and 2018, the question arises as to whether maintaining prevalence below a certain value within a specific population (as it was the case in the 2017-2021 NSP) is the most appropriate approach to define the strategic goals in terms of impact on the epidemic for these two KAPs?

The analysis reveals some clear areas where the national response to HIV must be improved and optimised in order to achieve the expected impact. These include the scaling-up of programmes for MSM, where the epidemic is concentrated and on the rise, including the opening of new community-led comprehensive programmes with innovative approaches, PEP and PrEP, as well as programmes for male and transgender sex workers.

Programmes for SW and PWID must be continuously improved in order to maintain control of the epidemic, but also because of the other complex social and public health benefits of these programmes.

The findings of this analysis should be used by both communities and civil society, as well as by all national stakeholders, in the strategic response to HIV in North Macedonia. A good opportunity for this may be found during the up-coming process for national strategic planning.

Conclusions and recommendations

The findings of this analysis **show significant progress in the fulfillment of the selected transition related commitments in North Macedonia in the domain of *financing***, which resulted with full integration of the essential services for key affected population in the national budget starting from 2018, as soon as international donor support for the national response to HIV had phased out. While **the domestic funding contributed to maintaining of the existing infrastructure for service provision** programs among the three affected populations – MSM, SWs and PWID, it is evident that **there is a lack of implementation of interventions to further scale-up HIV prevention programs.**

- HIV prevention programs for KAPs in North Macedonia need to be scaled up, in particular among MSM, where evidence shows a rising epidemic.

Although the strategic national policies envisaged progressive targets for service coverage among MSM, SWs and PWID during the past 4-year period, findings show that this does not correlate with the projected budget for prevention that has remained at a fixed level during the past three years. Therefore, there is a need for **proper evidence-based programming for the service coverage**, according to existing and potential capacities of the HIV prevention programs in the future strategic planning, followed **by an adequate increase of funding** according to the identified bottlenecks.

The funding of both treatment and prevention programs should be evidence-based, following regular costing and projections in accordance with the epidemiological trends, number of new diagnoses etc.

- The Ministry of Health should ensure that coverage targets for prevention programs are evidence-based and budgeting is adequate to achieve those targets.

- The Ministry of Health should also ensure evidence-based budgeting for treatment, along with implementing strategies to reduce the overall costs for ARVs.

There is a need to increase the investment in programs for KAPs in future, in particular for MSM, both in terms of scale-up and in terms of opening new community-led programs, including innovative approaches according to the epidemic trend and adequate funding. Revision and optimization of existing programs for MSM should be also considered as important in future strategic program planning and funding.

According to the findings, there is improvement of regular data collection for service coverage and data surveillance reporting as part of the monitoring process. Still, the *data and information* domain needs to be strengthened in order to be able to properly assess epidemic trends and the impact of the interventions. Regular IBBS and continuum of care analysis are a minimum in this respect. Considering the obvious rising trend of the epidemic among MSM and the attested concentrated epidemic in 2017/2018 it is crucial that a new IBBS be conducted urgently among this key population in particular.

- The Ministry of Health should urgently plan for conducting integrated bio-behavioural studies among KAPs in order to assess epidemic trends, as well as the impact of the on-going interventions.

In the **domain of human resources**, the country made progress in fulfillment of the selected transition-related commitments for integration of services for psychosocial care and support for people living with HIV and some progress has been observed in the employment of staff for national monitoring of the programs. Still, the findings show that particular attention is needed in this domain in terms of programmatic management, monitoring and evaluation, as well as continued investment in human resources engaged in service delivery, including investment in capacity building.

- The Ministry of Health should strengthen the programmatic management of interventions among KAPs, monitoring and evaluation. Furthermore, investment in human resources at different levels – from service delivery to data management should be considered to be of high priority.

