Changes in the harm reduction packages and unit costs during transition from international to domestic funding in North Macedonia

ehra
eurasian harm reduction association

ROBERT CARR FUND For civil society networks

This analytical report is a publication of the Eurasian Harm Reduction Association (EHRA). EHRA is a non-profit public organization that unites and supports 324 activists and organizations in the Central and Eastern Europe and Central Asia (CEECA) region to ensure the rights and freedoms, health and well-being of people who use psychoactive substances.

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Acronyms and Abbreviations

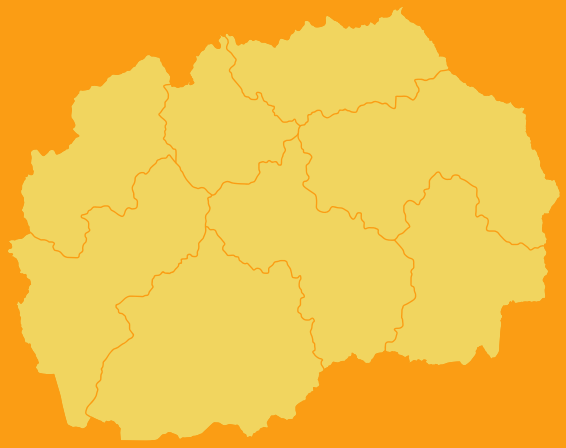
CCM	Country Coordination Mechanism
CSO	Civil Society Organisation
EHRA	Eurasian Harm Reduction Association
FYR	Former Yugoslav Republic
HIV	Human Immunodeficiency Virus
HOPS	Healthy Options Project Skopje
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
OST	Opioid Substation Therapy
PLHIV	People Living with HIV
PWID	People Who Injected Drugs
PWUD	People Who Use Drugs
VCT	Voluntary Counselling and Testing

Methodology

A desk review of relevant documents, reports and studies was undertaken to analyse the changes in the harm reduction packages and unit costs during transition from international to domestic funding, the quality of harm reduction services, as well as the processes around transitioning from Global Fund to national funding, together with sustainability planning for harm reduction and related services.

A case study interview guide was developed by EHRA and adapted to the North Macedonian situation; key informants were identified and then interviewed online and face-to-face. Five interviews with key informants from NGOs were conducted; 2 interviews with responsible programme officers in the Ministry of Health; 2 interviews with responsible persons from OST services; 5 interviews with clients of needle/syringe programmes (NSP); and 10 interviews with clients of OST services.

Overview of harm reduction services in North Macedonia



Drug use in North Macedonia increased considerably towards

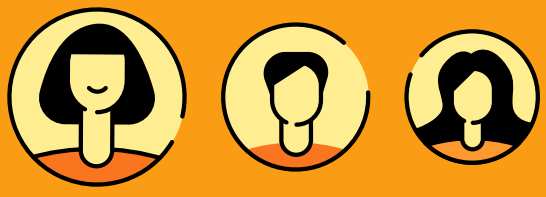
the end of the 1980s and the beginning of the 1990s

According to data from the 2017 Report on the Use of Psychoactive Substances among the General Population[1],

almost 9%

of Macedonian citizens have used an illegal drug at some point in their life, as was the case for

almost 19%



of young people aged 15 to 24 years.

The Report found that

around 1.1%

of Macedonian citizens had used opioid drugs (heroin), with no data on the percentage who injected opioid drugs.

The recent Report on the Bio-behavioral Study[2] estimates that

around 6,880 people

in North Macedonia have continuously injected drugs (i.e. in the past month), stressing that around

72%

of these were infected with Hepatitis C.

1 PHI (2017). Use of Psychoactive Substances among the General Population in the Republic of Macedonia, 2017. Skopje: Public Health Institute.

2 PHI (2018). Report on the Bio-behavioral Study and Assessment of the Number of People Injecting Drugs in Skopje, Republic of Macedonia, 2017. Skopje: Public Health Institute.

Between the 1980's–early 1990's and the first Global Fund grant in 2004, methadone had become available at the Psychiatric Hospital in the capital, Skopje, and at three major penal institutions

A total of 17 sites are now delivering OST in 11 cities across the country

The Former Yugoslav Republic (FYR) of Macedonia/ North Macedonia has a relatively long history of harm reduction programmes, including Opioid Substitution Treatment (OST) and Needle/Syringes Programmes (NSP), both of which predate Global Fund grants. Between the 1980's–early 1990's and the first Global Fund grant in 2004, methadone had become available at the Psychiatric Hospital in the capital, Skopje, and at three major penal institutions. Between 2005 and 2011, due to Global Fund support, substitution treatment was scaled-up and 12 OST centres were opened across the country from which one was in Prison Idrizovo. In 2009, the University Clinic for Toxicology and Emergency Medicine in Skopje introduced treatment with buprenorphine funded by the government. Today OST is available primarily within the developed national network of public health institutions. The treatment is administered at the Psychiatric hospitals of Skopje, Demir Hisar and Negorci; the University Clinic for Toxicology and Emergency Medicine in Skopje; and the drug dependence prevention and treatment services functioning within the hospitals of Tetovo, Kumanovo, Strumica, Shtip, Gevgelija, Ohrid, Bitola, Veles, Kavadraci, and the City General Hospital 8th September Skopje; and the prisons of Skopje, PCI Idrizovo Skopje and PCI Prison Bitola[3]. The majority of related costs, including the procurement of methadone and buprenorphine, are not covered by the national Health Insurance Fund but through a separate programme for dependence of the Ministry of Health. Since 2009, OST has been funded exclusively from the State budget and this was one of the first components of the HIV programme that transitioned from Global Fund to domestic funding. A total of 17 sites are now delivering OST in 11 cities across the country. Of those, ten (10) have the official status of centres for treatment of dependence, with three (3) within psychiatric hospitals, one (1) at the University Clinic of Toxicology and three (3) located in prisons.

3 Government of Republic of North Macedonia, National Drug Strategy 2021-2025.

1,600 clients
were receiving methadone

260 clients
were receiving buprenorphine through the national treatment programme

Starting from 2004, the Global Fund helped expand NSP across the country so that there was scale-up

to 16 NSP sites in 13 cities

OST in North Macedonia provides the following services:

1. Psychosocial therapy;
2. Pharmacological treatment — methadone and buprenorphine;
3. Counseling from a psychiatrist, doctors, psychologist and social workers; and,
4. HIV counseling and testing.

In addition to the government programme, several private psychiatric clinics are also offering OST[4]. In 2020, 1,600 clients were receiving methadone and 260 clients were receiving buprenorphine through the national treatment programme[5]. The total number of clients receiving OST, therefore, amounted to 1,860 in 2020, which is almost the same compared to the 1,930 in 2015, which equates to a coverage rate of approximately 27.5% of the officially estimated 6,756 people who injected drugs (PWID) according to the last estimation undertaken by the Institute for Public Health in 2017[6].

