



MINISTRY OF HEALTH
Republic of Serbia

STRATEGY on HIV infection and AIDS



Belgrade, 2012.



STRATEGY
on HIV infection
and AIDS

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It is thirty years, this year, since the first case of HIV attracted the attention of the international public. In the meantime, HIV has become a global problem which demands action in all countries and at all levels. It is a disease without a vaccine or a cure, but one which we know how to prevent and one which, with the appropriate therapy, people can live with for many years.

The UNAIDS report for 2010 shows that the global AIDS epidemic has begun to change course, because the overall number of new HIV infections has fallen, as has the number of deaths from AIDS. This shows that investment in programmes of HIV prevention has yielded significant results. People with HIV live longer and the number of deaths from AIDS has fallen because access to treatment has increased.

The Ministry of Health of the Republic of Serbia is also engaged in the global response, and by applying international recommendations and successful programmes of both prevention and treatment, is helping to keep the epidemic under control, at home and at the international level.

From the onset of the epidemic, in 1985, up to the end of 2010, 2593 cases of HIV infection have been registered in Serbia. Currently 1515 people are living with HIV in this country, and assessments suggest that at least a further 3 500 individuals are unknowingly carriers of the HIV virus.

Continuing on from the successes of the measures introduced in the National Strategy for the Fight Against HIV/AIDS from 2005, the Ministry of Health, in cooperation with the Commission of the Government of Serbia for the Fight Against HIV/AIDS, and all the other partners included in the unified national response to the epidemic, has completed a process of consultation and drafted a new strategy, which has as its main goals the prevention of HIV infection, and infection from other sexually transmitted diseases, and the provision of treatment for all those living with HIV.

Success in the country's response to the HIV epidemic requires a strengthening of our stand, and the involvement of all actors at every level. This includes national and local government, the governmental and non-governmental sectors, international organisations, religious communities, health and scientific institutions, the media, people living with the illness, and, increasingly, the private sector.

I am certain that this new strategy will provide a sound framework for the continuation of activities in the period 2011-2015.

THE MINISTER OF HEALTH
Prof. Dr. Zoran Stanković






Acknowledgment

The Commission for the Fight against HIV/AIDS of the Government of the Republic of Serbia wishes to express its gratitude to all representatives of the institutions, organizations and associations which have actively participated in the consultative process and defining of the strategic guidelines, and to the international organizations which have supported the creation of the Strategy on HIV infection and AIDS:

- Ministry of Health of the Republic of Serbia
- Ministry of Labor and Social Policy of the Republic of Serbia
- Ministry of Justice of the Republic of Serbia
- Ministry of Education and Science of the Republic of Serbia
- Ministry of Youth and Sport of the Republic of Serbia
- UN Theme Group on HIV/AIDS (WHO, UNICEF, UNHCR, UNDP, UNODC, IOM, UNFPA...)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Institute of Public Health of Serbia “Dr Milan Jovanović Batut”
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- Military Medical Academy, Belgrade
- Serbian Blood Transfusion Institute
- City Institute of Public Health, Belgrade
- Institute of Public Health of Vojvodina
- Institute of Public Health, Niš
- Institute of Public Health, Zaječar
- Institute of Public Health, Subotica
- Secretariat for Health Care, Belgrade
- Provincial Secretariat for Health Care, Social Policy and Demography of the

Autonomous Province of Vojvodina

- City of Novi Sad Health Care Administration
- City of Novi Sad Administration for the Social Welfare and Child Care
- Institute for Student Health Care, Belgrade
- Institute for Infectious and Tropical Diseases, Clinical Center of Serbia, Belgrade
- Clinical Center of Vojvodina
- Clinical Center of Niš
- Clinical Center of Kragujevac
- Clinic for Gynecology and Obstetrics "Narodni front", Belgrade
- City Institute for Lung Diseases and Tuberculosis, Belgrade
- City Institute for Skin and Venereal Diseases, Belgrade
- Primary Healthcare Center Bačka Palanka
- Primary Health Care Center Inđija
- Primary Health Care Center Bački Petrovac
- Association "Civic Initiatives", Belgrade
- Standing Conference of Towns and Municipalities
- Radio Belgrade 1
- Red Cross of Serbia
- Red Cross of Vojvodina
- Red Cross of Novi Sad
- NGO Youth of JAZAS, Belgrade
- Association "JAZAS", Belgrade
- Association "Prevent", Novi Sad
- Association "Veza", Belgrade
- Association "Rainbow", Šabac
- Association "Safe Pulse of Youth - SPY", Belgrade
- Ecumenical Humanitarian Organization, Novi Sad
- Association „Timok Youth Center“, Zaječar

- 
- Association "Youth of JAZAS" Novi Sad
 - Association "Youth of JAZAS" Kragujevac
 - Union of Serbian PLHIV organizations (Associations "Attitude +", Subotica; "AID +", Belgrade; "Woman +", Belgrade; "Sun", Niš; "Red line", Novi Sad; "AS", Belgrade; "New +", Pančevo; "PaO2", Pančevo)
 - Association "Q club", Belgrade
 - Association "Novi Sad Humanitarian Center", Novi Sad
 - Association "International Aid Network - IAN", Belgrade
 - Charitable Fund of the Serbian Orthodox Church "Philanthropy", Belgrade
 - National Organization of Persons with Disabilities, Belgrade
 - Center for Society Orientation, Belgrade



Introduction

Since 1985, when HIV and AIDS first appeared in Yugoslavia, the authorities and institutions have taken numerous measures and passed various regulations which are the reflection of an organised state response to this particular issue.

After adopting the United Nations Declaration of Commitment on HIV/AIDS, the Serbian Government founded a multi-sectoral advisory body – the Commission to Combat HIV/AIDS, one of the main tasks of the Commission is to define a National Strategy, and establish procedures for monitoring and evaluation of the effectiveness of its implementation. It consists of representatives of the Ministry of Health, the Ministry of Education, the Ministry of Labour and Social Policy, the Ministry of the Interior, the Ministry of Justice, the Ministry of Youth and Sport, the Ministry of Defence, the Red Cross Serbia, provincial authorities, the civil sector, Persons Living With HIV/AIDS, and health institutions, organisations and media representatives. International organisations have observer status within Commission: the World Health Organisation, UNAIDS (Joint United Nations Programme on HIV/AIDS), UNICEF (United Nations Children’s Fund), the UNDP (United Nations Development Programme) etc.

In February 2005, the Government of the Republic of Serbia adopted a National HIV/AIDS Strategy for 2005 to 2010, which constitutes the basic framework for formulation of goals and implementation of measures in the field of prevention, treatment and support to those afflicted. It also aims to promote better public understanding of the special issues related to HIV/AIDS. The Strategy recommends the introduction of both routinely offered and voluntary HIV testing for pregnant women; further development of voluntary counselling and testing on HIV; development and implementation of effective preventive programmes; creating prerequisites for treatment of afflicted persons within infectious disease units in four Clinical Centres; strengthening the role of Primary Health Centres in providing medical protection to HIV positive patients and improvement of the system for data collection and analysis on the course of the HIV epidemic. It also sets out a framework for the development of institutional coordination of activities on prevention and control of the epidemic.

Moreover, by decision of the Government, the Council for Monitoring Projects in the Area of HIV and Tuberculosis was established (official gazette RS No. 63/04, 103/04 56/05, 77/06, 97/08, 5/09 and 79/09). The first project financed by means of the Global Fund for the Fight against AIDS, Tuberculosis and Malaria was implemented in 2003 –2006 and two further projects financed through the Global Fund are currently underway. Worth nine and twelve million euros respectively.

(2007-2012. and 2009-2014). These projects have helped to strengthen and expand capacities for preventing HIV infection and for treatment, care and support of Persons Living With HIV/AIDS (Novi Sad, Nis, Kragujevac). The Department for HIV of the Institute for Infectious and Tropical Diseases in Belgrade was renovated, and numerous activities were undertaken aimed at lowering the stigma and discrimination related to HIV infection and promoting the significance of early HIV diagnosis and quality counselling. Antiretroviral therapy was provided for all the sufferers, financed by National Health Insurance. The Institute for Public Health, Dr Milan Jovanovic Batut, organised a national office for HIV/AIDS in 2006.

The National Strategy for the Response to the HIV Epidemic (hereinafter the Strategy) offers a five-year framework for development, implementation, monitoring and evaluation of the national response to the HIV epidemic. It is based upon results of analysis and strategic planning accomplished in the course of 2010 through a consultative process with various representatives of public, expert, and state institutions and facilities, citizens associations, the vulnerable population and Persons Living with HIV/AIDS. This process covered evidence based evaluation and analysis of the current situation, the difficulty of identifying methods of efficient intervention, the establishment of priorities and goals and defining ways of monitoring and evaluating society's response to HIV infection. The results of this process are presented in the working document, HIV infection in Serbia – situation analysis and societal response.

With an insight into the epidemiological situation and with reference to all the other aspects of the HIV epidemic in Serbia, it has been established that the following factors have great impact on the spread of the disease:

- Low socio-economic status of part of the population
- Lack of objective estimation apropos the magnitude of especially vulnerable groups (injecting drug users, sex workers, and men having sex with men)
- Deficient monitoring system for HIV infection
- Unsatisfactory monitoring and evaluation of the effectiveness of society's response to the epidemic caused by HIV infection, and lack of effective mechanisms for control and incitement of a systematic qualitative response, internal as well as external
- Low public awareness of the risks of HIV transmission;
- High level of discrimination against the vulnerable population and Persons Living With HIV;
- Deficient coverage of key population by preventive activities;
- Disparate involvement of different social segments in response to the HIV epidemic.

This Strategic Document of the Republic of Serbia as a response to infection with HIV/AIDS and other sexually transmitted diseases has been developed in accordance with the following principles; that health and social protection shall be equally accessible to Persons Living With HIV and all vulnerable population categories throughout the Republic of Serbia; that the human rights and dignity of Persons Living With HIV will be guaranteed and adhered to; that Persons Living With HIV will play a key role in policy development, planning and evaluation of support and protection programmes; that young people and other vulnerable groups will be given a significant role in prevention, that specific needs, roles, responsibilities and limitations related to gender identity, ethnicity and persons with special needs will be appreciated and adhered to; that the response to the epidemic will be multidimensional and inter-sectoral and, as well as the biomedical aspect, will address all socio-economic factors increasing the risk of HIV infection, including discrimination, social marginalisation and gender differences.

The General Goal of the National Strategy as a response to HIV infection in Serbia is prevention of HIV infection and other sexually transmitted infections, and the provision of treatment and support for all Persons Living with HIV/AIDS.

The main components of the Strategy are:

- Prevention of HIV infection in especially vulnerable and other vulnerable population groups of particular interest;
- Health and social protection of Persons Living With HIV/AIDS;
- Supporting people living with HIV
- Role of local government in response to HIV infection;
- Human rights in the area of HIV infection;
- Communication in the area of HIV infection;
- Epidemiological monitoring, evaluation and reporting on the national response to the HIV epidemic.

The Strategy envisages spreading of programme activities through improvement of gender sensitive and other specific programmes, introducing a programme of «positive» prevention; further on, the accent will be placed on respect for human rights, both of Persons Living with HIV/AIDS and representatives of marginalised populations under increased risk and sensitive to HIV, thus lowering the stigma and discrimination against these particular groups. The significance and role of local authorities (local administration and government) and their involvement in implementation of specific programmes is especially recognised, as is the need for constant improvement in monitoring and evaluation of the overall HIV response.