The fulfillment of the selected transition-related commitments within the domain of *governance* was assessed as having a fairly low progress and appears to have been neglected within the whole framework of the transition process. There is a need to accelerate the processes of improving the legal framework (both in amending the Law on Health Protection as well as bylaw standards for quality of care) in order to finalize transition commitments and to ensure long-term sustainability of the existing practices.

- The Government should process existing proposals for establishing an adequate legal framework for service delivery by civil society organizations and submit them to the Parliament for adoption, in order to ensure longer-term sustainability of services for KAPs.

The analysis shows the importance to take particular attention in defining specific commitments addressing the needs in the domains of human resources, as well as drugs, supplies and equipment regarding both prevention and treatment programs within future strategic and program documents.

- The upcoming national strategic planning process should take care to define concrete commitments and targets in the domains of human resources and drugs, supplies and equipment.

Considering the complexity of the HIV response, the potential challenges related to the rising epidemic and reaching ambitious global targets for ending the epidemic in the upcoming decade, additional **donor support may still be essential** to address the bottlenecks that exist or may appear in future and are not covered by the government, for example: technical support processes, community and CSO-led advocacy to demand governmental accountability etc.

- International donors should consider further targeted support to the national response to HIV in North Macedonia and the existing government commitments in order to sustain the achieved progress and ensure a lasting impact on the epidemic among KAPs in North Macedonia.

Annex 1: Repository and mapping of the documents relevant to the transition process

No.	Document Name	Approval Status	Approved by	Public agency with primary implementation/coordination responsibility
1.	Programme for the Protection of the Population from HIV/AIDS in the Republic of Macedonia for 2015	Yes	Government	MoH
2	National Strategy on Drugs 2014-2020	Yes	Government	Ministry of Justice, Ministry of Internal Affairs and MoH
3.	Conclusions of the Public Hearing in Parliamentary Commission on Health - "Ensuring Sustainability of the Established HIV Programs for KAPs beyond the phasing out of the Global Fund at the end of 2016", 11 December 2015	Yes	Parliamentary Commission on Health	MoH
4.	Programme for the Protection of the Population from HIV/AIDS in the Republic of Macedonia for 2016	Yes	Government	MoH
5.	Action plan for transition from Global Fund support to national financing of HIV prevention and support programs for key affected populations	No	(endorsed only by CCM)	MoH
6.	National HIV Strategy 2017-2021	No		MoH
7.	Programme for the Protection of the Population from HIV/AIDS in the Republic of Macedonia for 2017	Yes	MoH	MoH
8.	Information on ensuring sustainability of the national response to HIV in the Republic of Macedonia within the budget of the Ministry of Health, 2017	Yes	Government	MoH, Ministry of Finance
9.	Excerpt of the Minutes of the 26th session of the Government of the Republic of Macedonia held on 5 September 2017	Yes	Government	MoH, Ministry of Finance
10.	Action Plan for Implementing the Strategy of the Government of the Republic of Macedonia for Cooperation with and Development of the Civil Society Sector 2018 – 2020	Yes	Government	Secretariat of the Government
11.	Programme for the Protection of the Population from HIV in the Republic of Macedonia for 2018	Yes	Government	MoH
12.	Programme for the Protection of the Population from HIV in the Republic of North Macedonia for 2019	Yes	Government	MoH
13.	Programme for the Protection of the Population from HIV in the Republic of North Macedonia for 2020	Yes	Government	MoH

