

HIV/AIDS in Macedonia before 2004 and nowadays - how we made a step forward-

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Introduction:

Republic of Macedonia is a south eastern European country with a population of around 2 million. Macedonia is a country with a low prevalence of HIV and according to the Republic Institute for Health Protection (RIHP), a cumulative total of 132 HIV cases have been reported in the period from 1987 to end of 2010. Almost one half of all HIV/AIDS cases have been reported in the last 8 years 2003-2010. It is most likely that the increased number is at least partially due to greater availability of VCT services in the country during this period.

Republic of Macedonia has made the most important progress in the national response to HIV/AIDS in the period from 2005-2007. During this period, the country has succeeded to achieve the majority of the strategic actions proposed in the National AIDS Strategy 2003-2006, through implementation of the three-year HIV program supported by the Global Fund to fight AIDS, TB and Malaria (GFATM).

Implementation of the GFATM HIV program enabled the country to substantially build and broaden the capacities of all relevant stake holders and involved organizations as well as to improve the collaboration among the governmental and non-governmental organizations.

Additionally, the country endorsed the National Strategy 2007-2011, which was also successful in achievement of the strategic actions proposed through the implementation of a five-year HIV program supported by the GFATM HIV. This scale-up of the existing HIV program provided continuation of all prevention services, with a special focus on most-at-risk populations, such as MSM, IDUs and CSWs. In addition to and complementary with the GFATM HIV programs, National AIDS prevention programs run yearly, on the basis of the Law on Health Protection. HAART was initiated back in 2006 with first line ARV drugs, extended with second line drugs the same year. The administration of drugs to patients follows the national protocol on ARV treatment and care (WHO compliant). The number of patients ever enrolled in ARV treatment by the end of 2010 is 36.

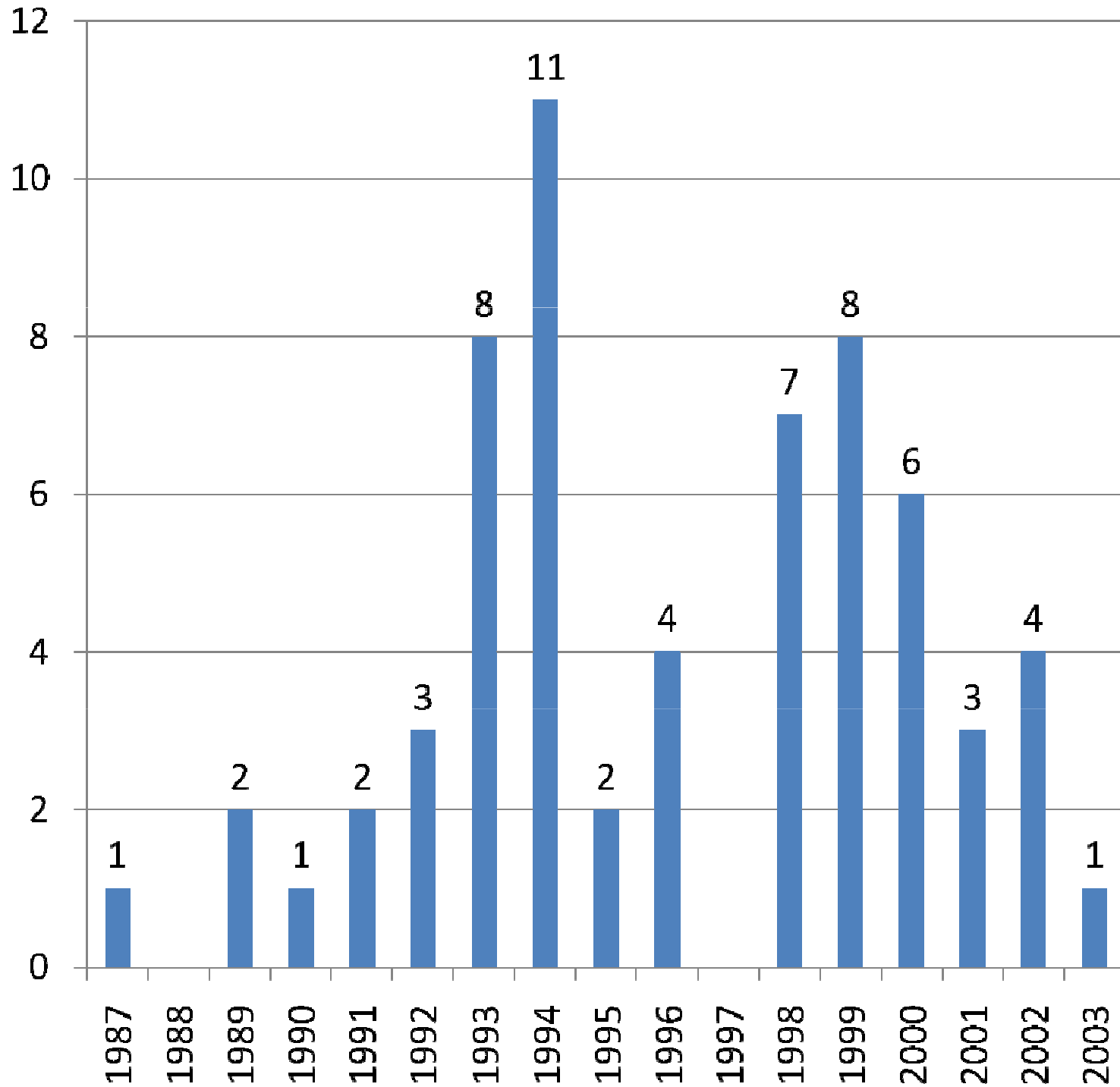
In the period 2008-2010, focus was given to the strengthening the quality of services, addressing bottlenecks in implementation of prevention programs envisaged with R7.