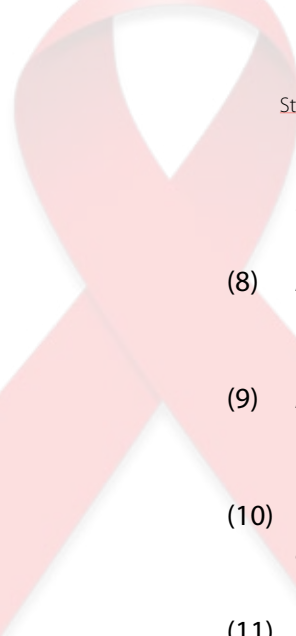




The expressions and acronyms used in this strategy have the following meanings:

1) Expressions:

- (1) **AIDS** (Acquired Immune Deficiency) refers to the final stages of infection with the HIV (Human immunodeficiency virus);
- (2) **Antiretroviral therapy** is a combination of three or more antiretroviral drugs (e.g. 2 Nucleotide reverse transcriptase inhibitors and a protease inhibitor, or 2 Nucleotide reverse transcriptase inhibitors and a non-nucleoside reverse transcriptase inhibitor) or some other combination which reduces the quantity of virus in the blood to undetectable levels, thus slowing the progression of HIV (Human Immunodeficiency Virus) symptoms. Recently CCR5 Inhibitor and Integrase Inhibitors have been added to the repertoire of possible therapies. Mono-therapies and other therapies are considered sub-optimal;
- (3) **The Global Fund to Fight AIDS, Tuberculosis and Malaria** is an organisation which secures, manages and distributes additional funds to offer sustainable and significant contribution to reducing the impact of AIDS, tuberculosis and malaria, and at the same time reduces the rate of poverty in accordance with the millenium development goals in the countries where there is need for it.
- (4) **A person infected with HIV** is “HIV positive” if they know they are positive, or a person with “undiagnosed HIV infection” if they don’t know about the infection;
- (5) **Incidence** is the number of people newly infected with HIV, or those who have developed AIDS, registered in a population within a certain period of time;
- (6) **Combined prevention** is an approach which aims to achieve a maximum in preventing HIV infection by combining strategies of behaviour and bio-medical and structural strategy based on human rights and supported by data, in a context of well researched and understood local epidemics;
- (7) **Men engaging in sexual relations with men** are those who have sexual relations with other men, regardless of whether they also have

- 
- sexual relations with women, or a personal or social homosexual or bisexual identity;
- (8) **An HIV negative, or “seronegative” person** is one whose blood test results do not indicate an HIV infection (e.g. because of no HIV antibodies or the so called “window period”);
 - (9) **An HIV positive, or “seropositive” person** is one whose blood or saliva test results indicate an HIV infection (e.g. there are HIV antibodies);
 - (10) **HIV infection prevalence** is the number of people living with HIV, and can be expressed as a ratio (percent) of HIV infected individuals in a population at a certain point in time;
 - (11) **Prophylaxis after HIV exposure** is treatment with antiretroviral drugs after a possible exposure to the virus;
 - (12) **Sexual workers** are men, women and transgendered adults who provide regular or occasional sexual services in exchange for money or goods;
 - (13) **Seroprevalence** is the number of people who show serological signs of HIV infection (e.g. HIV antibodies) at a certain point in time;
 - (14) **Prevention of HIV infection in women and children** is the prevention of primary HIV infection in young girls and women; prevention of unwanted pregnancies in women living with HIV; the reduction of mother to child HIV transmissions by treatment with antiretroviral drugs or prophylaxis; safer deliveries; counselling on infant feeding; care, treatment and support to women living with HIV and their families;
 - (15) **Opioid substitution therapy** is the recommended form of drug dependence treatment for people dependent on opioids which has proved to be effective in treating opioid dependence, preventing HIV transmission and improving consistent use of antiretroviral therapy;
 - (16) **A transgendered person** is one with a different gender identity to that of their birth;
 - (17) **A heterosexual person** is one who engages in sexual relations with the opposite sex.

2) Abbreviations:

AIDS – Acquired Immuno Deficiency Syndrome

The Global Fund – The Global Fund to Fight AIDS, Tuberculosis and Malaria

EU – European Union

IOM – International Organization for Migration

JAZAS – Yugoslavian Association Against AIDS

UN – United Nations

UNAIDS – The Joint United Nations Programme on HIV/AIDS

UNGASS HIV/AIDS – United Nation General Assembly Special Session on HIV/AIDS

UNDP – United Nation Development Programme

UNICEF – United Nation Children`s Fund

UNHCR – United Nations High Commissioner for Refugees

USOP – The Union of Serbian Organisations for the Support of People Living with HIV

HAART – High Active Antiretroviral Therapy

HIV – Human Immunodeficiency Virus

CIDA – Canadian International Development Agency

CPHA – Canadian Public Health Association

WHO – World Health Organisation



1. A brief situational analysis of the response to the epidemic of HIV infection in Serbia

1.1. Current epidemiological situation of HIV infection and other STIs in Serbia

- Between 1984, when, retrospectively, the first case of HIV infection was confirmed, and 2009, the official number of HIV positive persons has reached 2440, of which 1489 (61%) developed AIDS, while 1042 HIV positive persons have died.
- The number of Persons Living With HIV is growing as a consequence of reduced mortality due to application of antiretroviral therapy and an increase in the number of newly diagnosed HIV positive persons (122 cases registered in 2009 compared to 71 registered cases in 2000), partly due to the greater number of persons tested for HIV.
- At the beginning of 2010, 1398 persons were living with HIV. It is estimated that the actual number is several times higher but sufferers are unaware that they have HIV. Accordingly, the estimated prevalence of HIV infection in the population aged 15 or over is 0.1%.
- Approximately four out of five (81%) newly diagnosed persons in 2009 were infected with HIV as a consequence of unprotected sexual contact. Compared to 1991, sexual transmission (27%) among newly diagnosed persons with HIV infection exhibits a threefold increase. In the same period, a tenfold reduction in newly diagnosed HIV cases was observed among registered intravenous drug users, from 70% in 1991 to 7% in 2009.
- More than half (57%) of all HIV positive persons registered belong to the age group 25-39 and approximately two thirds (69%) of those afflicted and deceased belong to the age group 30-49.
- Since 2002 an increase in newly diagnosed sufferers has been observed among young people aged 15-29 (47% in 2008 compared to 22% in 2002).

- The number of men infected with HIV is three times higher than that of women. Among newly diagnosed persons infected with HIV, the increase occurred primarily in the population of men having sex with men, resulting in a male to female ratio in 2009 of 14.3:1.
- Since 1999 a gradual decrease in the number of AIDS patients is registered. AIDS incidence has been cut by half over the past 15 years, from 1.4 / 100 000 in 1995 to 0.7/100,000 in 2009.
- From 2002-2009 a reduction was observed in the number of patients clinically manifesting AIDS when diagnosed with HIV, from 48% in 2002 to 27% in 2009.
- From 1997 a continued decline in number of persons deceased is registered, owing to adherence to combined, highly effective antiretroviral therapy and early detection of HIV positive persons. AIDS mortality in 2009 was 0.34/100,000, while in 1996 it was 1.20/100,000
- Since the beginning of the epidemic, a decrease of AIDS patients among intravenous drug users was registered, and also among haemophiliacs and recipients of blood and blood derivatives. However, there was a multiple increase in the number of AIDS patients among heterosexuals of both genders, and men having sex with men with risky behaviour, from 13% in 1991, to 63% in 2009.
- Over the last ten years the ratio of men to women among newly diagnosed AIDS patients has increased from 2.4:1 in 2000 to 6.4:1 in 2009.
- The still high percentage of AIDS patients with unknown path of transmission points to potential weaknesses in the monitoring system, but also to a high level of stigmatisation of certain behavioural patterns in our environment.
- Reported cases of sexually transmitted diseases, owing to sub-registration, do not show the actual situation. Over the last ten years, and especially after 2005, slight decreases in the incidence of syphilis, gonorrhoea, acute viral hepatitis B, acute viral hepatitis C and genital Chlamydia were observed, but the level of newly diagnosed chronic viral hepatitis C increased ten times, from 0.73/100,000 in 2000 to 7.73/100,000 in 2007.
- Unstable supply of health institutions with diagnostic kits is still pertinent.
- Mechanisms to promote early testing among hard to reach groups are not efficient enough in the sense of larger coverage of the mentioned groups by preventive activities.
- Insufficient diagnostics and reporting of HIV infection cases and other sexually transmitted infections results in an unrealistic epidemiological picture.

1.2. Socio-economic health determinants and other aspects of HIV infection

Socio-economic health Guidelines have changed, to a certain level in our country since 2000.

- Over the last decade, the population of Serbia has been getting older rapidly, lives longer, and has generally declined. In 2009 the estimated number of citizens in the Republic of Serbia (without data for Kosovo) was 7,320,807 which represents a fall of 2.6 % since 2000, when the population was approximately 7,516,346.
- The average age has risen from 39.8 (38.6 men and 41.0 women) in 2000, to 41.2 (39.9 men and 42.5 women) in 2009. Life expectancy at birth in Republic of Serbia for both genders has shown slight growth. In 2009 it was 71.1 for men and 76.4 for women, while in 2000 it was 69.7 years for men and 74.8 for women.
- The number of children born fell from 73,764, in 2000 to 70,299 in 2009, respectively a decrease of births per 1000 citizens from 9.8 in 2000 to 9.6 in 2009.
- Even though the number of deaths in 2000 (104,042) and in 2009 (104,000) are practically the same, the mortality rate per 1000 citizens has risen from 13.8 in 2000 to 14.2 in 2009.
- The observed period exhibited a negative rate of natural increase, which rose from -4.0 per 1000 citizens in 2000 to -4.6 per 1000 citizens in 2009.
- The infant mortality rate in the Republic of Serbia is in long-term decline. In the observed period it fell from 11 to 7 per 1000 births.

From 2000 to 2009 there has been an **employment decrease** in Serbia and an increase in the number of **unemployed citizens**. In 2009 the employment rate was 40.8%, while the unemployment rate was 18.1%. Of major concern is the high unemployment rate among young people aged 26 to 30, women and persons over the age of 50. Compared to the average employment rate in the 27 countries of the EU (64.5%), Serbia's employment rate is very low and its unemployment rate is exceeded only by Bosnia and Herzegovina and Macedonia.

In a situation of financial reform and market liberalisation, **inflation**, as average retail price growth from 2001 to 2009 has fallen from 70.8% to 10.1%. In comparison to the countries of the European Union and its surroundings, inflation in Serbia is extremely high.

Gross domestic product (**GDP**) per capita in Serbia in 2000 was 3117 USD (3398 €). GDP was marked by stable growth after 2001 till 2008. In 2009 GDP decreased in comparison to the previous year by 2.9%. Compared to the countries of the European Union and surroundings, Serbia's GDP indicates a low standard of living.

Since 1999 employment income in Serbia has increased. In 2009 **average net income** was 470 USD (338 €).

Out of **total personal household consumption** in 2009, outlays for food including non-alcoholic beverages dominated, amounting to 41.2%, as is logical in countries with a lower standard of living. Following outlays for food, items included housing (16.1%) and transport (9.0%), while health protection expenses made up 3.7% of total personal household consumption.

Participation of total expenses for health protection in GDP in 2008 amounted to 10.0%, 668 USD (457 €).

Health protection spending by the Republic Institute for Health Insurance exhibits constant, stable growth and in 2008 reached 386 USD (264 €) per capita, which constitutes 5.8% of GDP. In 2008, 417 USD (286 €) per capita was spent on health protection, and from private resources 250 USD (171 €).

"Individual payments" as one of the ways of financing health protection are payments for services not covered by mandatory health insurance. Citizens' expense analysis for health protection drew attention to significant discrepancies according to socio-economic status. Having in mind that "individual payments" make up the biggest part in the structure of private costs for health services, they were recognized as a significant barrier in exercising health protection for socially vulnerable sections of the population.

1.3. Factors contributing to HIV infection

Some of the most important factors contributing to the spread of HIV infection in Serbia are:

- Low socio-economic status in part of the population
- Lack of reliable estimations of the size of especially vulnerable groups (injecting drug users, sex workers, and men having sex with men)
- Inadequate monitoring system for HIV infection
- Unsatisfactory monitoring and evaluation of the effectiveness of society's response to the HIV epidemic, and lack of effective mechanisms for control and incitement of system qualitative response, internal as well as external

- Low public awareness of the risks involved in HIV transmission;
- High level of discrimination against the vulnerable population and Persons Living With HIV;
- Patchy coverage of key population by preventive activities;
- Disparate involvement of different social segments in response to HIV epidemic.

1.4. Legal framework

This strategy has been harmonised with other strategic documents such as:

- Strategy for Poverty Reduction in the Republic of Serbia;
- Strategy for Development and Health of Youth in Republic of Serbia, ("The Official Gazette RS", number 104/06);
- National Strategy for Youth, ("The Official Gazette RS", number 55/08);
- Strategy of Mental Health Development, ("The Official Gazette RS", number 8/07);
- Strategy for Palliative Care, ("The Official Gazette RS", number 17/09);
- Strategy for Securing Adequate Quantity of Safe Blood and Blood Derivates in Republic of Serbia, ("The Official Gazette RS", number 20/09);
- Strategy for Public Health of Serbia, ("The Official Gazette RS", number 20/09);
- Strategy for Fighting Use of Drugs in Republic of Serbia for the period of 2009-2013, ("The Official Gazette RS", number 22/09);
- National Strategy for Improvement of Women's Position and Improvement of Gender Equality, ("The Official Gazette RS", number 15/09);
- Strategy for Constant Improvement of Health Protection and Safety of Patients Improvement, ("The Official Gazette RS", number 15/09).

The basic normative framework of this strategy is made up of internationally accepted documents and domestic legislation:

- International Pact on Civil and Political Rights, ("The Official Gazette SFRJ", number 7/71);
- Convention on the Rights of the Child, ("The Official Gazette SFRJ", number 15/90 and ("The Official Gazette SRJ – International Agreements", number 4/96 and 2/97);
- European Convention for Protection of Human Rights and Basic Liberties, ("The Official Gazette SCG", number 09/03);

- Convention on Protection of Persons Related to Automatic Personal Data Processing, ("The Official Gazette SRJ", number 01/92), and ("The Official Gazette SCG", number 11/05);
- Revised European Convention ("The Official Gazette RS - International Agreements" number 42/09).

Declarations, recommendations, and decisions of international organisations on HIV/AIDS:

- Millennium Declaration of United Nations, UN General Assembly Resolution 55/2 dated September 8, 2000;
- Declaration on Commitment to Fight Against HIV/AIDS, UN General Assembly Resolution, June 27, 2001;
- Dublin Declaration on Partnership to Fight HIV/AIDS in Europe, UN General Assembly Resolution, February 24, 2004;
- Political Declaration on HIV/AIDS, UN General Assembly Resolution June 15, 2006;
- Recommendations by UNAIDS/WHO (World Health Organisation) on HIV Testing;
- International Recommendations Regarding HIV/AIDS and Human Rights, 2006.