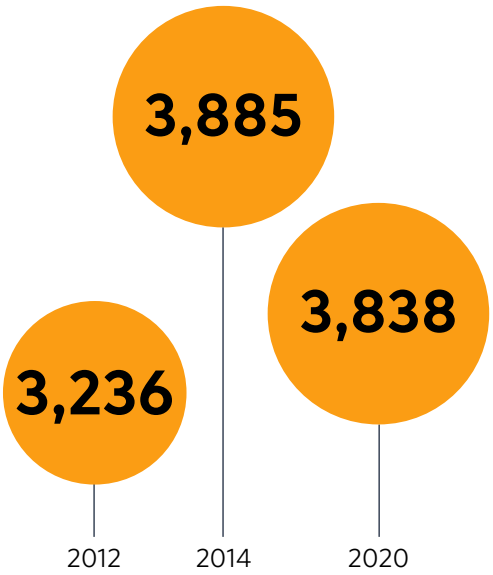
Needle and syringe programmes (NSP) were first introduced in 1996 by the NGO, Mask, and soon after continued by the NGO, HOPS. Starting from 2004, the Global Fund helped expand NSP across the country so that there was scale-up to 16 NSP sites in 13 cities, including Skopje, Kumanovo, Stip, Strumica, Gevegelija, Kavadarci, Veles, Prilep, Bitola, Ohrid, Kicevo, Gostivar and Tetovo. Unlike OST, these were almost exclusively supported through the Global Fund grant, which raises major concerns as to their sustainability after the Global Fund transitions out of North Macedonia. Currently, there are 15 NSP sites in 12 cities because the NSP in Tetovo no longer exists and, from 2018, all have been financed by the Ministry of Health. Voluntary HIV counseling and testing (VCT) has been available through mobile outreach units for all key populations since 2007. In 2015, the Ministry of Health

4 Eurasian Harm Reduction Network (EHRN). The Impact of transition from Global Fund support to Governmental funding on the sustainability of Harm Reduction program, A case study from Macedonia. Vilnius; EHRN, 2016.

5 National Drug Strategy, Ibid.

6 Mikik V. et al. Report from the bio-behavioural survey and assessment of population size of injecting drug users in Macedonia. Skopje; Institute of Public Heath of the Republic of Macedonia, 2017.

Over the last few years, there has been civil society advocacy towards making Naloxone more easily accessible to people when needed



also allowed community-based VCT to be performed in drop-in centres through an NGO-led programme with medical professionals engaged on-site only to perform the test. Naloxone in North Macedonia is not readily available at NGO drop-in centres, nor through outreach services. Naloxone can only be accessed through OST centres across the country as well as through the emergency medical service in some cities and can be applied only by a medical professional. Over the last few years, there has been civil society advocacy towards making Naloxone more easily accessible to people when needed[7].

Needle and syringe programmes are not available in prison.

Needle and syringe programmes in North Macedonia **provide the following services:**

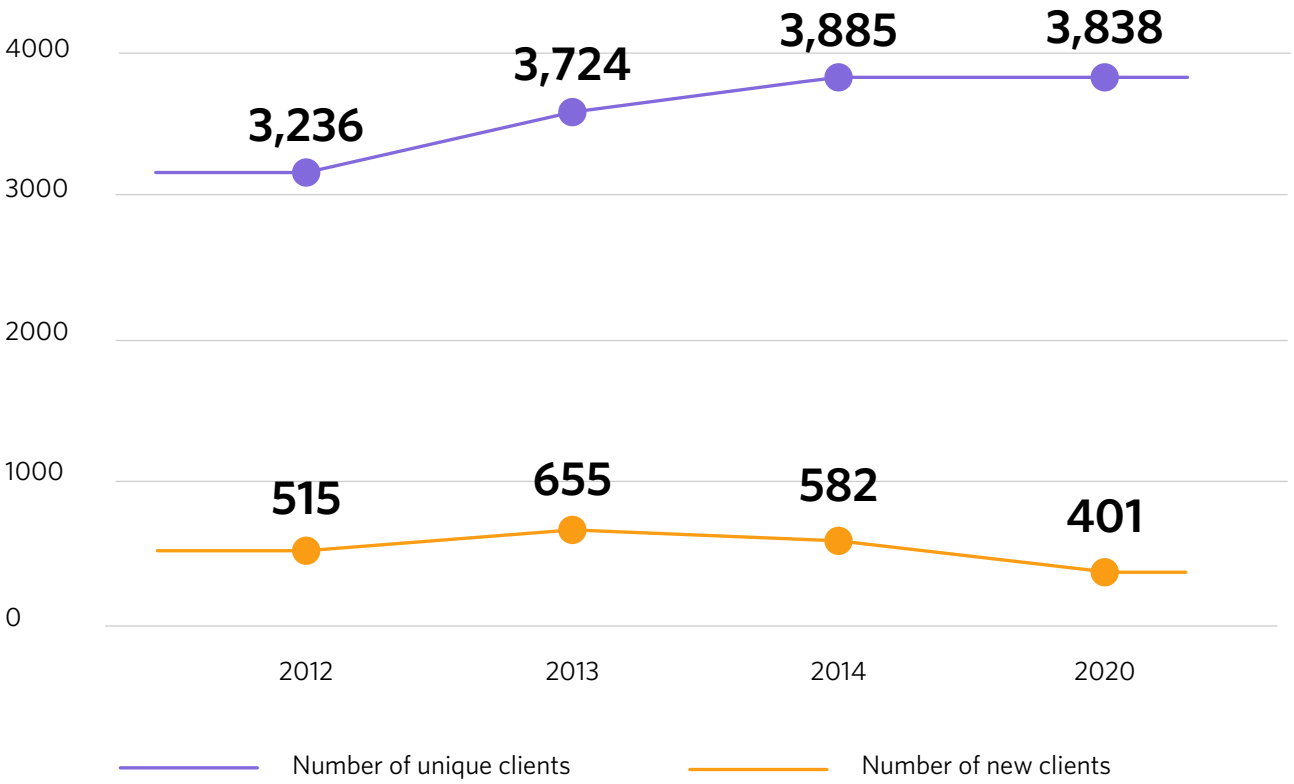
1. Distribution of needles, syringes, condoms, lubricants and educational materials at drop-in centres and through outreach;
2. Social services by social workers;
3. Medical services by doctors;
4. Voluntary HIV counseling and testing; and,
5. Psychosocial support by psychologist and psychiatrist and legal advice by lawyers are included by three civil society organisations (CSO's), financed from local government or donations.

The total number of clients in all NSP has been increasing in recent years (from 3,236 in 2012 to 3,885 in September 2014 and 3,838 in November 2020). After the Global Fund project, the number of clients has remained almost the same. The number of distributed syringes per client within the Global Fund project was around 94 per client, per year. After the Global Fund project, has been a slight increase from 94 in 2018 to 105 syringes per client in 2020.

7 EHRN, 2016, Ibid.

For 2014, where NSPs were financed by the Global Fund, the NSP coverage rate was 38% of the officially estimated 10,900 PWID, and in 2020 the rate was 56.8% of the officially estimated 6,756 PWID, according to the last estimation conducted by the Institute for Public Health in 2017[8].