Objectives: - To examine the scaling up of HIV testing and the effects of earlier care and treatment among most-at-risk- population, as well as the introduction of ART for PLHIV in Macedonia. To correlate HIV/AIDS aspect defined prior to the first AIDS strategy and today's situation. To date, the response of the Republic of Macedonia to HIV has focused on certain groups considered most vulnerable to HIV infection, such as young people, injecting drug users, sex workers, men that have sex with man and prisoners, regardless of their age, sex, religion or ethnicity.

Methods: - A descriptive analysis of progress in responding to HIV/AIDS had been conducted from 2004 to 2010, and had been compared with condition before 2004. A preventive program for HIV testing and the number of PLHIV had been evaluated during this period. Data from RIHP Annual reports, behavioral studies, narrative reports and data reported for the UNGASS Reports were analyzed. The data from VCT services were evaluated in correlation with number of new cases detected in this period.

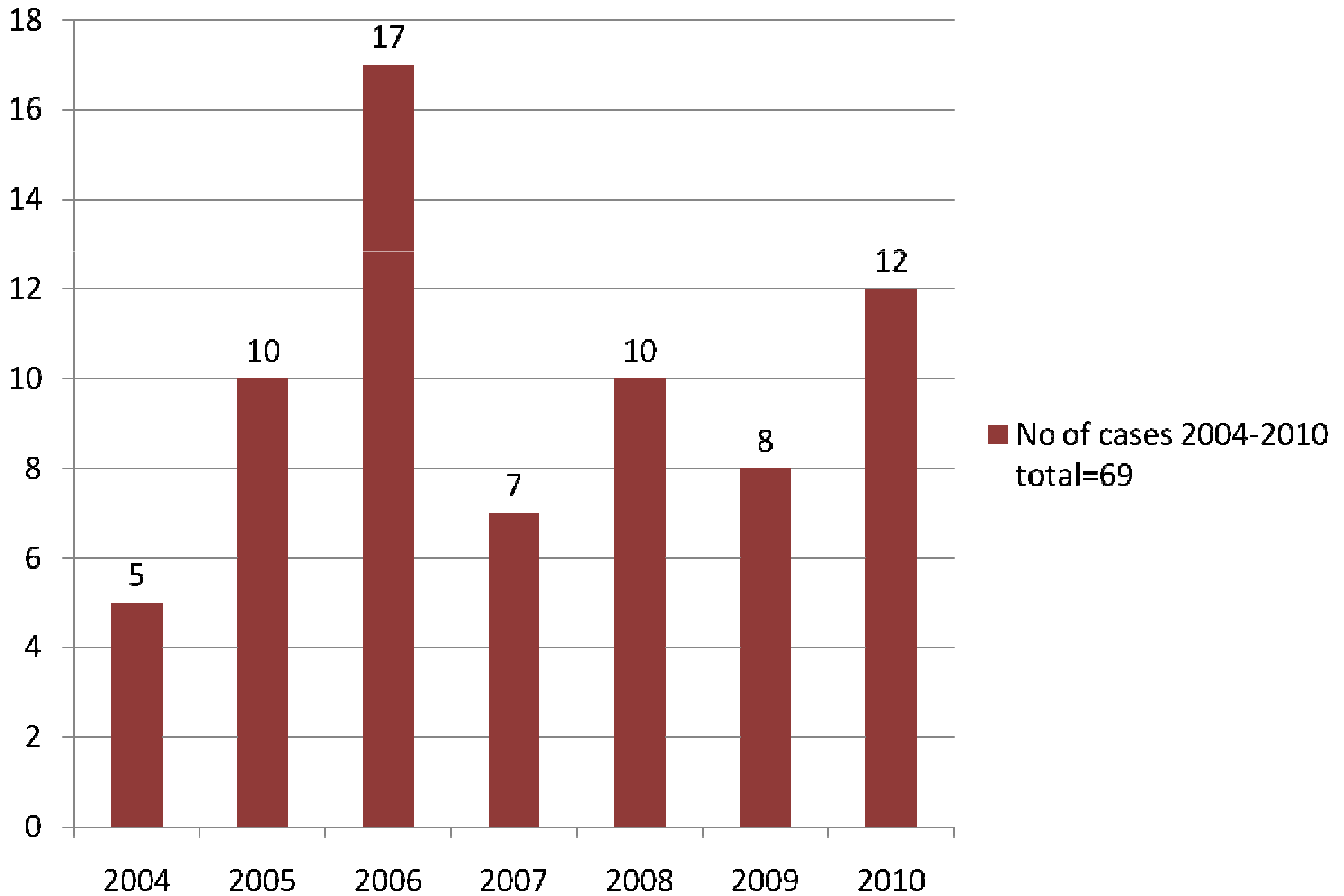
Results: Till the end of 2004, there had been no available ART and only 65 people in total had been diagnosed with HIV/AIDS. Out of these, 55 were AIDS cases and 85% of the cases had lethal outcome. For 17 years (1986-2003) only 49 589 HIV tests have been made. In 2003 the Country Coordinating Mechanism was established, as body that provides assistance in developing of the first coordinated program for HIV respond. By launching the HIV program through the GF and the introduction of ART, many people were encouraged for