Laws:

- The Law on Protection of Citizens from Infectious Diseases ("The Official Gazette RS", number 125/04);
- The Law on Health Protection, ("The Official Gazette RS", number 107/05, 72/09 – State Law, 88/10 and 99/10);
- The Law on Health Insurance, ("The Official Gazette RS", number 107/05, 109/05 and 106/06);
- Family Law of Republic of Serbia, ("The Official Gazette RS", number 18/05);
- The Law On Prevention of Discrimination Against Disabled Persons, ("The Official Gazette RS", number 33/06);
- The Law on Gender Equality, ("The Official Gazette RS", number 104/09);
- The Law on Personal Data Protection, ("The Official Gazette RS", number 97/08, and 104/09 – State Law);
- Criminal Code of Republic of Serbia, ("The Official Gazette RS", number 85/05, 88/08, 107/05, 72/09 and 111/09);
- The Law on Public Health, ("The Official Gazette RS", number 72/09);
- The Law on Transfusion, ("The Official Gazette RS", number 72/09);
- The Law on Medicaments and Medical Supplies, ("The Official Gazette RS", number 30/10);

Civil sector in Serbia dealing with the issue of HIV infection

With the improvement of information and communication and provision of services to the target population, primarily young people, the civil sector and the Red Cross Serbia have significantly contributed in the area of prevention of HIV infection, also providing services in the area of protection of rights of Persons Living With HIV. These activities were accomplished in cooperation with the media, other associations and state institutions.

Civil society organisations play an important part in responding to HIV infection in the Republic of Serbia. Their activity had a significant impact even before the establishment of a national response. Today they serve in decision-making, promoting and creating social values, and providing services.

The number of civil society organisations which take part in responding to the HIV epidemic directly or indirectly, has increased significantly over the past few years. Most of them are involved in preventing infection among the young, but more and more organisations dealing with human rights are becoming more involved in HIV issues.

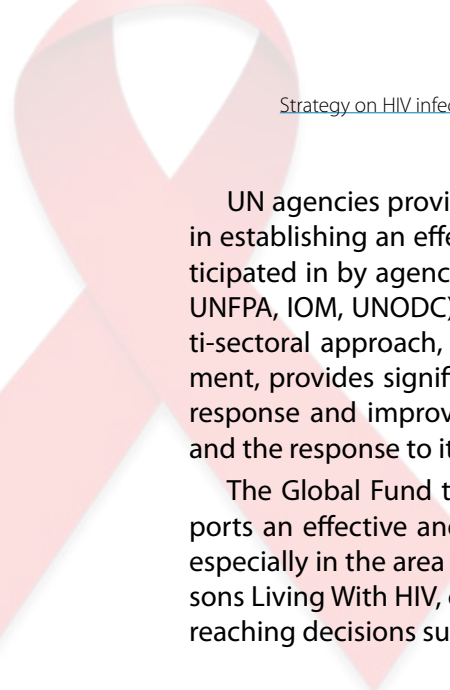
Although the civil sector is present and noticeable in responding to HIV, a need has been recognised for its additional strengthening in the area of monitoring the national response, or the system's response to HIV prevention, treatment and care, promotion of systematic and social changes which would decrease HIV infection, and protection of the rights of the most disadvantaged groups.

Coordination and better networking of organisations which deal with HIV directly, and those working on the reduction of risk, and prevention of behaviours which increase the risk of infection, would increase the representativeness of the civil sector in the relevant national and local structures and have an enhanced impact.

Further building and strengthening of civil society organisations, especially in areas less well represented and among the young in particular, would be a significant contribution to the prevention efforts.

International organisations in Serbia dealing with the issue of HIV infection

The thematic group for HIV/AIDS - UNAIDS, has been active in Serbia since 2001.



UN agencies provide support to the government of the Republic of Serbia in establishing an effective response to HIV/AIDS. The work of UNAIDS is participated in by agencies of the United Nations (UNDP, UNICEF, UNHCR, WHO, UNFPA, IOM, UNODC). The UN Theme group, through commitment to a multi-sectoral approach, strengthening partnership and human rights improvement, provides significant support to establishing an efficient governmental response and improvement of the monitoring system for the HIV epidemic and the response to it.

The Global Fund through financing of two HIV projects significantly supports an effective and decentralised national response to the HIV epidemic, especially in the area of prevention, reinforcing and providing support to Persons Living With HIV, cooperation among different partners and planning and reaching decisions supported by evidence.



2. Vision, approach and guiding principles of the Strategy

2.1. Vision

Vision: The Republic of Serbia without newly diagnosed HIV infections and without discrimination of citizens living with HIV.

2.2. Strategic approach

The Strategy is directed to prevention and treatment of HIV infection and improvement of quality of life of Persons Living With HIV.

The Strategy is based on a comprehensive approach and inter-sectoral co-operation as prerequisites to success of the suggested activities, recognising areas of priority for action. The framework for this action implies:

- Achieving fairness in health, through universal access, in advocating for health and in prevention of disease;
- Comprehensive information, education and raising the level of knowledge regarding HIV infection;
- Adequate legal regulation and financing;
- Providing capacity (human resources, infrastructure) in all the relevant sectors,
- Intensive community support and
- Continued improvement of the quality of the health protection provided.

A comprehensive approach to implementation of the Strategy implies balanced action directed at:

- Strengthening of the programme for prevention of HIV infection;
- Increasing the number of persons covered by combined preventive activities;

- Increasing the number of people with equally attainable effective prevention, diagnostics, treatment of HIV infection, and support to Persons Living With HIV;
- Improving the quality of life of Persons Living With HIV/AIDS;
- Improving the monitoring and evaluation of the response to HIV epidemic.

2.3 Guiding principles of National Strategy

The strategic plan for the response to the HIV epidemic in the Republic of Serbia is based upon the following principles:

- Complete guarantee and protection of human rights based on EU recommendations and other international conventions;
- Equal accessibility of health and social protection to Persons Living With HIV in all vulnerable categories of population over the entire territory of the Republic of Serbia;
- Key roles of Persons Living With HIV in policy development, planning and evaluation of support and protection programme;
- Significant role of young people and other vulnerable population groups in planning, implementation and evaluation of activities set forth in this Strategic plan;
- Prevention of HIV transmission by promotion of healthy lifestyles, lowering risky behaviour and strengthening individuals and groups
- Appreciation and respect of specific/different needs, roles, responsibilities and limitations regarding gender identity, ethnicity, persons with special needs and others.
- Privacy protection and confidentiality appreciation at all the levels of activism as set forth by this strategy;
- Respect for the dignity of Persons Living With HIV;
- Continued inter-sectoral activities in reaching strategic goals, with all the partners in the public, private and non-profit sectors;
- Integrated response to HIV epidemic through biomedical aspect and socio-economic factors which increase risk of HIV infection;
- Continued education and improvement of skills for all participants involved in implementation process of preventive Benchmarks and
- Sustainability of strategic activities in conditions of reduced international aid.



3. Goals

3.1. General goal

The general goals of the National Strategy for HIV infection response in Serbia are prevention of HIV infection and other sexually transmitted infections, and providing treatment and support to all the Persons Living With HIV.

3.2. Specific goals

For the achievement of the general goal the following specific goals are stressed:

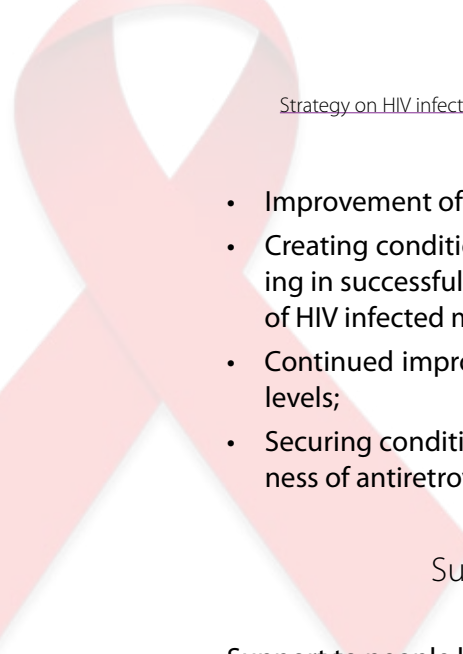
Prevention

Prevention area:

- Lowering the number of newly infected and early diagnosis of HIV infections;
- Maintaining a low rate of STI incidence;
- Increase in coverage of preventive services and increase in quality of the provided services;
- Creating conditions within state authorities and institutions, and citizen associations for highly efficient response to persons living with the risk for the purposes of lowering this risk.

Health and social protection of HIV infected persons

Health and social protection of HIV infected persons includes:

- 
- Improvement of life quality of Persons Living With HIV;
 - Creating conditions for early diagnostics of HIV infected persons resulting in successful treatment, including timely treatment of children born of HIV infected mothers;
 - Continued improvement of quality of provided health protection at all levels;
 - Securing conditions for timely laboratory testing to monitor successfulness of antiretroviral treatment in Persons Living With HIV.

Support to people living with HIV

Support to people living with HIV includes:

- Recognising, strengthening capacity and involvement of Persons Living With HIV, other associations of citizens and Red Cross in response to HIV epidemic;
- Improving quality of services to Persons Living With HIV;
- Improving quality of life for Persons Living With HIV by increased accessibility of health services, care and support to Persons Living With HIV and their families.

Role of local authorities in response to HIV infection epidemic

Role of local authorities in response to HIV infection epidemic includes:

- Increase of accessibility and coverage of services related to prevention and control of HIV infection and providing support to Persons Living With HIV in local communities;
- Strengthening of systematic, continued and planned multi-sectoral response of local communities to HIV epidemic;

Protection of Human Rights

Human rights in the area of HIV infection:

- Adhere to, protect and promote human rights of Persons Living With HIV.

- Adhere to, protect and promote human rights of other sensitive and marginalised social groups
- Lowering social, legal, cultural and socio-economic vulnerability with securing comprehensive participation of Persons Living With HIV and other marginalised and vulnerable groups in response to the HIV epidemic.
- Creating discrimination and stigmatisation free environment for Persons Living With HIV and other vulnerable and marginalised groups

Communication in the area of HIV infection

- Improving health communication in the response to HIV infection in the field of prevention
- Improving communication with the purpose of lowering stigma and discrimination related to HIV infection

Epidemiological monitoring, evaluation and reporting about national response to the HIV epidemic

The monitoring, evaluation and reporting include:

- Timely and adequate reaction to the current epidemiological situation.
- Defining effective Benchmarks of HIV infection control supported by evidence on all levels, through securing appropriate data for continued follow-up of epidemiological situation and trends
- Improvement of institutionalised network for data gathering and analysis on the level of Republic/province/region
- Improvement of the system for monitoring and evaluation of successfulness of comprehensive response to HIV infection epidemic
- Development of research capacity of institutions, associations and individuals and support to researches in the area of HIV infection.



3.2.1.

Prevention.

Experience allows us to identify which preventive programmes are most likely to have the greatest impact on behaviour and on the course of the HIV epidemic.

These are the following programmes:

- Increasing the number of persons counselled and tested for HIV
- Preventative programmes with Persons Living With HIV
- Prevention among especially vulnerable groups with risky behaviour i.e. the key groups of population exposed to HIV (IDU, MSM, CSW), other vulnerable groups (persons in detention, poor and marginalised persons, persons with special needs) and population groups of special interest (young people, women, military, police).

It is significant to point out that preventive programmes in the area of HIV reach their maximum effect when developed in the framework of strong political support and when they recognise the roots of vulnerability, especially in the areas of:

- Economic inequality,
- Gender, national, religious and social inequality,
- Stigma and discrimination and
- Violence, especially gender, nationally and religious based

3.2.1.1. Voluntary confidential counselling and testing

Current situation

According to the WHO and UNAIDS, VCT remains the priority preventive programme. This includes confidential counselling to health service beneficiaries, aiming help them recognize their risky behaviour and alter it to safe behaviour, in cases of HIV infection making timely referrals and involving them in the monitoring system and HIV infection treatment, and providing services

of care and support to Persons Living With HIV as well as persons in their close vicinity.

From 2005 to 2010 efforts were invested and numerous activities were implemented, in developing conditions for VCT and promotion of this significant strategic preventive intervention, starting from personnel education, publication of national Guides and media promotion. Educated and motivated counsellors exist in almost every Institute for Public Health, institutions for health protection of students and a part of youth counselling services in Primary Health Centres. Difficulty remains to recognize VCT as independent, comprehensive service as well as difficulty of small amount of persons tested, vulnerable individuals in particular.

There has been an increase in the rate of people tested (6.5 per 1000 citizens in 2009 compared to 1.5 citizens onto 1000 citizens in 2002). Given 47,734 persons tested for HIV in the course of 2009, 10 008 (21%) were tested in VCT centres (in 19 IPH), in the Institute for health protection of students in Belgrade and in Special hospital for addiction disease) while more than half of counselling and testing was performed in Belgrade (6027 tested persons i.e. 60%).

According to the results from research performed in 2010, 33% of the IDU population in Belgrade and not more than 19% in Nis state that they have been tested in the course of the last 12 months and that they are aware of results of the testing, while a somewhat larger percentage of respondents from the CSW population in Belgrade (60%) and from MSM population in Belgrade (34%) and in Novi Sad (21.5%) have been tested for HIV in the last 12 months.

Goal

Increase the number of counselled and tested persons especially from vulnerable populations bearing highest risk of HIV infection so that by 2015 at least 45% of IDUs, 55% of MSM and 70% of CSW are tested in 12 months prior.

