

Transition Monitoring:

Assessing the fulfillment of government commitments to sustainability of the HIV response among KAPs in N. Macedonia, in the context of transition from Global Fund's support



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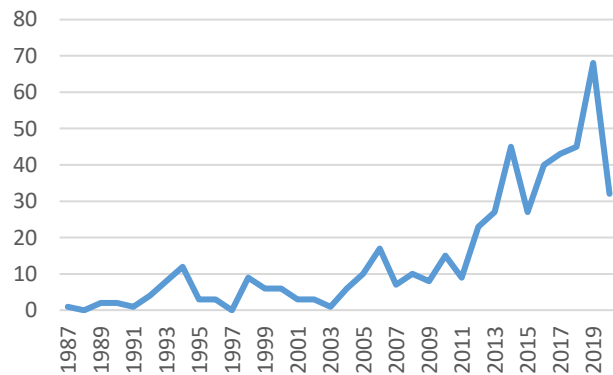
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Global fund transition related context

Context

- ▶ North Macedonia - est. population 2.1 millions citizens
- ▶ Low-level HIV epidemic, concentrated HIV epidemic
- ▶ 504 reported cases and 112 reported HIV-related deaths by the end of 2020
- ▶ The national HIV strategic documents for the period between 2005 and 2021 have recognised four key affected populations: PWID, SW, MSM and prisoners
- ▶ 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%
- ▶ 2020 - Total of 306 people living with HIV were enrolled in care (303 were receiving ART)



MSM - Men who have sex with men

- ▶ The total number of MSM in 2017 was estimated at 11,054 (95% CI=9,301-14,229)
- ▶ Estimated prevalence among MSM is 5.4%. (2018 IBBS)
- ▶ Regular surveillance data indicates a rising trend among MSM (above 80% of all HIV cases on an annual basis)
- ▶ Estimate number of PLHIV is 404 and MSM living with HIV is 338 - 84% of PLHIV (2018)

Year	Estimated PLHIV	Estimated 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)

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

SW - Sex workers and PWID - People who inject drugs

- ▶ The total number of SW in the capital in 2017 was estimated at 878 (95% CI=510-1,750)
- ▶ The total number of PWID in the country in 2017 was estimated at 6,756 (95% CI=5,206-10,377)
- ▶ Regular surveillance and bio-behavioural studies shows that there is no on-going HIV transmission within the populations of PWID and female sex workers.

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

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

Global Fund support for HIV services

- ▶ Since 2004, North Macedonia has received 3 HIV grants from the Global Fund that have significantly contributed to strengthening the national HIV response
- ▶ Establishment and scale up of HIV services for KAPs
- ▶ The Global Fund support of HIV services for KAPs in North Macedonia ended in December 2017 (ineligible - an upper-middle-income country and had less than a high disease burden for both HIV and TB)

Global fund HIV Grants – 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

Existing services for KAPs in North Macedonia

- ▶ HIV prevention services for MSM, SW and PWID almost exclusively delivered by CSOs
- ▶ **HIV prevention among MSM (CBO EGAL)** - since 2005 that scale up comprehensive HIV package including outreach work in **several cities** in the country
- ▶ **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)**
- ▶ **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 and 13 CBOs/CSOs
- ▶ **Mobile Gynecological Clinic** for SW, PWID and other vulnerable populations
- ▶ **Two SRH youth-friendly centres (HERA)** were established in 2005/2006, offering comprehensive SRH packages for both youth and KAPs (MSM, SW and PWID) STI diagnosis and treatment, free contraception, gynecological care etc.)