Table 1. Number of clients annually



NSPs are a key component of the harm reduction programme and have been part of three national HIV strategic plans since 2003 and of the last two national drug strategies and even included in earlier Government policy documents. Moreover, harm reduction is recognised in the Law on the control of opioids and psychotropic substances as part of a range of activities, including 'exchange of sterile equipment' and 'working with a hidden population'[9].

8 Mikik V. et al., Ibid.

9 Law on the Control of Opioids and Psychotropic Substances. Official Gazette of the Republic of Macedonia, No. 103/2008. August 2008.

However, Hepatitis C prevalence among PWID is very high, amounting to

70.1%
in 2010

72.9%
in 2017

As a result, the development of a concrete, costed plan with clear objectives and timeframe did not materialise before the latter half of 2015

Due to substitution treatment and needle exchange programmes, there were no people who use drugs living with HIV in the FYR of Macedonia for many years, with HIV/AIDS[10] prevalence remaining low, while in the past ten years there have only been two new HIV cases related to drug injection. However, Hepatitis C prevalence among PWID is very high, amounting to 70.1% in 2010[11] and 72.9% in 2017[12].

Transition process

The Republic of North Macedonia developed three Global Fund projects for prevention of HIV starting from 2004 and which ended in 2017. The transition planning process for HIV prevention programmes was formally initiated by the Country Coordination Mechanism (CCM) in March 2014. This followed the Fund Portfolio Manager's notification that the country was expected to prepare a sustainability plan for an easier transition to domestic financing. The FYR of Macedonian CCM was, at that time, preparing the application for the second phase of its last Global Fund HIV grant. The planning process commenced through a multi-stakeholder task force formed by the CCM, including representatives from reference institutions, civil society and community representatives, that later received official recognition by the Minister of Health, an act indicating the early commitment of the Ministry. The task force was given the responsibility to draft the plan after determining and commissioning a series of consultations and analyses. Several key informants for this case study indicate, however, that for a long time there was a lack of coordination and common understanding of the goals, in particular between civil society and the Ministry of Health (MoH). As a result, the development of a concrete, costed plan with clear objectives and timeframe did not materialise before the latter half of 2015. Some of the key processes had already started before finalisation of the plan, such as a consultative process between the MoH and the civil society sector for designing an appropriate financing mechanism for

10 Report on the bio behavioural study and population size estimates of people who inject drugs in Skopje, Republic of Macedonia, 2017. http://iph.mk/wp-content/uploads/2019/03/RDS-LID-2018.pdf

11 Mikik V., et al. Report from the bio behavioural survey and assessment of population size of injecting drug users in Macedonia. Skopje; Institute of Public Heath of the Republic of Macedonia, 2010.

12 Mikik V., et al, 2017, Op.cit.

The transition plan was finalised in February-March 2016, leaving less than one year to achieve all of its key objectives

CSOs. The transition plan was finalised in February-March 2016, leaving less than one year to achieve all of its key objectives. In support of the transition planning, and in the provision of inputs to develop a new post-Global Fund National HIV Strategy (2017-2021) which was never officially adopted by the Government, the Global Fund supported the implementation of an allocative efficiency analysis (Optima)[13] performed by an international team and coordinated by the World Bank. In addition, the WHO Office in the FYR of Macedonia facilitated an HIV Programme Review performed by external experts at the end of 2015[14]. Both studies were finalised around the end of 2015 and the first quarter of 2016, respectively. The delay in finalising the transition plan can partly be attributed to the need to await the findings of both studies[15]. These studies concluded that the Government has to ensure support of HIV prevention programmes for key populations, including PWID, with the allocation of domestic funds. Both studies were useful documents for advocating for the continuation of HIV programmes after the Global Fund project.

The optimum estimated amount was calculated at

€561,078

per year

CSOs delivering NSP have performed an analysis of related budgets and a costing exercise that recommended a minimum and an optimum financial envelope in order to sustain programmes at the current level, which has proved to be a good evidence base for allocating funds to NSP by the Government. The optimum estimated amount was calculated at €561,078 per year[16].

Already, in 2015, HOPS had worked on monitoring of the allocation and expenditure of budgets of three national programmes; the National Programme for Dependence; the National Programme for HIV; and the Programme for Social Protection. The following

13 The World Bank. Optimizing Investments in the Former Yugoslav Republic of Macedonia's HIV Response. Washington DC; World Bank, 2016. https://documents1.worldbank.org/curated/pt/931741477978680273/pdf/Optimizing-Investments-in-Former-Yugoslav-Republic-of-Macedonia-s-HIV-Response.pdf

14 Raben D, Jakobsen SF, Sönnerborg A, Subata E. Review of the HIV Programme in the former Yugoslav Republic of Macedonia. Copenhagen; World Health Organization Regional Office for Europe, October 2015. https://www.euro.who.int/__data/assets/pdf_file/0013/308002/Review-HIV-Programme-FYR-Macedonia-mission-report.pdf

15 EHRN, 2016, Op.cit.

16 Dekov V. The Future of the Harm Reduction Programs in Macedonia. Analysis of the activities and budgets of harm reduction programs. Skopje; HOPS – Healthy Options Project Skopje, 2015.

In 2019, 28.5% of the annual HIV budget was funded from this source, while the remaining funds came from the MoH budget

year, it analysed the MoH budget for 2011-2015, and from 2018 HOPS monitored budgetary funds that the Ministry receives from excise duties on beer, alcohol and tobacco, reporting of inadequate use and distribution of the revenues from the 'sin tax' on beer, ethyl alcohol and cigarette sales. This has helped to increase greater accountability for this particular revenue source. In 2019, 28.5% of the annual HIV budget was funded from this source, while the remaining funds came from the MoH budget[17].

While the transition plan was developed through an open and consultative process and finalised by the Project Implementation Unit of the MoH, it has not been in any way endorsed by the Government or the Ministry of Finance.

It currently unites 14 civil society organisations, including service providers and four community groups including: PWID and OST clients; sex workers; people living with HIV (PLHIV); and men-who-have-sex-with-men (MSM).

Concerned about the major delays and the level of Government commitment, civil society initiated a wide range of advocacy activities. In 2014, a joint HIV platform for sustainability was established to advocate for sustainable financing of HIV programmes. It currently unites 14 civil society organisations, including service providers and four community groups including: PWID and OST clients; sex workers; people living with HIV (PLHIV); and men-who-have-sex-with-men (MSM). This platform initiated a process of parliamentary advocacy, leading to a public hearing on ensuring the sustainability of HIV services for most at-risk populations beyond 2016. The hearing was held by the Parliamentary Commission on Health in December 2015 and reiterated the obligation of the Government and the MoH, 'to implement the national plan for transition from donor to domestic financing from the budget of the Republic of Macedonia and to establish effective legal and policy mechanisms to ensure sustainability of the already established HIV prevention programmes before Global Fund support ends'.