Measure 1

Services of voluntary counselling and testing should be made more attainable to beneficiaries

Activities:

- Cooperation of VCT centres with all the key actors of community for the purpose of increasing accessibility of the service.

- Organise VCT activities out of facilities, on the field.
- Make VCT accessible to marginalised population groups as well as persons with special needs.
- Creating possibilities to integrate VCT into Citizen Association dealing with HIV/AIDS programmes
- Promotion of VCT significance in general population, especially vulnerable and vulnerable population groups, as well as among health workers.

Measure 2

Securing conditions for implementation of VCT services

Activities:

- Defining all the services related to VCT in health institutions through the service nomenclature of the Institute for Health insurance
- Provide funds for continued financing of VCT services in the budget of Ministry of Health of the Republic of Serbia for purposes of general interest, and in budgets of local authorities
- Define personnel, time and spatial standard for VCT service as prerequisite for quality work through sub-legal acts
- Introducing all VCT services into plan documents of the institutions performing these activities.

Measure 3

Capacity building for improvement of VCT services

Activities:

- Establishing mechanisms within the existing system to support and follow VCT work (sections, network, quality monitoring, supervision etc.)
- Continued education for persons performing VCT activities through accredited education.
- Securing possibility of expert support to all personnel involved in VCT activities.
- Involvement of Persons Living With HIV and representatives of especially vulnerable population in VCT activities through pair approach in promotion and securing /increase of accessibility.

3.2.1.2. Prevention for Persons Living With HIV

Current situation

Of particular significance for prevention of HIV transmission will be the development of the programme of so-called «positive prevention». This specific prevention contains numerous measures and initiatives directed at Persons Living With HIV, and aiming to increase self-confidence, self-respect and the possibilities of those persons to protect their health and avoid transmission of HIV infection to others. In Serbia there has not been broader discussion of «positive» prevention programmes with clearly defined definitions and contents and funding has been lacking. However, certain activities within the HIV programme financed by the Global Fund, through its Goal and character, lead toward development of such programmes.

These are mostly educative activities and thus far there have been several training programmes for counsellors in the centres and a series of trainings for health workers on their role in positive prevention.

Goal

Capacity building for persons working in the field of HIV infection, in the area of implementation «positive» prevention

Measure 1

Integrate the programme of «positive» prevention into associations and institutions dealing with care and support and in general preventative programmes.

Activities:

- Developing a programme of «positive» prevention within VCT centres, infectious clinics and within associations of Persons Living With HIV, as well as in programme of harm reduction and preventative programmes
- Continued, individual education for each of the most important groups combined with supervision and experience exchange
- Maintaining standards for associations and institutions to successfully and qualitatively integrate the programme of positive prevention into existing programmes of care and support
- Provide equal accessibility to all the preventive measures to Persons Living With HIV and especially women infected with HIV

- Provide attainable expert psychological support to Persons Living With HIV, especially women
- Organise support groups for PLHIV, especially women
- Standardise the process of education and training for Persons Living With HIV

Measure 2

Recruitment and enabling Persons Living With HIV for work in the area of pair counsellors and trainers

Activities:

- Education of Persons Living With HIV for positive prevention through pair approach
- Support to establishing and work of the organisation supporting Persons Living With HIV
- Securing participation of educated Persons Living With HIV in cooperation with professionals dealing with the public campaign, in organised education for health and social workers and other professionals.

Measure 3

Strengthening capacity of Persons Living With HIV to protect themselves and avoid HIV transmission to other persons

Activities:

- Securing absolute attainability of all preventive measures, including condoms for female and condoms for male gender and for all the Persons Living With HIV
- Pair education of the persons living with HIV about positive prevention
- Informing Persons Living With HIV about protective measures from HIV transmission, in accordance with specific needs and susceptibility of different categories of Persons Living With HIV.

3.2.1.3. Prevention of HIV infection among especially vulnerable population categories

In most countries the legal framework, social stigma and discrimination at an individual and institutional level deprive these groups of influence in the

process of decision-making in many spheres regarding their lives, including HIV infection.

Based on situation analysis in the world and in our country and recognising their social vulnerability at an individual and programmatic level, preventive programmes for and with PLWHIV have to involve three key elements:

- Identification, development and implementation of effective programmes to enable behavioural changes as well as social changes
- Securing connection with attainable quality health service including providing voluntary counselling and testing and HIV testing
- Promoting the rights of vulnerable groups, creating communities that provide support and capacity building of self-support groups.

In the course of implementation of National HIV/AIDS Strategy for the period 2005-2010 in our country, given the area of Goals and measures for the especially vulnerable population (ID, CSW, MSM, persons sentenced to prison) significant accomplishments were noted, but certain weaknesses have shown as well which should be rectified in the period of this Strategy implementation.

Some of the recognised weaknesses are: high stigma and discrimination related to all the vulnerable groups, insufficient cooperation of civil and governmental sector, insufficient cooperation at a local level, low capacity of nongovernmental sector, lack of adopted predefined standards of work, monitoring and quality control, insufficient participatory approach (low involvement of vulnerable groups in planning, designing, and implementation of programme and activities) lack of gender sensitive programmes where they are needed, lack of programmes adjusted to different socio-cultural environments and lack of programmes adjusted to different age range, especially programmes for children and the very young, and the financial insecurity of the programme.

3.2.1.4. Intravenous Drug Users - IDU

Current situation

According to the latest results obtained from research in 2010, risky behaviour in injecting and risky sexual behaviour are identified among a large percentage of injecting drug users (IDU): 23.5% of respondents from Belgrade and 12% from Nis do not use sterile injecting kit, while use of condom is very low (32%), especially with long-term partners. Furthermore, one fourth of the respondents in Belgrade and one third in Nis say they have not shared their injecting kit over the last month and that during this time they have used con-

doms. Concerning the risk of infection, less than 10% of IDUs say they have had commercial sexual intercourse, and less than 5% of male respondents have had sexual intercourse with other men. Insufficient knowledge, inappropriate attitudes, and misconceptions about HIV infection remain among 37.7% of respondents in Belgrade and 45% respondents in Nis.

Even though data from the Ministry of Health project financed by GFATM mentions extensive development of substitution therapy in 15 towns of Serbia with more than 2000 beneficiaries, and the development of exchanges for needles and other injecting kits, and claims that the 4 towns with over 2500 IDUs included in this programme will be reached by the end of June 2010, the survey taken in 2010 shows insufficient coverage with treatment programmes and insufficient coverage of IDUs with preventive programmes (20% of the respondents in Belgrade and 7% of respondents in Nis). A large number of IDUs have been physically victimised additionally increasing their vulnerability (2/3 of the respondents in Belgrade and half respondents in Nis). Biological surveys point to a relatively low prevalence of HIV infection (2.4% in Belgrade and 4.5% in Nis) but also to a high prevalence of registered viral hepatitis C (77.4% in Belgrade and 60.5% in Nis). In Belgrade, HIV infection was more common among women (4.8% compared to 1.7% in men) while in Nis all the cases of HIV infection are men.

Goal

Harm reduction in IDU population so that by 2015 at least 40% of IDUs use sterile injecting kit and condoms

Measure 1

Application of existing and development of new programmes for harm reduction

Activities:

- Development and implementation of gender and age specific new programmes and standardised services within harm reduction programme in cooperation with local authorities;
- Establishing cooperation among associations to implement harm reduction programmes and health institutions for the purpose of realising free exchange of injecting kit;
- Continued education of health and social service providers and members of police, about the concept, and basic principles of the harm reduction programme and sensitization for work with IDUs and PLWHIV;

- Continued education of health and social service providers, members of the police, and other service providers to IDUs on the gender dimension of HIV risk in IDUs and IDU partners and enabling work in all the aspects where risk pertains;
- Improvement of programme implementation of opioid substitution therapy over the entire Republic
- Improvement of implementation of needle exchange programmes, syringes and other injecting kits over the entire Republic
- Increasing accessibility of male condoms and female condoms in IDU population
- Development and implementation of campaigns aiming at sensitising and increase of acceptance of harm reduction programmes among the general population and among health workers
- Development of special preventive programmes for minor IDUs
- Development of specific programmes with women-sexual partners of IDUs using and not using drugs pointed at gender based risks related to IDUs and consequences for IDUs.

Measure 2

Adjusting laws and other regulations related to harm reduction programmes

Activities:

- Recognition and appropriate regulation of harm reduction programmes in all the relevant legal and sub-legal documents
- Creating national Guidelines for the development of a programme aiming at the exchange of injecting kit

Measure 3

Improvement and spreading of programme of education for IDUs and their close vicinity for lowering risk of HIV transmission and other blood and sexually transmitted infections and social inclusion of IDUs

Activities:

- Development of specific education for IDUs and their partners who do not use drugs which lead to reducing risky behaviour

- Empowerment of IDUs for pair education
- Empowerment of IDUs and their partners for using all the services and service providers that can lower the risk or reduce the damage from risky behaviour (health and social services, association of citizens, police etc.)
- Development and implementation of an adequately age and gender specific programme of promotion of voluntary counselling and testing for HIV and other STIs among IDUs
- Development and implementation of gender and age appropriate programmes of promotion for continued use of condoms with all types of sexual partners;
- Implement continued education of IDUs on prevention of HIV infection and other infections, especially hepatitis C and B within counselling work in institutions and work in the field.
- Develop programmes of social inclusion for treated addicts.

3.2.1.5. Men having Sex with Men (MSM)

Current situation

The latest research from 2010 indicates that during their last sexual contact, condoms were not used by 36% of MSM in Belgrade and 47% in Novi Sad while more than one third of the respondents in Belgrade and Novi Sad had unsatisfactory knowledge in the area of prevention of sexual transmission of HIV, e.g. prejudice related to ways of acquiring HIV infection. 6% of the MSM respondents from Belgrade use drugs and 0.5% in Novi Sad. Exposure to violence, as a contributing risk factor, is reported by 28% of respondents from the MSM population in Belgrade and significantly less in Novi Sad (9.5%).

Biological research shows that 3.9% of MSM respondents in Belgrade are infected with HIV and 2% in Novi Sad, while higher prevalence of HIV infection is registered among the respondents age 25 and more (5.5% in Belgrade, 2.4% in Novi Sad) while among the respondents age 18-19 there were no HIV positive persons. Registered prevalence of viral hepatitis C is low (6.8% in Belgrade and 0% in Novi Sad) as is the prevalence of antibody carriers to syphilis (0.7% in Belgrade and 2.5% in Novi Sad).

Developed preventive programmes with organised preventive work in the field, distribution of information and educational material and condoms, attainable VCT service and support centres, and health services in the area of prevention

and treatment of STIs operate in 13 cities and towns: Belgrade, Kragujevac, Novi Sad, Nis, Sabac, Valjevo, Uzice, Sremska Mitrovica, Pancevo, Zrenjanin, Pozarevac, Prokuplje and Vranje. Testing is also available, as is information, by phone or the Internet. According to the Ministry of Health, the project financed by GFATM funds until the end of June 2010, preventive activities covered 30 000 MSM. Research results from 2010, however, show that coverage by preventive programmes is relatively low (39% of the respondents in Belgrade and 24.5% in Novi Sad). Only 34% of the respondents in Belgrade and 21.5% in Novi Sad had been tested for HIV.

Goal

Lowering the risk for infection of HIV and STIs among MSM so that by 2015 at least 80% MSM use condoms in anal sexual intercourse

Measure 1

Increasing the width of knowledge and skills for the purpose of behavioural changes among MSM.

Activities:

- Development and implementation of targeted gender and age appropriate communication strategy and standardised programmes supported by evidence among the MSM population, leading to behaviour changes with full participation of Men Having Sex With Men
- Increasing condom availability
- Empowerment of MSM population for using the services of health protection and especially VCT centres and dermatological and STD centres
- Empowerment of MSM for pair education

Measure 2

Increasing capacity of institutions and associations for recognising health and social needs and possibilities to respond to the specific needs of the MSM population

Activities:

- Sensitisation and education of health workers for work with MSM population in accordance with their specificities; creation and adoption of a standardised curriculum for education

- Sensitisation and education of other professionals about the difficulties and needs of MSM population (social workers, judges, police, local government officials etc.)
- Education and training of outreach workers and workers in centres for support in the civil sector for work with MSM population.

3.2.1.6. Sex workers

Current situation

Much research indicates that sex workers (SW) are most often exposed to associated risk of sexual behaviour and drug use.

Research from 2010 on the SW population in Belgrade revealed the following; 22% of the SW respondents were men and 16% were transgender. Even though 66% respondents in Belgrade stated they had always used condoms with clients over the previous month, this leaves one third who do not use condoms consistently. Usage of condoms is evidently less frequent with regular partners. Associated with this is the risk related to the fact that 27% of sex workers use intravenous drugs. Physical violence was reported by 68% of SW respondents in Belgrade, which increases their vulnerability.

The percentage of coverage by preventive programmes and activities is 60%. In spite of this coverage, satisfactory knowledge and appropriate attitudes related to transmission of HIV infections are low (28%) and misconceptions related to HIV transmission were exhibited by 72% of the population in Belgrade. However, the greater level of protective behaviour exhibited sex workers covered by the programmes is statistically significant when compared to those outside the support framework.. There are well developed preventive programmes in Belgrade, Novi Sad, Nis and Kragujevac which provide services in the field such as medical advice and assistance, counselling and testing, legal and social assistance. According to programme data from the project implemented by the Ministry of Health and financed by GFATM, by the end of September 2010. preventive services had been accessed by over 2113 SW. Sensitisation of the health service, social workers, police, and local authorities is a work in progress. Stigma and discrimination reduction training covers SWs as well as health workers.