Existing services for KAPs in North Macedonia (2)

- ▶ **Needle and syringe exchange services** for PWID were first established in 1995 (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 are delivering services for PWID in 12 different cities.
- ▶ With support from the Global Fund, services for **HIV prevention among SW** were established and scaled-up, with 6 organisations currently providing HIV services to SW in 8 cities throughout the country.
- ▶ **Opioid agonist therapy (OAT)** centres have also been integrated within the public health care system (2010)
- ▶ The **treatment and care of PLHIV** in North Macedonia is centralised and provided only at the Clinic for Infectious Diseases. Provision of ART started in 2005 and since 2010 is fully funded by Government

Global fund transition

- ▶ The process of planning for the transition from donor to domestic funding of HIV services in the period of 2014-2017 (Active involvement of CSOs, CCM involved in Transition plan development)
- ▶ Since the beginning of 2018, HIV services for KAPs run by CSOs and supported by the Global Fund, funded almost exclusively through the National HIV Programme using a mechanism involving annual open calls and annual funding contracts. (approximately USD 900,000 annually).
- ▶ 14 CSOs, including 4 CBOs, 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 and HIV testing for KAPs.
- ▶ No scale up or new services has been initiated since 2018

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Details and nuances of the
assessment on country level

Review process

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.
2. **Identification and grouping** of commitments by health system domains in each programmatic area.
3. **Prioritisation** of the identified commitments
4. **Collection of data** on the fulfillment of the prioritised commitments and analysing the findings
3. **Developing findings** in the present report

Scoping: Identification and collection of a set of strategic and programmatic documents

- ▶ A total of **13 strategic and programmatic documents (placeholders)** were identified during the scoping phase that contained **commitments** relevant for the transition from donor to domestic funding
- ▶ Commitments were in the six system domains: (1) Financing; (2) Drugs, supplies and equipment; (3) Service provision; (4) Governance; (5) Data and information; and, (6) Human resources
- ▶ Commitments 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
- ▶ 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.
- ▶ The Annual National HIV Programmes (2018, 2019, 2020) were also an important source for some of the commitments (n=5).

PLACEHOLDERS – DOCUMENT NAME	Approval Status
015 Programme for the Protection of the Population from HIV in the Republic of Macedonia	Yes
National Strategy on Drugs 2014-2020	Yes
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
016 Programme for the Protection of the Population from HIV in the Republic of Macedonia	Yes
Action plan for transition from Global Fund support to national financing of HIV prevention and support programs for key affected populations	No
National HIV Strategy 2017-2021	No
017 Programme for the Protection of the Population from HIV in the Republic of Macedonia	Yes
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
Excerpt of the Minutes of the 26th session of the Government of the Republic of Macedonia held on 5 September 2017	Yes
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
018 Programme for the Protection of the Population from HIV in the Republic of Macedonia	Yes
019 Programme for the Protection of the Population from HIV in North Macedonia	Yes
020 Programme for the Protection of the Population from HIV in North Macedonia	Yes

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

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

- ▶ 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.
- ▶ Selected commitments had already set targets, except for two (funding of prevention and funding of treatment) - Projection of the funding allocation target was made according relevant data
- ▶ Targets for the continuum-of-care indicators were not taken from the NSP but from globally accepted targets. (90-90 -90 by 2020)
- ▶ 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.
- ▶ The Annual National HIV Programmes (2018, 2019, 2020) were also an important source for some of the commitments (n=5).

Prioritisation of the identified commitments

- ▶ Prioritization made in a consultative process with the national reference group and other key informants from CSOs and institutions.
- ▶ One on line group meeting was organised with the national reference group, as well as two online interviews with key stakeholders
- ▶ The final list of prioritised commitments for further assessment of their fulfillment was endorsed by consensus
- ▶ 39 identified commitments, in this phase 6 were excluded, while adding another 6 commitments considered more relevant for the purpose of monitoring

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
- ▶ Scores were **calculated for each domain within programmatic areas** as the average of the scores of the analysed commitments relevant to the respective domain.
- ▶ Overall score for each domain was calculated as the average of the scores for each domain within individual programmatic areas.

Scoring system for achieved progress

<i>Definition of sustainability</i>	<i>Description</i>	<i>Achievement percentage</i>	<i>Color code</i>
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 low progress	A fairly low degree of progress in fulfilling the commitments regarding planned indicators and/or baseline	26% - 35%	Light red
Low progress	Low progress of progress in fulfilling the commitments regarding planned indicators and/or baseline	0% - 25%	Red

Number of analyzed commitments by health system domains

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

Number of analyzed commitments by health system domain within programmatic areas

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

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 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, and other policies
- ▶ 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*.
- ▶ 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

Thanks you!

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