Before the 2017 elections, civil society engaged with political parties and managed to get all but the ruling party to commit to sustainable funding for the HIV response, signing a declaration for sustainability of HIV services[18].

17 Antik D, Dekov V. Excise duty on ethyl alcohol, beer and cigarettes are a key source of finances for funding addiction programmes which are financed by civil society organizations. Skopje; HOPS – Healthy Options Project Skopje, 2020.

18 EHRN, 2016, Op.cit.

The total amount quoted as needed for HIV prevention and treatment was

€1.67 million

of which

€760,000

are designated for CSOs implementing HIV prevention programes for most at-risk populations

out of which

€351,000

is designated for needle exchange programmes

A two-day meeting was held in April 2017 to determine the activities of CSOs and the necessary budget to be provided from the country's national budget. The meeting was attended by relevant institutions, representatives from the MoH, members of the National HIV/AIDS Committee, as well as representatives from CSOs and of most affected communities (PLHIV, PWID, sex workers and MSM). It was established that CSOs require approximately the identical amount provided by the Global Fund in order to conduct their activities. After the meeting, the MoH informed the Government of North Macedonia about establishing sustainability of the national HIV response from the Ministry's budget. The total amount quoted as needed for HIV prevention and treatment was €1.67 million of which 46%, around €760,000, are designated for CSOs implementing HIV prevention programmes for most at-risk populations, out of which €351,000 is designated for needle exchange programmes. The Government adopted the information and obliged the MOH to prescribe €1.67 million for the following 2018 budget of the Programme for Protection of the Population from HIV/AIDS.

Among other things, the following was decided:

1. The MoH was obliged to establish a functional and long-term mechanism for financing the activities within the Programme for Protection of the Population from HIV/AIDS intended for key populations concerned with HIV that are implemented by civil society organisations[19].

   However, an efficient and long-term mechanism is yet to be established. Similar to 2018, the manner of financing CSOs has remained identical in 2021. The MOH published an open call for the financing of CSOs regarding the implementation of activities necessary to realise the annual activities of the Programme for Protection of the Population from HIV/AIDS. To apply for this open call, CSOs have to meet the following criteria:

   — The association has to be registered in accordance with the Law on Association and Foundation;

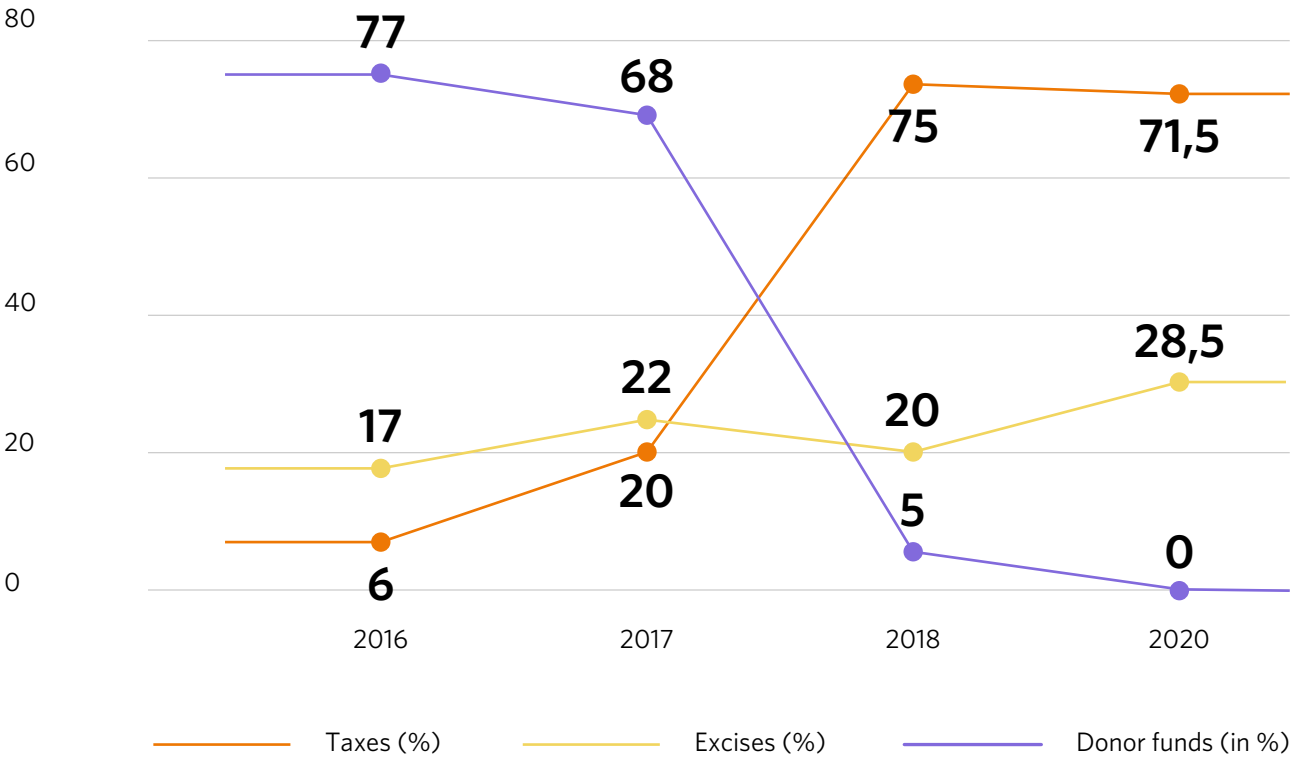
19 Government of the Republic of Macedonia. Information on establishing sustainability of the national HIV response of Macedonia within the budget of the Ministry of Health. Skopje; Government of the Republic of Macedonia, 2017.

- The association has to be active in working with key populations affected by HIV (people who inject drugs, sex workers, men who have sex with men or people living with HIV) in the last three years;
- The association must have appropriate expertise and experience — realised at least three projects, or one multiyear project, with a total duration of not less than three years for providing services for prevention and support related to HIV among key populations in drop-in centres and/or outreach, independently or in partnership; and,
- To have adequate human resources for the implementation of activities.

Organisations meeting the criteria can apply for one-year contracts for the realisation of the activities as signed.

Frequently, the first instalment to CSOs is paid with a delay of 2-3 months.

Graph 1. Source of funds for the HIV prevention programme



100%

decrease in donor funds

2. 100% decrease in donor funds;
3. Increase the portion of excise contribution in funding to HIV programmes to 11.5%; and,
4. Increase the portion of tax contributions in funding to HIV programmes to 65.5%.

There were many factors that contributed to the achievement — including all HIV prevention programmes provided by CSOs and NSP within the national budget for HIV.