Research from 2010 pointed to the existence of cross risk in SWs of both genders indicated in the high percentage of SWs infected with hepatitis C (23.6%). Four percent of SWs are infected with syphilis in Belgrade, while HIV prevalence was 0.8% (1.1% of male SWs compared to 0.6% of female gender)

Goal

Lowering risk for HIV infection and other STIs among persons involved in sex work so that by 2015 at least 75% always use condoms with clients.

Measure 1

Improvement and territorial broadening of programme education and lowering the risk in the SW population

Activities:

- Perform continuous education and skill building among SWs through harm reduction programmes in outreach conditions and special intended places for work with SWs
- Increase availability of condoms
- Develop capacity of associations of citizens as well as state institutions for field work
- Providing health, social and legal services to SW in the field and in centres for support outside institutions
- Planning and implementation of special gender and age specific, ethic and culturally sensitive programmes of prevention and intervention (men, women, transgender persons, Roma, and national minority population, young people, minors exposed to sexual exploitation)

Measure 2

Strengthening capacity of state institutions and authorities, associations of citizens, to respond to the needs of SWs, including the legal aspect of dealing with sex work

Activities:

- Education of health workers, social protection services police and state administration for work with SWs.
- Sensitisation of important stake holders about the difficulties of sexual work for the purpose of reaching new regulations, solving the issue of sex work and introducing them into law, but above all implementing prevention programmes.

3.2.1.7. Other vulnerable social groups

Persons in prison

Current situation

There has been an improvement on many levels of health protection in detention facilities over the past few years, but a greater risk is still characteristic of the prison environment. Research from 2010 shows that a third of prisoners (35%) have adequate knowledge about HIV and no major misconceptions. There is a positive correlation between knowledge and attendance of educational activities, lectures and similar activities. Experience of intravenous drug use is reported by 19% of the respondents and 41% report experience of sharing injecting kit, while 18% cannot remember what kind of kit they used for the last injecting. One fourth of the respondents (24%) never use condoms with irregular partners while 35% report using them from time to time. More than half of those serving time in prison (54%) used condoms in their last sexual encounter with an irregular partner. Less than one fifth report having been tested for HIV in the last year (17%). VCT is accessible in some prisons and condoms solely during weekend visits or conjugal visits. There is organised training for prison personnel on prevention of HIV and other STIs. According to data from the Ministry of Health programme, financed by GFATM, by the end of September 2010 over 4.828 prisoners from 12 prisons had been covered by preventive activities e.g. almost 43% of the entire prison population.

Goal

Lowering the risk for HIV and STI infection among persons serving prison sentences so that in 2015 at least 60 % of them have been reached by preventive activities and programmes

Measure 1

Increasing the volume of skills and knowledge among prisoners of both genders

Activities:

- Motivation inmates to attend the lectures and other forms of education
- Attainable educational material
- Strengthening motivation of inmates to pair education and implemen-

- Popularisation of VCT by health workers in prison as well as other employees
- VCT for inmates

Measure 2

Secure conditions for continued implementation of harm reduction programme in prisons.

Activities:

- Organise training for trainers – educated institution personnel and secure standardised continued education for employees
- Creation and publicizing of methodological instruction for HIV prevention in prison conditions
- Lobbying in the area of changing legal obstacles to the introduction of the programme of harm reduction and establishment of new regulations on these issues.
- Implementation of a substitution opiate programme and other harm reduction programmes.

Poor and marginalised persons

Current situation

Reducing poverty and, with it, related conditions plays a key role in HIV infection sensitivity. Vulnerable and marginalised persons have fewer chances to participate in society and to participate in the share of all good practice. According to the data in Serbia 7.8% of population live below the absolute poverty line. The biggest risk of poverty is among refugees and internally displaced persons under any grounds of defined poverty. Poverty, lack of education, discrimination and social isolation are highly significant social determinants increasing the risk of HIV infection. Research conducted by the Ministry of Health in 2006 on a sample of the general adult population clearly illustrates this risk. In this way, 97.5 % of highly educated people know about HIV/AIDS and 78% of the impoverished and those with low levels of education. 8.5% of the wealthy have been tested for HIV, 9% of the poorest with low education level and 1.3% of the poorest with the lowest education. Accurate knowledge on HIV prevention was identified among 64.5% of the highly educated and 43% of the poor

and less well educated. Significant differences exist in use of health protection on the level of general practice as well as specialised protection (the poor use health services less), violence in the family (more present in poor families). Programmes dealing with the, “social determinants of health” locating prevention of HIV in wider development frameworks, still do not exist in our environment.

Goal

Lowering risky behaviour followed by vulnerability that increases the risk from HIV

Measure

Create adjusted HIV prevention programmes for different social groups marginalised based on socio-economic, territorial, educational, linguistic, ethnic, religious and other differences

Activities:

- Research of existing connection between marginalisation and risk behaviour related to HIV
- Secure participation of representatives of targeted population in all phases of the programme from design to evaluation
- Education of pair educators – representatives of target population for work on designing and implementation of the programme
- Securing accessibility and availability of basic preventive technologies
- Strengthening capacity of institutions for outreach work through integrating HIV prevention into existing programmes and establishing inter-sectional cooperation.

Persons with special needs

Current situation

“Persons with special needs are among the poorest, most stigmatised and most marginalised citizens in the world”. This claim made by the World Bank places them among those vulnerable to HIV. Almost complete neglect of the sexual and reproductive rights of this population, poor education, unavailability of services of health and social protection, unavailability of relevant health information, high levels of violence directed against them, presence of risk behaviour

connected to use of drugs (even higher than in general population), presence of homo and bisexual orientation in the same percentage as in the general population and other related risks. However, aside from the presence of HIV infection among persons with special needs, almost nothing is known. A lot, on the other hand, is known about breaching their rights in the area of health and social protection, which additionally increases their vulnerability to HIV.

Even though numerous documents and conventions point out the rights of the persons with special needs to have the same, quality and standard of free and attainable health protection, provided to other persons including programmes in the area of sexual and reproductive health, in practice this has not yet been achieved. Most frequently it is a matter of physical access to health institutions, the complete in-appropriacy of health technologies to persons with special needs, the uselessness of information available in a form inaccessible to them, the lack of health workers in the area of prevention of HIV infection in persons with special needs and the stereotype that these are people with whom there is no need to talk about sexual health or HIV prevention.

Research performed in our environment is consistent with the rest of the world. It is said that persons with motor disorders, especially if they live in a rural environment have great difficulties in physically reaching health, social and educational institutions, that architectural barriers still exist in many settings, that there is a lack of information material in audiovisual form or printed in Braille, that health workers do not know sign language and gesture speech – which all together are barriers to persons with special needs using the prevention. It is especially important to point out the specifically high vulnerability of women with special needs. They are, as activist and researchers say «three steps behind the rights which other citizens enjoy».

In addition to the difficulties already mentioned, an often mentioned problem is the lack of health workers trained to work with people with special needs in general, and especially with intellectual difficulties. Equipment is often inappropriate, (gynaecological tables) and the procedures for determining quite common sexual violence are long and painful. Programmes of HIV infection prevention specifically designed for people with special needs are very rare globally. Even though small in volume, with the status of pilots, they have proved to be very well accepted and efficient. In our country there have been no such programmes and this strategy calls for such programmes to be introduced.

Goal

Lowering risky behaviour followed by vulnerability that increases risk from HIV in population of persons with special needs

Measure 1

Increasing availability of prevention services to persons with different forms of special needs

Activities:

- Removing all types of barriers – physical, psycho-social and institutional for usage of health and social services, especially those of significance for HIV prevention (VCT centres, youth counselling services, institutions for STI treatment)
- Education of health workers working in institutions important for HIV prevention about social (holistic) model of special needs
- Adjusting gender and age specific educational methods and material to persons with special needs and training of personnel to use such methods
- Rehabilitation programmes, general health violence prevention, in part dedicated to development and practice of HIV protective behaviour (safe sex not using drugs) and prevention of HIV infection.

Measure 2

Preventive activities should be organised through participative processes with persons with special needs.

Activities:

- Education for work of HIV prevention of «pairs» (for example persons with special needs especially trained to work as educators)
- Education for work on prevention of HIV infection of personal assistants
- Education for work on prevention of HIV infection in association of persons with special needs.

3.2.1.8. Special interest groups in general population

Youth

Current situation

Many activities in the area of youth health and disease prevention have been undertaken, the most significant of which are: the strategic document for

young people, development of national Guides, standards and instructions for implementation of concrete activities among young people: training for improvement of skills and knowledge of different orientation professionals working with young people; development of pair education and capacity building of different associations of citizens working with young people; standards are under development for especially vulnerable groups and children.

Young people, like the population as a whole, are not a homogenous group. Several subgroups of young people can be distinguished empirically and statistically on the basis of several characteristics: city/country environment, social status (street children) with or without parental support, education and schooling, national ethnicity – Roma, the displaced. There is no data on health, disaggregated to these specific categories and there is also a lack of research among young people in general related to the risk of HIV infection.

Research from 2007 among “children of the street” testifies to children involved in the sex trade, 7% aged 10 to 14 and 32% aged 15 to 19. Eighty-three point five percent of street children use alcohol, intravenous drug use is at 18% (out of which 28.5% share needles) and children who use condoms in sexual intercourse in not more than 19%. Eighteen point five percent are victims of sexual violence, and knowledge about HIV/AIDS is low.

Research from 2008 among internally displaced young people shows that coverage percentage is very low (4.3%) and that the percentage of young people with risky behaviour is high. Knowledge of HIV prevention is seen in only 22.6% of young people, 30% never acquired a condom, 7.4% sell sexual services and while doing so 50% do not use condoms. Similar results were uncovered by research from 2010 among young Roma. The coverage of preventive programmes is 4%, satisfactory knowledge about HIV, no misconceptions is seen in only 25%, about 50% use condoms and only 2% have been tested for HIV.

Research among persons with risky behaviour from 2008 shows that in Belgrade 19.2% of IDUs were aged 15/24 and 29% in Nis, and that 20% started drug use before the age of 18.

43.3% of young SWs were aged 15-24 and 40% of both genders started selling sex before the age of 18.

The following research has been used as reference for the statistical data listed: UNICEF (2007) - Accelerating HIV Prevention Programming with and for most at risk adolescents: those who sell sexual services, those who take psychoactive substances, those who live and/or work on the street, those from youth detention centres and care homes in the Republic of Serbia (unpublished material: UNHCR, UNICEF, UNTG for HIV/AIDS (2009) – Research on risk among internally displaced young people; The Ministry of Health (2008) – Re-

search among the population with increased HIV risk and those LWHIV; The Ministry of Health (2010) - Research among the population with increased HIV risk and those LWHIV.

Goal 1

Development and implementation of educational youth programmes so that by 2015 at least 80% of sexually active young people use condoms

Measure 1

Preventive work through education of young people for life skills and health in the educational system by using the existing resources in education.

Activities:

- Implementation of standardised educational protocol of peer educators and teachers for life skills in health
- Integrate and implement education for life skills within existing school curricula and programmes of peer education and promotion
- Empower the mechanism of participation of young people and their advocacy and educational role in the area of prevention of HIV infection

Measure 2

Support young people through counselling at the level of primary health protection

Activities:

- Creation and implementation of standardised gender and age specific programme for implementation of counselling work with young people
- Strengthening capacity of youth counselling services to realise standard quality of work
- Creation and implementation of local plans activities through youth counselling services

Measure 3

Development and implementation of educational programmes in local communities for young people who do not belong to the system

Activities:

- Organise preventative health education in youth clubs, sections and other types of informal gathering
- Implementation of peer education programme

Measure 4

Promotion of use and availability of cheap condoms for males and females in places where young people gather

Activities:

- Organise different promotional activities to advocate the use of condoms at local and national level
- Enable availability of condoms for men and condoms for women at lower price including condom machines.

Goal 2

Early detection and lowering the risk in vulnerable young people

Measure 1

Strengthening capacity of state institutions and associations to recognize the individuals and adequately respond to the needs of young people who are especially vulnerable

Activities:

- Strengthening capacity of psychological-pedagogic services in school to recognise the vulnerable and provide adequate integrated response through support, capacity building and development as well as implementation of the programme.
- Strengthening capacity of social service institutions to identify the vulnerable population and provide adequate integrated response through support, development and programme implementation, integration of HIV prevention programmes into existing programmes and integrate activities with other services.
- Strengthening capacity of health services to recognise vulnerable young people and provide an adequate response through strengthening the system of counselling for young people and other services at pri-

mary level of health protection, develop necessary and support existing legislation, increase availability and quality of services for STI treatment and VCT, strengthen the services for early detection, targeted interventions and treatment of addiction to alcohol and other psycho active substances in the community as well as application of HIV preventive programmes integrated into those services

- Strengthening the capacity of relevant associations of citizens to recognize especially vulnerable young people and provide adequate integrated response through development of new, needs based programmes that are age and gender specific.
- Creating protocol of cooperation for all relevant services defining the volume, content of activities for each service.