Annex 2: Commitment matrix

No.	Results, impact and outcomes	Programmatic Area	Source document	Indicator	Baseline (Year)	Final Target
1.	To maintain low HIV prevalence among MSM	HIV Prevention	NSP	Percentage of MSM who are living with HIV	2% (2014)	<5% (2020)
2	To maintain low HIV prevalence among PWID	HIV Prevention	NSP	Percentage of PWID who are living with HIV	0% (2014)	<1% (2020)
3.	To maintain low HIV prevalence among SWs	HIV Prevention	NSP	Percentage of SW who are living with HIV	0% (2014)	<1% (2020)
4.	To maintain low HIV prevalence among convicts and detainees	HIV Prevention	NSP	Percentage of inmates who are living with HIV	0% (2014)	<1% (2020)
5.	To increase percentage of PLHIV aware of HIV status	HIV Prevention	NSP	Percentage of PLHIV aware of HIV status	52% (2014)	90% (2021)
6.	To increase percentage of PLHIV receiving ART	Treatment	NSP	Percentage of PLHIV on ART that achieve viral suppression	41% (2014)	90% (2021)
7.	To increase percentage of PLHIV on ART that achieve viral suppression	Treatment	NSP	Percentage of PLHIV on ART that achieve viral suppression	29% (2016)	90% (2021)