Increase the portion of excise contribution in funding to HIV programmes to

11.5%

Key factors that for the successful transition in the case of North Macedonia include:

- Transition planning and research started very early, in 2014 — almost four years before the end of the Global Fund grant. Initial discussions were held in the country coordination mechanism (CCM);
- International financing and technical assistance were critical to build civil society capacity. Support included financing key studies to provide a reliable evidence base;
- Service delivery NGOs set up their own HIV Platform to help coordinate advocacy processes around transition;
- Learning from elsewhere: key stakeholders went on a study visit to Croatia to explore its system of financing of their HIV programme;
- NGOs worked jointly to define models of harm reduction programmes, including in terms of minimal and optimal price per client of service provision; and,
- NGOs worked in advance with the Ministry of Health to ensure that as many priority activities as possible were included in what is covered through the open calls[20].

Increase the portion of tax contributions in funding to HIV programmes to

65.5%

20 Eurasian Harm Reduction Association (EHRA). Ensuring sustainability of services for key populations in the EECA region: Taking stock of budget advocacy efforts to date. Report from initial meeting of regional analysis and dialogue, 9–11 December 2020.

Key changes in the implementation of harm reduction programmes after the transition process

Most NGOs work 4 hours per day , but some NGOs, like HOPS, work 5-6 hours per day, which means they volunteer for 1-2 hours per day.

Needle and syringe programmes

Within Global Fund projects, the minimum package of services include one syringe, two needles, a condom and information-education material. Today, the minimum package is the same plus lubricant. However, all programmes offer a wider range of services that vary between NGOs, but all offer needles and syringes in drop-in centres and through outreach, condom distribution, VCT, basic medical services from doctors and social support from social workers. Most NGOs work 4 hours per day, but some NGOs, like HOPS, work 5-6 hours per day, which means they volunteer for 1-2 hours per day. The needle exchange programmes in North Macedonia within the Global Fund received €500,000 annually, on average. Expenses, per client, average €155.00[21] per year, or USD174.50[22].

Annually, the Ministry of Health allocates €339,000 for these programmes, on average, which is €161,000 less than the Global Fund support[23]. The indicators that CSOs are required to meet are determined by the MoH in accordance with the National HIV Strategy, developed with the participation of all relevant ministries, institutions, CSOs and representatives of the communities at the highest risk of HIV.

21 Dekov V., 2015, Ibid.

22 World Bank, 2016, Ibid.

23 Ministry of Health. Programme for Protection of the Population from HIV in the Republic of Macedonia, 2018, 2019, 2020 and 2021.

The following indicators are expected to be met by the needle exchange programmes for 2020 and 2021:

4,500

current PWID

provided with the minimal package of services

906,000

SYRINGES DISTRIBUTED

550

new PWID

receive the minimal package of services

34,200

CONDOMS

distributed

8,550

tubes of lubricant distributed

8,550

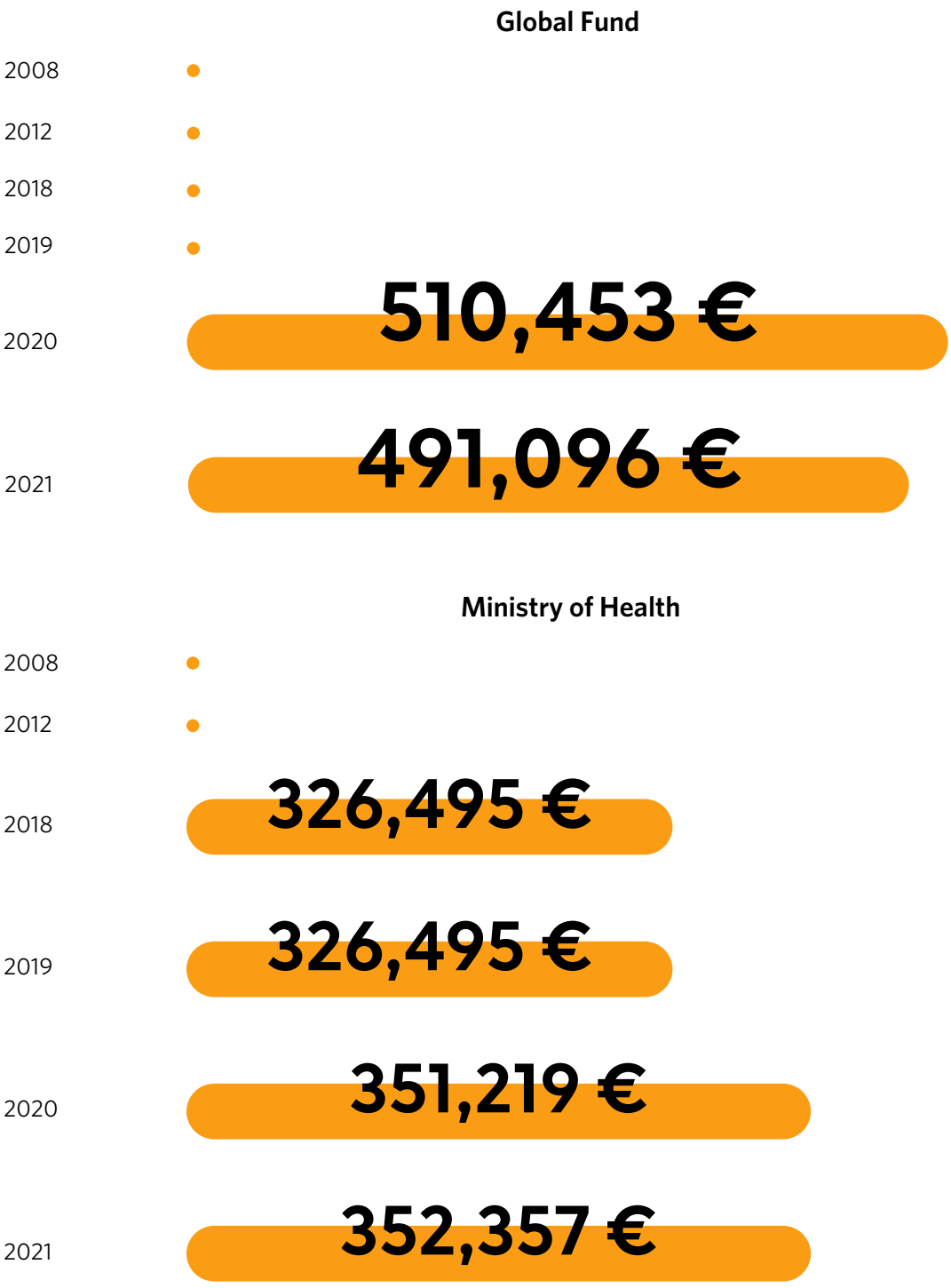
Informative-educational MATERIALS DISTRIBUTED[24]

The cost of these services has not been established. For the necessities of this study, we calculated the expenses per client as €75.30 annually, or half of the cost of when the Global Fund was present (€155.00).

24 Ministry of Health. Programme for Protection of the Population from HIV in the Republic of Macedonia, 2020 and 2021.

The following indicators are expected to be met by the needle exchange programmes for 2020 and 2021:

Table 2. Funding of the needle exchange programme (in Euro)



Despite the cuts in funding, CSOs managed to maintain most of the services and reach almost the same number of clients as previously.