Measure 2

Development of specific programmes targeted at especially vulnerable children and young people to avoid HIV and STD infection

Activities:

- Development of particular prevention programmes for young men who have sexual intercourse with young men through effective organisation of relevant actors, health services, field workers, support centres, internet and telephone counselling
- Develop specific prevention programmes for young girls and men involved in commercial sex work through effective organisation of relevant actors, field service, support centres, increased accessibility all the relevant services of health and social support and with protection from sexual exploitation and trade
- Develop specific preventive programmes for young IDUs and users of psychoactive substances to involve all actors, field services, support centres, specific treatment programmes for young IDUs introducing a broader spectrum of comprehensive programmes for strengthening social authorities and prevention of HIV infection, telephone and internet counselling, health internet sites etc., and assistance in integrating IDUs into the educational system.
- Integrating preventive strategies for young people placed within institutions of social care and those without parental support and those placed in the institutions as a result of court orders through effective organisation of all the actors, education from educators and educated peer

educators and re-socialisation programmes and integration into society after leaving the institution

- Development of specific programmes for young people exposed to negative socio-economic growth conditioned through functional connection of all the actors, field services, support centres, education in the sphere of life skills in health area.

Women – prevention of HIV among pregnant women

Current situation

Contrary to the literature and experience from many countries that testify to the particular vulnerability of women for various reasons (biological, psychological, social, cultural) the Serbian population exhibits less infection in this population group, three times less than among men.

This in most has meant that specific programmes to reduce the vulnerability of women have not been developed.

The role of men and violence towards women as potential generators of HIV infection among women, and indirectly infants, have not been recognised in HIV prevention.

However, a program has been developed aiming at pregnant women, a particularly important stratum of the female population, because vertical transmission (transmission of infection from mother to child) is the most common route of transmission to children.

A primary strategy for prevention of vertical transmission is maximum coverage of pregnant women by HIV testing during the prenatal period. Developed programme entails the recommendation to offer testing and counselling to all pregnant women (so called "OPT-OUT" methods), while in the Guide of good practice for gynaecologists clear recommendations are defined with a precise algorithm of pregnant women testing for HIV. The cost of this activity is covered by the Republic Insurance Fund.

In spite of all measures undertaken the number of pregnant women tested for HIV in Serbia remains unsatisfactory; less than 10% on an annual level)

Some of the reasons given for this are: insufficient cooperation of gynaecological services with institutes for health protection; insufficient education of medical personnel; insufficient supply of institutions with test kits; insufficient education and low motivation of pregnant women; insufficient media promotion.

Annually in Serbia aside from all the undertaken Benchmarks on average one HIV positive child is born to women not covered by testing as part of the comprehensive preventive programme.

Goal 1

Lowering to zero the transmission of HIV infection from mother to child so that by 2015 a maximum of 5% positive children are born to HIV positive mothers

Measure 1

Increase the number of counselled and tested pregnant women.

Activities:

- Education of health workers for promotion of routine offering VCT to pregnant women
- Implementation of routine offering VCT services to pregnant women at the level of primary health protection
- Counselling and testing of pregnant women especially vulnerable to HIV at the secondary and tertiary level of health protection
- Securing sufficient informative-educational material for pregnant women
- Development and implementation of a campaign with the accent on preventing vertical transmission of HIV
- Securing the rights of pregnant women who are HIV infected to reproductive choice
- Empowering and education of pregnant women to demand VCT

Measure 2

Recognise the need for and include men (partners) in vertical transmission prevention programs.

Activities:

- Development of a program for the education of health workers, counsellors and citizens associations representatives with the aim of recognising the role of men in vertical transmission prevention
- Inclusion of men in vertical transmission prevention programs

Goal 2

Lowering of gender based risk for women

Measure 1

Increase the number of interventions aimed at lowering sensitivity for women

Activities:

- Education of service providers in area of HIV about gender based risks of HIV for women and their reduction
- Designing specific services for women and attainable education-informative material which targets HIV related risks
- Raising the level of awareness in women and recognizing and reducing the influence of gender based risks from HIV
- Empowerment and providing support to women to influence gender based differences reducing the risk of HIV infection in their lives
- Forming a team of pair educators to work with women from hard to reach groups who have partners with risky behaviour

Measure 2

HIV prevention among young girls and women through programs based on fighting gender based violence which leads to HIV infection risk and recognition of the role of young men and men as important factors in HIV prevention in women.

Activities:

- Sensitisation and empowerment of population to recognise gender based violence which leads to HIV infection risk
- Development of mechanisms to register HIV related gender based violence according to the existing strategies.
- Empowering women and increasing their capacity to recognise and report violence.

Armed forces

Current situation

In the literature, the army is mentioned as a population group most at risk from STIs and HIV. It is estimated that the risk of army personnel is twice as great as the general populace and in periods of conflict, even higher.

Data from the Military Medical Academy, however indicates that infection rates in the Serbian army are lower than in the general population.

This, without doubt, can be related to undertaken activities, especially intensive since 2006. The particular endangerment of this population is recognized by the authorities and sensitisation of the military population and managerial personnel has begun. Among the most significant activities is organisation of the campaign «prevention is primary, lower the risk» followed by education of educator-trainer doctors, developing educational material, promoting VCT, health educational work in blood donation etc. Cooperation is achieved with the civil sector (Ministry of Health and Republic Commission for fight against HIV/AIDS)

Goal

Lowering the risk of HIV infection and other STIs among military personnel

Measure

Increased awareness among military personnel

Activities:

- Education of all representatives of the Serbian Armed Forces, starting from management to soldiers on active duty.
- Promotion and active work in the area of prevention of sexual transmission of HIV with special accent to proper use of condoms.
- Promotion of confidential counselling and testing
- Education of educators, army doctors and psychologists
- Education of health workers in the military health system.
- Education of participants in peace core.

Police

Current situation

According to the literature, the police are exposed to a two-fold greater risk of infection than the general population. The personal risks are greater (young healthy people, stressful work, easy access to partners, unsafe sex) as are the professional risks (blood contact, injuries). As in other contexts, information on the health of this group, especially on ST or HIV infection is inaccessible to the wider public. Moreover there has been no research on knowledge, attitudes, and behaviour among police employees, nor on measures of protection at work.

Activities aimed at the police within project of Ministry of Health financed by GFATM and other projects have been of an educational character, intended to sensitise officers to work with vulnerable groups and to improve general understanding about HIV. In this sense printed guidelines for educators have been produced and numerous seminars held for police officers in the OUP and at the Police Academy in Belgrade, as well as Nis, Kragujevac and Novi Sad. Training has also been held for doctors-future educators who have organised similar seminars in other towns of Serbia.

Goal

Lowering the risk for HIV infection and other STIs among the police

Measure 1

Increase the level of skills and knowledge on HIV infection in the police.

Activities:

- Coverage with organised education the largest possible number of police officers
- Explain to the police the difficulties of sensitivity and with them the connected risk of HIV infection
- Secure enough educators among health workers through training of future educators
- Secure educated members of police to work as educators

Measure 2

Acquainting with potential sources of professional risk, estimation and risk prevention.

Activities:

- Implement research for the purpose of risk assessment in the police force
- Creating and publishing a Guide for HIV prevention in different work places within the police force
- Introducing the Guide and defining the responsibility of implementing the Guide
- Securing necessary preventive technologies for application of the Guide.

3.2.1.9. Prevention of blood transmitted infections in health institutions**Current situation**

According to the study on attitudes and behaviour implemented among health workers (HWs) in 2010 half (51%) have not had any education related to HIV, only 12% are aware that knowing the status of patients is not the Benchmark of protection in the work place and 81% know that precaution in all the procedures and with each patient and his biological material is a good protective measure. Almost two thirds of HWs in Serbia feel that the HIV positive status of the patient should be clearly stated, 60% feel employers and other colleagues should know of their condition.

Post exposure chemoprophylaxis of HIV infection of health workers after accidental exposure to HIV is not practically regulated but is defined by the Code of Regulations about immunisation and drug safety ("The Official Gazette RS" number 11/06). Consideration should also be given to introducing the service of initial and repeated testing of health workers for HIV after professional exposure and amending the regulative framework if necessary, to monitor post exposure prophylaxis to antiretroviral drugs, which should be attainable constantly at least in all four centres for treatment and monitoring of HIV infection.

Goal**Lowering risk of HIV infection in health institutions****Measure**

Develop and secure conditions for implementation of national protocols for prevention of blood transmitted infections in health institutions including HIV infection

Activities:

- Work on/revise and apply the national Protocol of standard precautionary measures from blood transmitted infections in health institutions in all the levels
- Work on/revise and apply national Protocol for post exposure prophylaxis of HIV infection
- Revising the protocol for laboratory diagnostics of blood transfusion services
- Securing adequate disposal and ruining of medical waste and adequate disinfection and sterilisation of kit for multiuse in health institutions and all the levels with supervision of safety of services supervision
- Continued education of health workers on the topic of HIV infection in health institutions.



Health and social protection of persons infected with HIV

Current situation

Persons Living With HIV in Serbia live on the margins, outside the course of society fighting with their health and social and economic difficulties. It is not rare that when they find out their HIV status they have no recourse to psychological support because they face great discrimination.

Research among Persons Living With HIV implemented in 2010 shows that 10% have only primary education, primary education or incomplete primary education. A quarter of HIV positive persons are unemployed and 77% have low socio economic status. Only 18% have some sort of education in highly active antiretroviral therapy - ART (27.5% female to 14% male), and the same percentage report having approached the centre for social welfare in the last year, while 27% say they have used the services of some other association. More than one third (37%) state their positive status was reported to other persons without their consent and every fifth person living with HIV say they have been stigmatised /discriminated against by the community as a result of their positive status in the last year. (30% female compared to 18.5% male). Almost one third (30.4%) has experienced some sort of discrimination in a health institution because of HIV status, while women are almost twice as frequently discriminated against as men.

Research among the general population conducted in 2006 showed that 23% of the population felt threatened by persons with AIDS, and an additional 18% felt threatened depending on the circumstances, while a third of the population (35%) thought that a person with AIDS who does their job professionally should be dismissed if their condition is disclosed.

Research among Persons Living With HIV was conducted in 2010 and indicated that 95.6% are satisfied with their treatment on infectious wards, up from 70.7% in 2008. In contrast, two thirds of Persons Living With HIV (68.5%, 72.7% of which are men and 58.4% women) are satisfied with the services of their chosen doctor in primary health centre (55.8 % in 2008).

The same research showed that 81.4% are satisfied with the availability of immunological, CD4+ tests at infectious clinics, 65% are satisfied with acces-

sibility of PCR testes (43.6% 2008) and that 95.6% are satisfied with ART availability in the pharmacy. (86.7% 2008) However, only 77.9% stated they always stick to the recommended way of therapy intake regarding the time, amount of fluid and necessary diet.

Since 2008 new centres have been open for following and treatment of HIV positive persons in Nis and Novi Sad and in 2009 in Kragujevac. Availability of medicines is mostly satisfactory but some drugs are not registered yet, so European and national recommendation for treatment cannot be adopted in full. The difficulty is in pharmaceutical companies that register the drugs only to what is most commercial and not for where there are few patients. The difficulty is noted related to continued supply of tests necessary for immunological and viral monitoring of the course of treatment as well as determining resistance to drugs according to national therapy protocol which increases costs of treatment and also the risk for transmission of HIV infection.

Tests for phenotyping lymphocytes CD4 and CD8, HIV RNA quantitative tests, genotype resistance tests and HIV tropism tests are not included on the list of services offered free of charge by the Republic Institute for Health Insurance.

A national protocol for HIV infection treatment in children needs to be developed. The services of home care and treatment are not provided in accordance with the needs of Persons Living With HIV.

Goal 1

Comprehensive increase in the number of Persons Living With HIV with services of health and social protection of appropriate quality so that by 2015 at least 90% of Persons Living With HIV who require specific therapy are involved in a treatment programme.

Measure 1

Implementation of standard laboratory and clinical diagnostics, monitoring and treatment of HIV infection

Activities:

- Creation and implementation of national Protocol/Guide for laboratory HIV diagnostics in adults and children age up to 18 months;
- Implementation of national Protocol/Guide for health protection of Persons Living With HIV including children;

- Implementation of national Protocol/Guide for monitoring successfulness of antiretroviral treatment;
- Continued education of health workers on the issues of implementation of protocol/Guide

Measure 2

Secure availability of appropriate health and social services at all the levels for Persons Living With HIV

Activities

- Education of health and social workers at local level for the purpose of lowering the level of stigma and discrimination toward the Persons Living With HIV
- Secure sustainable financing and availability of health service related to treatment, catering for and monitoring of HIV infection including persons with special needs infected with HIV
- Improve the work with the family and provide psycho-social support to Persons Living With HIV
- Improving partnership with local authorities and the civil sector
- Education of Persons Living With HIV in relation to knowing their rights as patients and as beneficiaries of social services (creation and distribution of Guide for Persons Living With HIV)

Goal 2

Prevention of HIV infection from mother to child so that by 2015 at least 90% of pregnant women infected with HIV have implemented the Programme for prevention of HIV infection transmission from mother to child

Activity

- Secure conditions so that each HIV positive pregnant women and her child receive ART therapy and other services as defined in the protocol for prevention of transmission of HIV infection from mother to child.