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
1. Financing										
1.1.	Ensure national funding to sustain HIV prevention programs for KAPs	Allocate budget for HIV prevention services among KAPs within the National HIV Programme	Budget allocation	14.6m (2017)	60m. (2018)		60m. **(47,949,260)**	60m. **(49,100,000)**	60m. **(46,720,000)**	80%
1.2.	Ensure adequate funding for HIV treatment	Allocate budget for HIV treatment for PLHIV within the National HIV Programme	Budget allocation	12.4m. (2017)	43m. (2018)		43m. **(43,055,040)**	51.6m. **(39,420,000)**	60.2m. **(39,420,000)**	79%
2. Drugs, supplies and equipment										
2.1.	Budget ARVs under the National Health Insurance Fund and include the essential ARVs in the positive reimbursement list	Include essential ARVs into the positive reimbursement list of the National Health Insurance Fund	Number of ARVs included into the positive reimbursement list	Not applicable	12 (2018)		0	0	0	0%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
3. Service Provision										
3.1.	Increase coverage of MSM with basic HIV prevention services	Provide services	Number of MSM covered with the basic package for prevention of HIV/STI (condom, lubricant, educational materials)	4,643 (2016)	9,000 (2021)	5,000 **(3,597)**	6,000 **(4,807)**	7,000 **(4,916)**	8,000 **(3,590)**	65%
3.2.	Increase coverage of MSM with HIV testing services	Provide services	Number of MSM who received VCT services and are aware of the test result	4,643 (2016)	3,700 (2021)	2,513 **(1194)**	2,765 **(1614)**	3,050 **(1097)**	3,350 **(1010)**	42%
3.3.	Increase coverage of MSM with STI services	Provide services	Number of MSM who received services regarding STIs (SRH)	4,643 (2016)	800 (2021)	400	500	600	700	30%
3.4.	Maintain coverage and quality of harm-reduction services	Provide services	Number of PWID covered with the basic package for prevention of HIV/STI (exchange of sterile injecting kits, condom and educational materials)	4,643 (2016)	5,500 (2021)	4,500 **(4,409)**	4,750 **(4,450)**	5,000 **(4,167)**	5,250 **(3,848)**	87%
3.5.	Maintain coverage of PWID with HIV testing services	Provide services	Number of PWID who received VCT services and are aware of the HIV test result	4,643 (2016)	1,800 (2021)	1,230 **(803)**	1,350 **(984)**	1,500 **(761)**	1,650 **(574)**	54%
3.6.	Maintain coverage of PWID who are treated for dependence with drug substitution treatment	Provide services	Number of PWID who are on drug substitution treatment	1,630 (2016)	2,300 (2021)	1,750 **(2,050)**	1,870 **(2,050)**	2,000 **(2,500)**	2,150 **(2,860)**	122%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
3.7.	Maintain high coverage and quality of basic HIV and STI prevention services for sex workers	Provide services	Number of SWs covered with the basic package (condom, lubricant, educational materials) for prevention of HIV/STIs (disaggregated by sex)	1,636 (2016)	2,150 (2021)	1,750 **(2,860)**	1,850 **(1,825)**	1,950 **(1,912)**	2,050 **(1,659)**	94%
3.8.	Maintain high coverage and quality of HIV testing services for sex workers	Provide services	Number of SW who received VCT services and are aware of the HIV test result (disaggregated by sex)	811 (2016)	1,400 (2021)	1,000 **(496)**	1,100 **(664)**	1,200 **(610)**	1,300 **(539)**	50%
3.9.	Maintain high coverage and quality of STI services for sex workers	Provide services	Number of SW who received services regarding STIs (SRH)	627 (2016)	1,100 (2021)	700 **(572)**	770 **(424)**	870 **(569)**	970 **(462)**	61%
3.10	Improve the coverage and quality of HIV prevention in prisons	Provide services	Number of inmates who received HIV testing and are aware of the result of their HIV test	174 (2016)	250 (2021)	240 **(143)**	250 **(92)**	250 **(0)**	250 **(0)**	24%
3.11	Maintain, expand and open new facility-based and outreach services for MSM	Open services for MSM in new organizations	Include new organisations which work on prevention of HIV among MSM, which will increase the coverage of this key population	1 (2016)	2 (2018)		2 **(2)**			33%
3.12	Strengthen capacities to engage male and transgender SWs	Develop a programme for male and transgender SWs	A new programme for male and transgender SWs established	Not applicable	100% (2019)		100% **(0%)**			0%
3.13	Introduce PrEP for MSM	Implement a PrEP pilot programme	Number of MSM receiving PrEP	Not applicable	300 (2020)			300 **(0)**		0%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
3.14	Ensure continuous psychosocial and peer support for PLHIV	Provide community-based support services for PLHIV	Number of PLHIV covered with positive prevention and support services	Not applicable	80 (2020)	80 **(0)**	80 **(82)**	80 **(95)**	80 **(124)**	125%
3.15	Ensure continuous psychosocial and peer support for people on OAT	Provide services for continuous community based psychosocial and peer support for people on OAT	Number of persons on OAT covered with community support services	Not applicable	300 (2018)	300 **(0)**	300 **(418)**	300 **(391)**	300 **(547)**	151%
3.16	Expand access to opioid dependence treatment	Establish centres for Opiod Dependence Treatment within public health institution in the city of Prilep, Kichevo, Struga and Gostivar	Number of established OAT centres	Not applicable	4 (2020)	1 **(0)**	1 **(0)**	1 **(0)**	1 **(0)**	0%
4. Governance										
4.1.	Determine and adopt criteria for contracting CSOs as implementers of National HIV Program that will guarantee transparent process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support	Adopt criteria for contracting CSOs as implementers of National HIV Programme	Adopted criteria	Not applicable	100% (2016)	100% **(100%, Year 2016)**				100%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
4.2.	Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs	Develop proposals for legal amendments	Developed and adopted proposals for legal amendments	Not applicable	100% (2018)		100% **(100%)**			30%
4.3.	Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures related to the establishment of a functional and long-term funding mechanism for HIV activities	Develop and adopt proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures	Developed proposals for legislative framework	Not applicable	100% (2018)		100% **(30%)**			30%
4.4.	Develop standards for HIV prevention and support services among KAPs delivered by CSOs	Develop and adopt standards	Developed and adopted standards for HIV services	Not applicable	100% (2018)		100% **(0%)**			0%
4.5.	Develop guidelines for biomedical prevention (PEP and PrEP) in line with WHO recommendations with a primary focus on MSM	Revise national guidelines for PEP and develop guidelines for PrEP	Developed national guidelines for PEP and PrEP are approved	Not applicable	100% (2019)			100% **(50%, 2020)**		50%
4.6.	Introduce lay provider HIV testing	Develop protocol on lay-provider HIV testing	Protocol on lay-provider testing adopted	Not applicable	100% (2019)			100% **(50%, 2020)**		50%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
5. Data and information										
5.1.	Carry out epidemiological BBS among KAPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and estimate the size of these populations	Conduct studies	Bio-behavioural surveys carried out among MSM, PWID, SW and persons serving prison sentences	4 (2016)	8 (2020)	4 **(4)**			4 **(0)**	50%
5.2.	Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.).	Conduct annual assessments	Assessment carried out and report developed	0 (2016)	5 (2021)	1 **(0)**	1 **(1)**	1 **(1)**	1 **(0)**	50%
5.3.	Collect data on the coverage with activities for HIV prevention within KAPs (VCT, minimal service package)	Collect data on coverage	Developed reports on activity implementation and coverage	Not applicable	20 (2021)	4 **(4)**	4 **(4)**	4 **(4)**	4 **(4)**	100%
5.4.	Develop a national monitoring and evaluation plan containing reporting forms and standard operating procedures	Develop national monitoring and evaluation plan	National plan for strategy monitoring and evaluation developed	Not applicable	100% (2018)		100% **(50%)**			50%