Findings from interviews with CSO employees

The key informants from CSOs state that the quality of the programme has decreased due to several reasons, some of which include the following:

1. Annual public calls are often delayed

Due to bureaucratic issues, annual public calls are often delayed. This can lead to a one-month (or more) gap in payments which can be a huge problem for some of the smaller NGOs in particular. In some cases, larger NGOs have stepped in with supplies to help cover some shortfalls during these gaps.

2. Impossible to strengthen the capacity of CSOs

The budget items do not provide the possibility for the funding of trainings and the strengthening of the capacity of employees working in the programme. This forces CSOs to change their human resource management and organisational development strategy. Today, most CSOs organise internal trainings and almost all professionals working in CSOs are trainers for some topics.

3. Lack of condoms

The Ministry of Health procures condoms, hence the quantity and distribution to organisations fails to respond to programme needs. Consequently, every year, CSOs face a lack of condoms and are forced to look for additional finances, or to even borrow condoms from each other in order to meet the needs of clients.

4. Lack of informative-educational materials

CSO budgets do not include an item for educational materials. Such materials are to be prepared by the MoH, which is then supposed to distribute them to the CSOs, a task the Ministry has failed to accomplish every year so far. The shortage of informative-educational materials is a serious failure since the programme's success is measured by how many of these materials have been delivered.

5. The indicators to be met by CSOs are too high

All interviewers from CSOs confirmed that the established indicators on distributed needles and syringes and the number of clients to be serviced are too high, unreal and based on the assessment of the number of PWID in North Macedonia from 2010, which was around 10,900 people[25]. In the meantime, according to a 2017 assessment, the PWID population was estimated to be 6,756 individuals[26]. Consequently, these indicators are never met completely. An additional reason is the lack of finance for hiring gatekeepers and drug users who could perform secondary needle exchange, an option available when the programmes were supported by the Global Fund.

6. The programme is monitored without evaluating its quality

The Institute for Public Health, in charge of research, evaluation and monitoring of all programmes implemented by the MoH, conducts regular monitoring of the needle exchange programme. The monitoring consists of outreach visits and monitoring of the established indicators for every organisation individually, as well as of the whole programme for the protection of the population from HIV, which incorporates the needle exchange programme as well.

Evaluation of the programme's quality is not conducted and no evaluation has been done since 2018, including 2020.

"It is needed to evaluate the quality of our services...I'm not sure that every organisation gives the same information about prevention of HIV during consultations with social workers or doctors as we did". SIlvana Naumova, Programme Manager at the NGO, HOPS.

It means that the Ministry of Health does not know whether NSP is providing a good quality service, which is important to sustain low HIV prevalence in the country.

The clients' satisfaction with the services provided is also not assessed.

7. No defined quality standards

The issue of standardising all HIV prevention programmes, including the needle exchange programme, has been discussed by several commissions, bodies and expert events but is yet to be achieved.

25 Mikik V., et al, 2010, Ibid.

26 Mikik V., et al, 2017, Op.cit.

The project, 'Sustainability of services for key populations in Eastern Europe and Central Asia region', supported by the Global Fund, also prescribed the defining of standards for these programmes and, at present, a working group is being formed for this purpose. Some interviewees assume that the lack of standards has probably contributed towards the different quality of services offered within the programme implemented in different towns.

8. Insufficient funding for office supplies

Almost all interviewees confirmed that the amount of finance awarded to CSOs for office supplies and similar expenses is very small and fails to meet their needs even for six months. All CSOs are facing this problem, with the exception of two bigger ones who find finance for this purpose from additional projects.

9. Insufficient funding for social support to clients

From the very start, and until the end of Global Fund support, the needle exchange programme in North Macedonia offered the possibility for social support and aid to clients struggling to make ends meet. This support consisted of buying the necessary medicine, food, paying administrative taxes when applying for different personal documents or for receiving social aid and health insurance and similar needs. This infused the programme with a meaningful social component recognised and used by clients which, on the other hand, decreased their social exclusion and reintegrated them into the community/society. At present, such services are provided only by one CSO funded for this purpose from other projects, while the remaining 12 CSOs who were funded exclusively by the MoH have stopped offering this service.

10. Lack of finance for legal advisers

No other physical or psychiatric condition is associated more with disapproval from society and discrimination than drug dependence[27]. This status was also confirmed by national research conducted in 2007 in which people who use drugs (PWUD) are the second least desired social group after Roma[28], while other research from 2011 placed PWUD as the least desired social group[29]. While the ordinary North Macedonian citizen,

27 Drug Policy Alliance. Stigma and People Who Use Drugs. https://drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Stigma_and_People_Who_Use_Drugs.pdf

28 Foundation Open Society Macedonia. How inclusive is Macedonian society?, 2007.

29 Klekovski S, Krzalovski A, Stojanova D. Macedonian Social Values. Skopje; Macedonian Centre for International Cooperation, 2011.

on average, faces from 1.3 to 1.5 legal problems, PWID face as many as 14.9 problems that are potentially resolved legally within three-and-a-half years[30]. Consequently, six CSOs prescribed and realised the services of a legal advisor towards human rights protection during the implementation of the project financed by the Global Fund.

However, in the current application of the MoH, this is impossible. Legal services were completely rejected by the Ministry and, nowadays, such services are offered only by two CSOs implementing needle exchange programmes from projects funded by other sources. According to CSO staff, the lack of these services leads to reaching fewer PWID as well as less frequent contact with them.

Findings from interviews with clients of the needle exchange programme

Discussions with users of the needle exchange programmes confirmed the findings of the people working in these programmes. Their enthusiasm about the benefits regarding protection of personal health and re-socialisation offered by the existent programmes were obvious. Not everything is considered to be perfect, of course, but this only makes them share ideas on improving the existent services, if possible, with even greater enthusiasm.

"All services are important. All services are of priority and integral, depending on the clients' personal needs. Different users tend to use different services. For some, injecting equipment is more needed, for others it's medical services, sometimes social services, and some people use several services simultaneously." Their opinion is that CSOs implementing harm reduction programmes and the MoH should fight to sustain the existing services and to introduce new ones.

Most users began visiting harm reduction centres for sterile injecting equipment but continued to use other services as well, depending on their personal needs. Harm reduction centres are so significant that they also visit them simply for the social component, since, in their own words, they are welcomed, accepted and heard as human beings there. With the desire to accentuate the importance of the centres, a person we spoke with stated that a visit to a harm reduction centre and using the existent services fills them with positive energy.

The respondents confirmed that the absence of the legal adviser in some of the programmes offering these services when the project was financed by the Global Fund, but currently unavailable due to the lack of funding by the MoH, is felt the most, a fact that strongly affects the quality of the

30 Cekovski I, Dimitrievski V. Legal Needs and Problems of People Who Inject Drugs and Sex Workers in Macedonia. Skopje; HOPS- Healthy Options Project Skopje, 2016.

programme since many drug users face violations of their rights, stigma and discrimination. In addition, some respondents pointed out that the service of covering the administrative taxes paid when exercising a certain right has also not always been available in the past few years.