early diagnose and timely initiation of treatment. From 2004-2010 there had been 69 new cases of HIV/AIDS, of which only 16 had lethal outcome and more than 79 500 HIV tests have been made. From 2004-2010 there has been significant re-shifting and increase in international sources of funds to support implementation of the national AIDS response. Major funding comes from five distinct resources-two domestic (Health Insurance Fund and Ministry of Health) and three international (GFATM, UN and several international organizations with smaller grant initiatives: IPPF, NCA, OSI etc). For 6 years (2004-2010), 10 stationary VCT centres and 2 outreach VCT mobile units operate in different regions of the country. Preventive activities have been implemented in collaboration with the governmental institutions, civil society and public health sector and included HIV counseling and testing, different Behaviour Change and Communication (BCC) activities including distribution of different media products (brochures, posters, and radio and TV messages, etc), condom distribution, peer education activities among different groups, provision of counselling services, hot lines services, organization of festivals, etc. Due to relatively small number of patients, at present, treatment is provided centrally at the Clinic for Infectious Diseases (CID) in the capital city. Its capacities have been improved by establishment of a new AIDS in-patient department, provision of equipment for monitoring of HIV infection and ARV treatment. From all 69 new cases, 22% were female and 78% were male. Most of new PLHIV are aged 30-38 years.