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)	Target (Data Collected)				Overall achievement
						2017	2018	2019	2020	
6. Human resources										
6.1.	Establish unit for coordination and management of the national response to HIV within the Ministry of Health beyond Global Fund support	Establish unit for coordination and management of national HIV response	Established unit within MoH	Not applicable	100% (2018)		25% **(25%)**			25%
6.2.	Establish a national centre for monitoring and evaluation of HIV prevention activities in the Republic of Macedonia	Establish a national centre for monitoring and evaluation of HIV prevention activities in the Republic of Macedonia	Established national centre for monitoring and evaluation is staffed with the appropriate personnel: epidemiologist, IT expert and a person for monitoring and evaluation	Not applicable	100% (2018)		66% **(66%)**	66% **(66%)**	33% **(33%)**	55%
6.3.	Ensure long-term institutional sustainability of psychosocial support for PLHIV within Clinic for Infectious Diseases	Maintain a functional counselling centre for psychosocial support with space and staff	Employed psychologist and social worker	Not applicable	100% (2020)		100% **(100%)**			100%

Note: The commitments marked in green have been added to the final list of commitments by the national reference group.

Annex 3: Commitments that have not been prioritised by the National Reference Group and their achievements were not analysed

Commitments that have not been prioritised by the National Reference Group and their achievements were not analysed:

No.	Commitments	Action	Indicator	Baseline (Year)	Final Target (Year)
1. Financing					
1.	Develop and adopt legal and/or by-law provisions to ensure long-term and sustainable financing of HIV prevention programmes among KAPs managed by civil society and community organisations.	Develop and adopt proposals for legal amendments and/or by-laws	Adopted legal amendments and/or by-laws	Not applicable	100% (2017)
2. Drugs, supplies and equipment					
2.	MoH to conduct consultations and coordinate with the Medicines Agency, National Health Insurance Fund, Clinic for Infectious Diseases and patient association in order to ensure registration, possible inclusion into reimbursement list and ensure affordable price.	Conduct consultations and coordination between relevant institutions.	No indicator	Not applicable	2017
4. Governance					
3.	Establish working group for drafting solutions for establishing a functional and long-term funding mechanism for HIV activities targeting KAPs implemented by CSOs within the National HIV Programme.	Establish working group for drafting solutions for establishing a funding mechanism for HIV activities targeting KAPs implemented by CSOs.	Working group appointed	Not applicable	100% (2018)
4.	Establish a registry of CSOs as implementers of the National HIV Programme.	Establish a registry of CSOs as implementers of the National HIV Programme.	Established registry of CSOs within MoH	Not applicable	100% (2016)
5. Data and Information					
5.	Introduce national electronic system for collecting and basic analysis of activities related to HIV prevention.	Develop national electronic system for collecting and analysing data.	Electronic system for collecting HIV prevention information is developed and implemented	Not applicable	100% (2019)
6. Human resources					
6.	Employ human resources for strategy monitoring and evaluation.	Employ human resources for strategy monitoring and evaluation.	Number of newly employed persons for strategy monitoring and evaluation.	Not applicable	100% (2018)