Most of the respondents stated that the organization HOPS - Healthy Options Project Skopje organised focus group discussions with clients of the needle exchange programme in all towns where the programmes were implemented before the Global Fund ended their support in order to understand what type of services are needed the most, i.e. to select the existing services on the basis of their needs and define a minimal and optimal service model. And from their point of view, it was important because the document written on the basis of these focus groups presents views of the final beneficiaries of NSP services which is a very important tool for successful advocacy for domestic funding of NSP.

They consider the staff in the programmes to be fighting for the rights of PWUD and are very persistent in meeting their needs. "The people working in these programmes are the biggest benefit to us". In their opinion, the attitude and dedication of the staff has not changed in the past few years, i.e. in comparison to the period when the programme was supported by the Global Fund.

Cancelling any current service will reflect negatively on their health, according to them, particularly due to the discrimination and stigmatisation in health and social institutions, confirmed by previous research (Dimitrievski 2014; Dimitrievski and Boshkova 2012; Dimitrievski 2011; Mikik, Kuzmanovska and Memeti 2012; Klekovski, Krzalovski and Stojanova 2011: 20-21). However, it was added that the potential cancellation of the programme will not only negatively affect only their health but also public health due to the impossibility to control infections such as HIV and Hepatitis B and C. Therefore, competent state institutions are considered as the key stakeholders in sustaining the needle exchange programmes.

Opioid substitution treatment

With the support of the Global Fund, 12 OST centres were opened across the country, from which one was in Prison Idrizovo. The finances were mostly intended for training new staff, monitoring, infrastructure activities and similar material expenses, and rarely for purchasing methadone or for payment of salaries for the psychiatrists working in the centres.

The newly opened substitution treatment centres have been completely financed by the MoH since 2009 through the Programme for Health Protection of People with Dependence Illnesses and the programme's budget increased from €1.27 million in 2015 and 2016 to €1.37 million in 2021[31].

The finances allotted from the Programme for Health Protection of People with Dependence Illnesses within the MoH for 2006–2021 are shown in Table 6, and the usage of the funds is 100% concluding in 2020[32].

Table 3. Budget of the Programme for Health Protection of People with Dependence Illnesses at the Ministry of Health per year in Euros (millions)

2006	2008	2009	2011	2014	2018	2020	2021
1.03	**0.9**	**0.9**	**1**	**1.25**	**1.28**	**1.3**	**1.37**

The price of the other packages depends on how many different services the client receives, ranging anywhere

from €27.60

to €34.10

per patient, per month

According to the above table, funding of the substitution treatment programmes has increased since 2009. A package of services was not available until 2012 and the finances were awarded according to the number of clients and an assessment of treatment expenses. In 2012, for the first time, 9 packages of services were introduced, reduced to only 4 in 2021. This change was of a technical nature and did not affect the number of services offered. The cheapest package of services, at €9, is the hospital treatment of clients; however, this package did not include the necessary therapy, materials spent and laboratory services. The price of the other packages depends on how many different services the client receives, ranging anywhere from €27.60 to €34.10 per patient, per month.

31 Ministry of Health. Programme for the Health Care of People with Diseases of Dependence for 2015 , 2016 and 2021. Skopje; Ministry of Health.

32 Ministry of Health. Programme for the Health Care of People with Diseases of Dependence for 2006, 2008, 2009, 2011, 2014, 2018, 2020, 2021. Skopje; Ministry of Health.

Table 4. Budget of the Programme for Health Protection of People with Dependence Illnesses at the Ministry of Health per year in Euros (millions)

PACKAGE FOR DEPENDENCE AND ALCOHOLISM	Price of the package of services (in Euros)
PACKAGE NO. 1 The price of the package includes the services of a doctor and a nurse, materials spent and laboratory services.	27.60
PACKAGE NO. 2 The price of the package includes the services of a psychiatrist, a doctor and nurse, materials spent and laboratory services.	30.90
PACKAGE NO. 3 The price of the package includes the services of a psychiatrist, a doctor and nurse, a psychologist, a social worker, materials spent and laboratory services.	34.10
PACKAGE NO. 4 The price of the package includes a hospital day for in-patient care (bed and food in standard hospital conditions, treatment with diagnostic procedures and rehabilitation measures and psychosocial treatment of clients). Additionally charged are administered therapy, materials spent and laboratory services.	9.00

The long period of 12 years rendered it difficult to determine what changes occurred after the transition period. An additional obstacle was the fact that the programmes are implemented by State institutions known for not keeping proper records; hence, necessary information, as well as information on the changes of staff in the substitution therapy programmes, is lacking. Furthermore, it was difficult to identify programme users before 2009, some of whom take treatment even today, in order to make a comparison and identify changes. Even the 10 clients that were interviewed could not remember more than one or two changes in the programmes supported by the Global Fund and afterwards. However, there is sufficient research in the past 4-5 years to allow a determination of the present

situation. In this part of the analysis, the results from client interviews, interviews with the staff from the substitution therapy programmes as well as data from previous research are presented together because they are the same and do not differ significantly.

For instance, at the Kisela Voda Centre, clients recognise only four psychiatrists, two social workers, two psychologists and other staff with high school/ vocational secondary education, far from sufficient for treating around

530 clients

A basic precondition for the success of dependence treatment in specialised institutions, as was foreseen in North Macedonia, is providing integration of the pharmacological treatment with the medical, psychosocial and other support towards rehabilitation and the re-socialisation of people on treatment. However, this is far from the reality. According to information received from clients participating in substitution programmes, the treatment centres are actually more like windows for the distribution of substitution therapy, while medical/psychiatric and psychosocial support are hardly offered. Such conditions are due to the fact that none of the centres employ sufficient staff with proper expertise in order to provide quality and comprehensive evidence-based treatment for the large number of clients. For instance, at the Kisela Voda Centre, clients recognise only four psychiatrists, two social workers, two psychologists[33] and other staff with high school/vocational secondary education, far from sufficient for treating around 530 clients[34] visiting the centre for therapy at least once a week. Most of the centres in other towns do not even employ psychiatrists to monitor treatment. The Centre in Shtip, for instance, has a staff of only two nurses distributing therapy, with occasional visits from doctors who specialise in other fields (orthopedics, gynecology, etc.) and who are expected to monitor clients and adapt their dosage despite the fact that such activities are not in their professional competence.

Respondents confirmed that with the exception of the initiation/assessment of treatment, they rarely have the opportunity to talk with a psychiatrist/doctor; sessions are mostly requested by clients regarding adapting their dosage, while some respondents meet with a psychiatrist less than once a year. The situation regarding the services of a psychologist are the same.

33 According to unofficial information received from staff, the Centre employs eight psychiatrists, but some of them have only started their specialisation, others have additional engagements and some are intending to leave the country. In addition, the psychologists on staff did not specialise in clinical psychology and are not able to perform psychodiagnostics.

34 Ministry of Health. Report on the assessment of minimum standards for the quality of the drug dependence treatment programmes in Macedonia. Skopje; Ministry of Health, 2018.