3 2 3

Support to People Living with HIV

Current situation

Citizens' associations working with Persons Living With HIV contribute to broader social community by assisting re-socialisation. Almost half of the interviewed Persons Living With HIV state that they received advice on how to properly use treatment from other persons infected with HIV. Services provided by associations of citizens to their target population are non-standard for the institutions of state organisations working with people living with HIV are not very visible among the general public or in state institutions. In the Republic of Serbia Associations of citizens providing services to HIV positive persons can be divided into two groups: those made up mainly or entirely of HIV positive persons and those where persons who are not HIV positive are active. As well we should not lose sight of a third group: - associations with no priority to provide care and support to HIV positive persons (associations dealing primarily with prevention) which, on occasion meet with HIV positive persons in their work, as a subpopulation within their target population and while doing so provide services, untypical of their associations. Aside from direct services to population of Persons Living With HIV all of these organisations assist indirectly, through lobbying, advocacy and participating in public health campaigns and all for the purpose of improving the position of HIV positive persons. The results of research performed in 2010 show that 79.2% of HIV positive persons have heard of an association of this profile while 27% state they have used the services of an association of citizens. Among Persons Living With HIV there is a high level of auto stigmatisation and fear of being stigmatised which can be a potentially significant limiting factor in seeking services from associations working with HIV positive persons. The cumulative effect of the stigmatisation experience weakens the possibilities and motivation of Persons Living With HIV to engage in society. On the other hand, none of the association of citizens has accredited social programmes and also they do not recognise or know little of procedures and jurisdictions of state institutions.

In general population there is still a high level of stigma and discrimination towards PLHIV given that results from 2006 show that 89% would not decide to live with an HIV positive person, 65% would not take persons who are HIV

positive into their homes and 49% would not share working space with HIV positive persons. On the other hand, the fact that Serbia marks an increase in the number of citizens without prejudice toward HIV positive people is encouraging, and this is most clear in age range 35 to 45 (18.9% in 2006 to 13.7% in 2000)

Associations providing services to HIV positive persons due to similar interest and similar areas of work associated into the Union of organisations of Serbia dealing with protection of Persons Living With HIV/AIDS (USOP). Some associations working with HIV positive persons profiled themselves toward a certain population within the HIV positive population. However, associations working in this area are geographically concentrated in larger cities (four out of the eight associations currently providing services to PLHIV are located in Belgrade) while experience indicates that the level of stigmatisation and discrimination is greater outside big cities compared to the capital.

Most associations are made up of Persons Living With HIV so it is to be expected that activists come from a wide range of educational backgrounds. Work in this kind of organisation requires special skills and knowledge and service providers and management personnel should receive ongoing training.

Goal 1

Involvement and recognising civil sectors as partners in effective response to HIV infection and support to Persons Living With HIV

Measure 1

Secure mechanism for establishing partnership relations between institutions and associations of citizens for the purpose of improving the position of Persons Living With HIV and other vulnerable groups

Activities:

- Addition and implementation of regulations and standards in the area of social and health protection related to health education, palliative care rehabilitation and social care for Persons Living With HIV and population vulnerable to this infection.
- Sensitisation of local government so that within social care for health of Persons Living With HIV as well as to population vulnerable to HIV at the local level, aside from support activities within health institutions provide support to association for citizens.

Measure 2

Establishing cooperation, networking, mutual information exchange and complementary institutions and association of citizens in providing socio-health support to Persons Living With HIV

Activities:

- Providing support and financing for projects of support to PLHIV in which partnership is established between governmental institutions and associations of citizens at Republic, province and local level
- Involvement of PLHIV and especially vulnerable population into development and implementation of education of employees in health, educational and institutions of social protection
- Involvement of associations of citizens dealing with PLHIV and especially vulnerable groups in education of employees in health, educational and institutions of social protection.
- Encourage associations of citizens living with HIV to make and implement accredited educational programmes intended for service providers of psychosocial and health support to Persons Living With HIV.

Goal 2

Improvement of support to PLHIV

Measure 1

Strengthening capacity of associations of citizens living with HIV for provision of services to PLHIV

Activities:

- Create and implement accredited programmes of activist education in associations of citizens living with HIV for management of organisation and providing psychosocial support and health support to PLHIV
- Encourage organisations of civil society to acquire licences in educational area, home care and palliative care for PLHIV.
- Empowerment of cooperation with international and domestic partners.

Measure 2

Improving the quality of social health services and other support provided by associations of citizens to PLHIV

Activities:

- Standardise the services provided to beneficiary population (PLHIV and afflicted by HIV)
- Continued research of satisfaction of PLHIV and other beneficiaries with services they receive in associations of citizens
- Continued adjustment of programmes to the needs of the beneficiaries
- Spreading the number and development of new programmes of support to PLHIV, members of their families and persons with highly risky behaviour for HIV
- Involvement of a large number of PLHIV and members of their families into associations of citizens for the purpose of providing support to other PLHIV (peer education) through individual and group work

Measure 3

Strengthening the influence and visibility of associations of citizens for PLHIV through mutual cooperation and networking

Activities:

- Empowering national association network of PLHIV through active planning and securing working conditions
- Involvement of a large number of associations for PLHIV into the national network
- Involvement of representatives of the national network of PLHIV in decision-making regarding health and social protection, education, work and other significant areas for PLHIV
- Strengthening capacity and representation of the national network of PLHIV
- Strengthening capacity of the national network of associations of Persons Living With HIV

Goal 3

Improving the quality of life of Persons Living With HIV

Measure 1

Survey of social, health and other needs of PLHIV including the needs of partners and members of family and advocacy in state institutions to adjust their services to needs of PLHIV

Activities:

- Continued research of needs of Persons Living With HIV and their close environment
- Gathering and documenting experiences, difficulties and examples of good practice from the life of Persons Living With HIV and their families

Measure 2

Improving the capacity of PLHIV to actively network, organise and get involved in social activities for mutual support

Activities:

- Increase accessibility and quality of information to PLHIV regarding services of support obtainable in the institutions and associations of citizens (creating brochures, Guidelines).
- Capacitating PLHIV for work through rehabilitation and education
- Increasing self-help groups with involvement of larger number of PLHIV
- Inciting PLHIV to get involved in volunteer and activity work





3 2 4

Role of the local authority in the response to HIV

Current situation

Regulations, legal documents and Millennium Goals of Republic of Serbia from 2006 created a framework to decentralise health services and programmes and strengthen the response of local communities to priorities in the area of health.

According to the Law on local government, local authorities have taken founding rights over the institutions performing primary health protection but involvement of experts from the area of health is not equal so that some towns have secretariats or departments for health while other authorities/cities have members of city/municipal councils in charge of health area. Only few primary health centres have formed youth counselling service while others do not have them. Implemented education about HIV infection among employees at different levels of health protection – primary, secondary and tertiary is not enough. Recognising the specific characteristics of certain local communities in response to HIV infection has been neglected.

In spite of the legal framework and activities of the Ministry of health, the response to HIV in the Republic of Serbia is still not equally spread, with the largest number of activities being implemented in Belgrade and other large towns. Some local governments have the capacity to implement adequate responses to HIV infection though city counsels for health, municipal counsels, centres for social work, youth offices, primary health centres and associations of citizens but what they need is understanding of local needs, priority material assets and more time devoted to these activities.

The Ministry of health of the Republic of Serbia implements projects financed by the Global Fund entitled: “Strengthening the national response to HIV/AIDS by decentralisation of key health services” where the case of local authority in response to the HIV epidemic is recognised.

Goal 1

Increasing accessibility of key services related to prevention of HIV infection in local communities.

Measure 1

Decentralisation of prevention services in all local communities

Activities:

- Raising capacity in local communities for decentralisation of preventive services
- Securing resources for decentralisation of prevention

Measure 2

Securing the availability of HIV tests in all the local communities

Activities:

- Creating conditions and promotion of implementation of voluntary testing with mandatory counselling at the level of primary health protection
- Securing tests for health centres and other institutions and sustainable financing of all items
- Securing collection of biological material at the level of primary health protection for diagnostics to implement on the level of County, province and Republic

Goal 2

Strengthening systematic, continued and planned response of local communities to the HIV epidemic

Measure

Defining specific risks and needs related to HIV infection on the local level and providing a response to it

Activities:

- Forming municipal/city and regional intersectional bodies to deal with HIV or assigning additional duties to already existing bodies
- Securing incitement of national funds and support to create local Action plans to respond to the HIV epidemic
- Developing local Action plans as a response to the HIV epidemic

- Involvement of Persons Living With HIV and representatives of especially vulnerable and other vulnerable groups into the process of planning, designing, implementation and evaluation of all the activities at the local level
- Raising capacity and building partnership among local administration, institutions/state authorities, institutions and associations of citizens at the local level for better response to the HIV epidemic
- Securing national assets for financing part of implementation of local plans for response to HIV epidemic
- Securing local assets to implement local Action plans
- Securing continued provision of preventive and other services in each local authority according to defined needs and local conditions
- Securing availability of services at a local level to especially vulnerable groups and citizen groups hard to reach.





3.2.5

Protection of human rights

Current situation

The fact that vulnerability to HIV infection directly depends on the level of human rights appreciation and respect for the individual in every society provides an opportunity for deeper social and systematic intervention in response to the HIV epidemic.

According to international Guidelines for human rights and HIV infection, human rights abuses are also fundamental in vulnerability to HIV infection. This includes discrimination against women and the human rights abuses that create and sustain poverty. On the other side, HIV leads to the abuse of other human rights such as discrimination and violence. Over the last decade the role of human rights in response to the HIV epidemic and dealing with its consequences has become obvious. The international system of human rights explicitly recognizes HIV status as a basis for discrimination. In our country the Law on prohibition of discrimination as along with a series of other legal and sub-law documents and mechanisms have been passed for the protection of human rights. At the same time, the influence of HIV drew attention to inequalities and vulnerabilities that lead to an increase in the global rate of infection among women, children, the poor and marginalised. In this way attention was once again pointed towards economic, social and cultural rights. In this sense the content of health on the approach to health issues is more defined and explicitly involved in the availability of HIV prevention, treatment, care and support to PLHIV and persons affected by HIV.

Goal

**Adhere to, protect and promote the human rights of PLHIV.
Creating an environment without discrimination and stigmatisation
for Persons Living With HIV**

Measure 1

Secure coordinated, participatory, transparent and responsive approach

Activities:

- Define mechanisms for establishing partnership of ministries and Persons Living With HIV and those affected by HIV for inclusion into creation, planning and implementation of policy, strategy, Action plans, programme of the projects and decisions respectively
- Motivate the local administration to include activities related to lowering stigma and discrimination against Persons Living With HIV and their surroundings in the local Action plans as well as improvement of their position.

Measure 2

Strengthening capacity of the state to adhere to rights of Persons Living With HIV

Activities:

- Develop a guide for implementation of anti discriminatory legislation in the area of HIV infection
- Improve the knowledge of the institutions in the area of protection of children's rights and adults living with HIV.
- Codes of behaviour of institutions adjusted to Code of good management developed by Ombudsman office
- Develop curriculum related to HIV antidiscrimination and human rights in the area of HIV
- Develop a guide for legal practice in the area of HIV
- Within development of an institutional functional system of free legal assistance for citizens provide education in the area of protection of rights of Persons Living With HIV

Measure 3

Adjust national legislation to international standards

Activities:

- Development of recommendations to adjust national legislation to international standards.

Measure 4

Improve approachability of necessary information and empowerment and providing support to Persons Living With HIV related to their rights.

Activities:

- Secure equal and easy approach to information regarding prevention, treatment, support and care related to HIV infection to all, with regard to national languages, persons with special needs and socially excluded categories to citizens infected by HIV.
- Secure easy to reach and free of charge legal counselling and legal assistance for Persons Living With HIV so they can exercise their rights
- Sensitisation and education of Persons Living With HIV regarding the human rights of women living with HIV
- Empower and support HIV positive women to achieve female human rights through psychological services, self-help groups and similar activities
- Securing possibilities and support to HIV positive women in creating reproductive choices and parenthood
- Secure representative presentation of Persons Living With HIV in authorities deciding about them and mechanisms of delegating and responsibility of the representatives toward the community of Persons Living With HIV

Measure 5

Improving the approach to prevention, treatment, support and care of vulnerable population of Persons Living With HIV

Activities:

- Create programmes adjusted to conditions and needs of socially marginalised groups vulnerable to HIV
- Develop mechanisms to guarantee adherence to right to data privacy about Persons Living With HIV, especially in settings outside big towns
- Secure equal quality of services for Persons Living With HIV in different health institutions and other service providers

Measure 6

Enables employment and approach to social protection to Persons Living With HIV in accordance with their possibilities.

Activities:

- Empower employees within National employment service to treat in non discriminatory manner persons infected with HIV with securing approach to labour market.
- Secure approach to institutions of collective settlement to persons infected with HIV (domiciles for elder persons, institutions for children without parental sustenance etc.) through amendment of relevant legal regulations.

Measure 7

Involvement of gender aspect in all the planned policies and activities

Activities:

- Strengthen capacities of decision makers, creators and policy implementers to view and include the gender dimension into HIV epidemic response.
- Develop and implement gender policy in institutions and associations.