No of cases 1987-2003 total=65

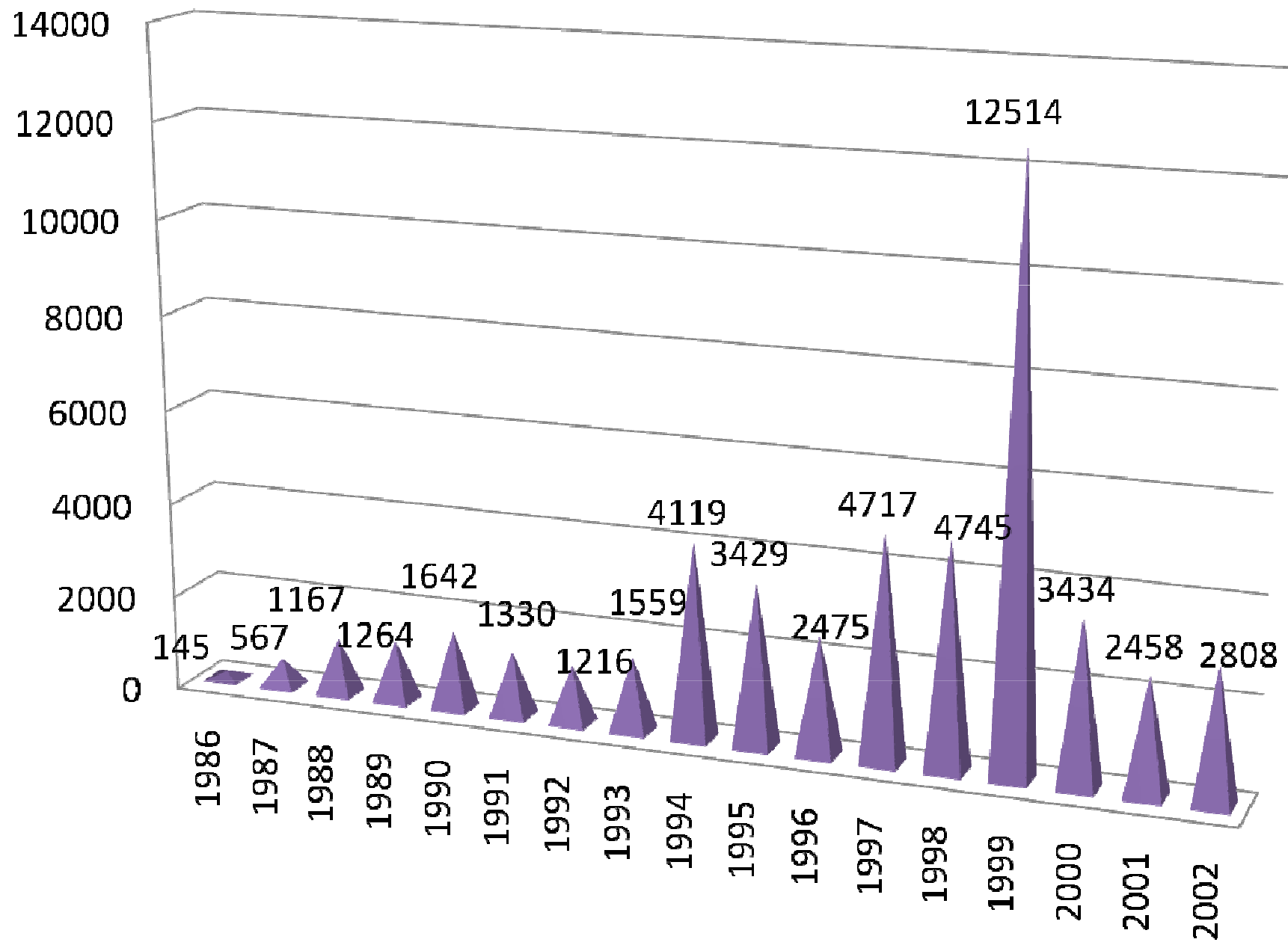


■ No of cases 1987-2003 total=65

No of cases 2004-2010total=69

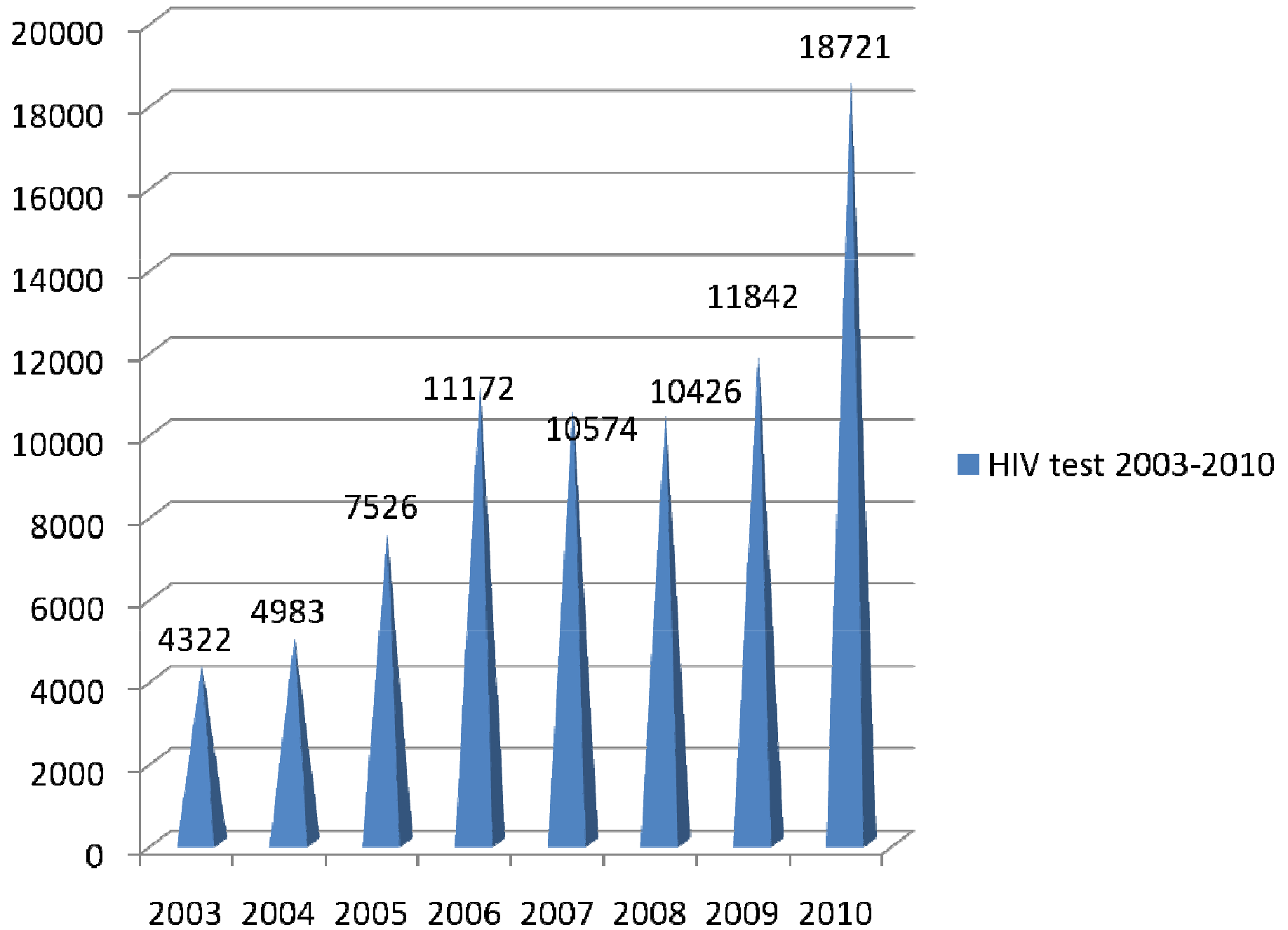


HIV tests total=49 589



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HIV test 2003-2010



Conclusions: Investment in access to VCT services, capacity and coordination mechanisms for providing a comprehensive response to HIV/AIDS must be kept and innovative approaches to services delivery must be developed in future.

The major challenges in the future are:

Although processes of planning, implementation and monitoring of HIV/AIDS response have been initiated, mainly through the Preventive program for HIV/AIDS, challenges to expand these interventions and to relate them to broader process of intra-municipal planning, as well as implementation remains. This means that there is a need for enlargement of the existing preventive services for most-at-risk- population, i.e. focusing towards those preventive programs that are already successful.

Key target in the future is to provide health care and support for PLHIV (ensuring continuation of ART and psychosocial support).

References:

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