Testing for tuberculosis, HIV, Hepatitis and other blood-borne and sexually transmitted infections, although deemed as necessary for the treatment programmes, are not conducted at regular intervals in any of the programmes. HIV testing in North Macedonia is free and usually provided by CSOs, Public Health Centres and the Clinic for Infectious Diseases; however, there is a lack in functional mechanisms for referring patients from the dependence treatment centres at regular intervals except when initiating treatment.

The problem is that none of the substitution treatment programmes allows space for evaluation of the treatment by the patients themselves

The problem is that none of the substitution treatment programmes allows space for evaluation of the treatment by the patients themselves. Initiatives for self-organisation and representation among people on treatment are rare, and the respondents testify that certain initiatives for promoting certain elements (for instance, purchasing better quality bottles for distributing the therapy) were not supported by staff in the programmes. Findings of our research indicate with certainty that dependence treatment centres in North Macedonia are actually windows for distributing substitution therapy without basic conditions guaranteeing successful treatment. Not only is there no progress in the quality of the programmes after dispersion of the dependence treatment in several towns across the country supported by the Global Fund and the MoH, but rather, at some locations there has been a deterioration of the situation and discontinuation of the models bringing about results.

The largest obstacle for providing quality treatment of dependence illnesses is the lack of sufficient staff with proper expertise

The largest obstacle for providing quality treatment of dependence illnesses is the lack of sufficient staff with proper expertise. Most of the programmes carry an insufficient number of staff who are unable to respond to the needs of the many clients, while at some locations, for instance in Shtip, professional staff are completely missing and treatment is administered by doctors who are specialised in other fields.

Programme clients stress that they have not participated in even one evaluation of the dependence treatment programme. The same findings were found in the report on the minimum standards and quality of drug dependence treatment programmes in North Macedonia, published by the MoH in 2018. The report contains an annex claiming that in cases of evaluation, the results do not always affect the treatment norms and procedures.

Treatment policies are formulated by the relevant government bodies and commissions with active participation of the interested parties, the target group and NGOs

The following deficiencies in the programme were detected by the report.

The centres are not actively employing young staff. Some of the staff in the centres are not sensitised to working with this population and react negatively to their jobs. There is a constant financing source for treatment programmes for people with drug use-related disorders but without evaluation, supervision, monitoring and continuous education. Treatment policies are formulated by the relevant government bodies and commissions with active participation of the interested parties, the target group and NGOs. Links among prevention, treatment and harm reduction are not sufficient or functional. Treatment planning is based on the scope of the problem, disregarding the characteristics of the population.

Minimum treatment standards regarding space and staff are not met, as well as regarding the number of clients per psychiatrist. In some centres there is insufficient space, light, ventilation, toilets, etc. Mechanisms for clinical management, monitoring and evaluation of clients exist only in centres employing the proper staff.

Certain specialised centres across the country lack naloxone for treatment of acute intoxication, i.e. overdose, while others do not even employ doctors who can perform the intervention. Overdosed individuals are sent to the Clinic for Toxicology and Emergency Medicine in Skopje or to hospitals in other towns.

The number of staff is insufficient, whereupon different staff are missing in different centres: mostly psychiatrists, also doctors, social workers, psychologists and nurses. Staffing is insufficient in all centres, which affects treatment efficiency. The Clinic for Toxicology and Emergency Medicine in Skopje, where buprenorphine treatment is administered, lacks social workers and psychologists, as well as employees specialised in psychiatry. Consequently, psychiatrists from other clinics are called. Some of the staff offering services for drug dependence are not qualified in dependence medicine, psychiatry and clinical psychiatry[35].

35 Ministry of Health, 2018, Ibid.

Conclusions and recommendations

The current process is ad hoc, based on government decisions from 2017 which oblige the Ministry of Health to prescribe

€1.67 million

for HIV prevention programmes

North Macedonia is considered to be a good example for the transition in financing HIV prevention programmes from international to national sources. However, there is no stable mechanism for financing civil society organisations implementing the HIV prevention programme among people who use drugs. The current process is *ad hoc,* based on government decisions from 2017 which oblige the Ministry of Health to prescribe €1.67 million for HIV prevention programmes (€351,000 for NSP) for 2018 and not for the following years, and therefore the current process can be subject to political interference.

The Government has also obligated the Ministry of Health to establish a functional and long-term mechanism for financing activities within the 'Programme for Protection of the Population from HIV/AIDS' targeting key populations and which are implemented by civil society organisations[36].

However, an efficient and long-term mechanism is yet to be established.

The successful transition has failed to improve the quality of programmes. On the contrary, this analysis, in addition to other analyses and reports, confirms that HIV prevention programmes in general, including needle exchange programmes and substitution treatment programmes, face problems not solved by the competent institutions and ministries, which decreases their quality.

The situation is unanimously described as such by the staff, the decision-makers as well as people who use drugs who are using the services of the programme.

36 Government of the Republic of North Macedonia. Information on establishing sustainability of the national HIV response of Macedonia within the budget of the Ministry of Health. Government of the Republic of North Macedonia, 2017.

Improvements to the quality of the needle exchange programmes and the substitution treatment programmes are required as follows:

The Ministry of Health should:

1. Adopt a proper mechanism for financing civil society organisations who are implementing the HIV prevention programmes among people who use drugs in order to provide a regular transfer of finances. The current process is ad hoc and, therefore, subject to political interference. The establishment of a long-term contracting mechanism for NGOs would help to remove some uncertainty and perhaps ensure sustainability.
2. Establish the price of a package of services offered in the needle exchange programme.
3. Introduce realistic indicators for CSOs to meet in accordance with current evaluations on the size of the population of people who use drugs.
4. Increase the budget for financing the needle exchange programme in accordance with the needs of PWID as the beneficiaries of this programme.
5. Adopt standards for the needle exchange programme.
6. Conduct regular monitoring and evaluation of quality of the needle exchange programme and of opioid substitution treatment, including client satisfaction.
7. Develop a proper mechanism to attract young professionals who would like to work in opioid substitution treatment.
8. Allow employment of the necessary professional staff in opioid substitution treatment.
9. Allow employment of the necessary professional staff in opioid substitution treatment.
10. Ensure that there is an adequate and formal participatory process with inclusion of civil society for developing the annual HIV programme based on the National Strategic Plan.
11. Improve communication between the competent authorities for the HIV prevention programme at the Ministry of Health and CSOs

Donors should:

1. Support civil society advocacy initiatives, especially continued community monitoring of programme implementation and budget monitoring of related expenditures.

2. Provide capacity building for programme and financial management of the HIV prevention sector of the Ministry of Health as the responsible department for management of the National HIV Programme.

3. Consider taking action if certain interventions for key affected populations are neglected or missing.

4. Support initiatives that will improve HIV programming, scale-up services and improve their quality. This should also include continued capacity building for all actors engaged in HIV programmes.

5. Take steps to ensure that civil society will continue to be meaningfully included in all national processes related to the HIV programme and that the voice of civil society and affected communities is heard.

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