Measure 8

Improvement of partner relationship between civil sector and state institutions in the area of protection of human rights of Persons Living With HIV

Activities:

- Establish cooperation of citizen associations dealing with the area of human rights.
- Improve capacities of associations dealing with HIV for issues of protection of human rights
- Establish mechanisms or participation of the civil society in creating policy in the area of HIV infection
- Lobby decision-makers within the system of education to pay special attention to the social needs and inclusion into society of Persons Living With HIV in civil responsibility classes.
- Lobby for change of laws and policies that influence the lives of Persons Living With HIV through public advocacy campaigns.

Measure 9

Lowering discrimination of Persons Living With HIV in all social segments with special accent on health services

Activities:

- Education of health workers about non discriminatory communication with Persons Living With HIV
- Support to implementation code of respect for patients rights on the issues of discrimination against Persons Living With HIV
- Strict and consistent processing and sanctioning of discriminatory approach of health workers towards Persons Living With HIV
- Define appeal procedure, jurisdiction and ways to solve cases of discrimination and stigmatisation of persons living with HIV in citizens associations
- Secure implementation and follow up of the law on prohibition of discrimination in the area of HIV





3 2 6

Communication in the area of HIV infection

Current situation

Health communication contributes to all aspects of disease prevention and health promotion. It includes the doctor patient relationship, the use of health information, development of health messages and campaigns dissemination of information regarding risks to health, creating a picture of health in media and society, education of beneficiaries of the health system etc.

Health communication is one of the most significant tools for implementing this strategy. Its task is to build general support for implementation of behaviour changes, to support reduction of risky behaviour and to inform the public about the services that exist.

Key persons to transfer the message about HIV are health workers at the primary and other levels of health protection, workers in centres for social work, employees in the media and activists in civil sectors.

Behaviour Change Communication-BCC in the fight against HIV infection is an interactive process enabling development of messages and approaches adjusted to the target group, using numerous communication channels to develop positive behaviour, promote and sustain the individual, at the level of the community and social change of behaviour. Before an individual or community can change their behaviour they have to be introduced to the basic facts about HIV infection, adopt the most significant attitudes and skills, and have access to the most important services. Communication in order to encourage behaviour change is a part of prevention, treatment and support. The principles upon which communication for behaviour change lies are: estimation and understanding the needs of the target population, recognising the obstacles on an everyday basis; involving the representatives of the target population in all the phases of intervention; the involvement of interested parties; using more than one channel for communication; testing IEC material before it is printed; monitoring and evaluation of the results from the very beginning; positivity and calls for action and the active involvement of Persons Living With HIV and other population groups.

Based on situational analysis the main difficulties in the field of health communication related to HIV are:

- Evident non systematic approach in health communication related to HIV infection
- Those tasked with putting the message across are often not well enough trained to do this effectively,
- Messages publicised, in campaigns and through IEC material are not harmonised, not based on research, and frequently not adjusted to target groups, nor is their impact measured reliably,
- There is no universal, non-discriminating terminology related to HIV and groups under increased risk,
- The media only take notice of HIV around December 1. The focus is on epidemiological data and coverage is often amateurish.

Goal

By 2015 improve health communication in the area of HIV and AIDS

Measure 1

Establishing system to enable successful health communication in the area of HIV infection

Activities

- Develop a communicational strategy in the NAO to plan and implement a successful campaign and use resources efficiently for implementation of the same
- Creating a Guide for defining the standards of health communication in the area of HIV infection
- Creating a Guide for implementation of public health campaigns with defining the standard of the same
- coordination of a communication programme which reaches all the institutions and organisations involved in implementation of this strategy
- Involvement of representatives of vulnerable groups in activities regarding health communication intended for these groups
- Lobbying for health communication in the area of HIV infection to become part of educational curriculum at the faculties of health science and political sciences
- Defining communicational programmes, activities and communication channels for each vulnerable group covered by this strategy, based on the principles of behaviour change strategy

- Defining universal non-discriminatory terminology, related to HIV infection and groups under increased risk, in accordance with world standards and recommendations
- Involvement of this universal terminology in all education implemented as a response to the HIV epidemic

Measure 2

Improvement of communication skills of all the actors involved in implementation of the strategy

Activities

- Involve the part related to improvement of all the skills of communication and message transfer to all the programmes related to education on HIV
- Train volunteer members of vulnerable groups for advocacy, aiming at reducing risky behaviour
- Continued education of representatives and institutions and organisations working in the field of response to the HIV epidemic on the topic of PR activities and media presentation

Measure 3

Strengthening the capacity of the media for active participation in HIV infection response

Activities:

- Continued education of journalists on all levels of HIV infection prevention and lowering stigma and discrimination
- Organisation of round tables for knowledge and experience exchange involving representatives of media and institutions working on HIV epidemic response
- Organisation of a summer school for the representatives of media and institutions working in the field of HIV epidemic response
- Lobbying at the faculty of journalism and communication to involve HIV reporting as part of the educational curriculum
- Conducting research aiming at evaluating reporting about HIV at an annual level (media monitoring)

Measure 4

Improving the quality of IEC material and marking certain dates

Activities

- Creating a Guide for producing IEC material defining the standards of IEC materials
- Marking significant dates on national level (December 1, World AIDS Day)
- Setting one day in the year as national day of counselling and testing into calendar of public health



Epidemiological surveillance, monitoring, evaluation and reporting on the national response to the HIV infection epidemic

Current situation

The system of epidemiological monitoring attempts to discover all the «real» cases of disease, secure necessary information for timely reaction to disease occurrence (measures of prevention and suppression) and to precisely “calculate” progress towards set goals – control, eliminations e.g. eradication.

For effective second generation of epidemiological surveillance over HIV infection:

- Monitoring system should be adjusted to course of epidemic;
- Monitoring should be dynamic and has to change in accordance with noticed needs;
- Monitoring should enable adequate use of resources focusing on population under increased risk;
- Behaviour data should be used to point to collecting biological data;
- Data on behaviour and biological data should validate each other;
- Information from other sources should be integrated into monitoring system (projects, research);
- Information obtained through the monitoring system should be used to design and promote preventive interventions and plan effective activities and follow up changes.

An institutional framework has been established for monitoring and evaluation of the national HIV infection response with the introduction of periodic sero-epidemiological and/or behavioural research in populations under increased risk from HIV with the purpose of following the trend of HIV infection and other infections, risky behaviour, practice of testing, knowledge, impact of preventive programmes, level of stigma, discrimination and violence, use of and satisfaction level with health services received. At the same time, the evaluation is performed of key populations under increased risk for HIV for the purposes of better monitoring and planning programme activities at local and national level, and for international comparison.

Key difficulties identified in this area are: lack of national Guides for epidemiological monitoring, including monitoring persons exposed to HIV infection in health institutions, insufficient coverage of education for health workers about the significance of timely and complete reporting, lack of diagnostic tests, lack of prioritising in monitoring of legal and sub-legal documents in certain areas, lack of clear budget lines for certain priority diseases endangers the monitoring system, disconnection of different actors in monitoring response to epidemic and insufficient dissemination of reports and information to different partners in accordance with stated needs.

Goal 1

Secure a system of epidemiological monitoring to enable an overview of trends in the HIV infection epidemic

Measure 1

Improve the registration of diagnosed cases of HIV and other STI infection, the number of those who have become sick and those who have died.

Activities:

- Decentralise system of HIV serological status confirmation
- Improve reporting from the health sector (private and governmental) by establishing partnership with institutions in charge of epidemiological monitoring in accordance with the Law
- Continued focused education of health workers related to surveillance over HIV infection and other STIs
- Creation and implementation of written expert methodological instructions for surveillance over STIs including HIV infection
- Improve and standardise minimum set of data for reporting

Measure 2

Improve the national system of gathering, processing and data analysis for the purpose of monitoring incidence and HIV infection prevalence and risky behaviour

Activities:

- Maintenance and updating the Register of persons infected with HIV, those who have become sick and those who have died, at national, provincial and regional level

- Improvement of cooperation between centres for prevention and disease control with the service dealing with health statistics for the purpose of including mortality statistics into the system HIV infection monitoring system
- Implementing gender and age specific biological-behavioural research in key populations under increased risk from HIV in accordance with recommendations and national needs
- Forming a resource base of all the research conducted on HIV in Serbia
- Development and maintenance of a register of all the appropriately trained local experts (future trainers)
- Improvement of coordination of the work of different partner associations and institutions
- Establishing monitoring over incidence of HIV infection, resistance and outcome of HIV infection treatment
- Establishing monitoring over tuberculosis related to HIV infection, hepatitis B and related HIV infection, hepatitis C and related HIV infection and other STIs as well as over persons professionally exposed to HIV infection
- Improvement of data analysis originating from other sources for the purpose of planning a response (socio-economic factors in the frame of sensitivity analysis to HIV infection)
- Establishing mechanisms for occasional estimation of the magnitude of defined population groups under increased risk from HIV at local and national level.

Goal 2

Develop an adequate and sustainable system of monitoring, evaluating and reporting about the progress of the national response to the HIV epidemic.

Measure

Improvement of the system for monitoring, evaluation and reporting for the purpose of planning and reaching decisions in the area of HIV and other STI prevention and treatment of Persons Living With HIV

Activities:

- Strengthening capacity of institutions and associations for monitoring and evaluation (M&E)

- Secure CIT capacity (personnel and equipment) for M&E at national level
- Create and implement a database for institutions and associations according to revised national system and M&E plan
- Create and publicise a Guide for supervisions and quality control of data and processes of reporting suggested by the national system and M&E plan
- Development and implementation of quality supervision and quality of intervention itself/activities defined by national programmes
- Supervision, quantitative and qualitative analysis of gathered data defined by national system and M&E plan and national indicators
- Empower response of the services and existing bodies to react timely based on data processing
- Establish mechanisms with which the NAO and other services will implement given recommendations and solve difficulties, with continued development of capacity
- Improve accessibility of relevant information to expert public by referral institutions and authorities
- Develop and implement an action plan for coordinated activities among ministries connected with prevention of HIV infection
- Periodic estimation/evaluation of national monitoring system and reporting as well as system revision when needed
- Establishing system of financial monitoring in the field of HIV infection



4. Monitoring and evaluation of national response to HIV infection and AIDS

The Republic of Serbia, as a member of the United Nations and signatory of the Declaration of Commitment to the fight against HIV/AIDS is obligated to provide a comprehensive and systematic response to HIV/AIDS, and has accepted the recommendation to apply the principle of three times one: which constitutes of a universal national coordination authority (the Commission for The Fight Against HIV/AIDS of the Government of Republic of Serbia) , a universal strategic framework for the fight against HIV/AIDS (National Strategy for response to HIV infection and AIDS) and a universal national monitoring and evaluation system for the response to HIV and AIDS (System and plan of the Republic of Serbia for monitoring and evaluation of national response to the HIV epidemic)

One of the goals of the HIV project financed by the Global Fund is to strengthen the national M&E system. Strengthening the strategic planning of the national response to the HIV epidemic supported by evidence shall be based on monitoring and evaluation of output indicators and coverage indicator and other programmatic data.

4.1. Impact and outcome indicators in the field of prevention of HIV infection and treatment, care and support to Persons Living With HIV

Output indicators in the field of prevention of HIV infection and treatment, care and support to Persons Living With HIV include:

1) Prevalence of HIV infection in the populations at special risk and other populations at risk;

- 2) Prevalence of hepatitis C infection in the populations at special risk and other populations at risk;
- 3) Percentage of injecting drug users to use sterile kit in last drug injection;
- 4) Percentage of injecting drug users who have not used non sterile injecting kit in the last month and who have used condoms in their last sexual intercourse over the previous month;
- 5) Percentage of sex workers who reported always using condoms with clients over the last month;
- 6) Percentage of sex workers who reported using condoms in their last sexual intercourse with clients in the last 12 months;
- 7) Percentage of men having sex with men who reported use of a condom during last anal intercourse with a male partner in the last 6 months;
- 8) Percentage of population of interest (IDU, SW, MSM, prison inmates) who properly identify both ways of prevention of sexual transmission of HIV infection and at the same time reject the main misconceptions related to HIV transmission;
- 9) Percentage of young people 15-24) who properly identify both ways of prevention of sexual transmission of HIV infection and at the same time reject the main misconceptions related to HIV transmission;
- 10) Percentage of members of populations at special risk and other populations at risk covered by preventive programmes;
- 11) Percentage of members of populations at special risk and other populations at risk tested for HIV in the last 12 months;
- 12) Median of age when first sexual intercourse is reported among young people 15-24;
- 13) Percentage of young people 15-24 who reported use of a condom in last sexual intercourse with an irregular partner over the last 12 months;
- 14) Percentage of adults and children born with advanced HIV infection who are on ART;
- 15) Percentage of adults and children infected with HIV, and known to be on ART 12,24,36,48 months after introducing ART into their therapy plan;
- 16) Percentage of HIV positive pregnant women to accept complete prevention of transmission of HIV from mother to child programme in the last year;
- 17) Percentage of HIV positive children born from HIV positive mothers;
- 18) Percentage of health workers who do not have a discriminatory attitude towards HIV positive persons;

19) Percentage of population aged 20-59 who do not have a discriminatory attitude toward HIV positive persons;

20) Percentage of Persons Living With HIV who are covered by support programs;

21) Percentage of Persons Living With HIV who are satisfied with social status, support and involvement of Persons Living With HIV into society;

22) Percentage of Persons Living With HIV who did not miss taking the treatment according to therapy protocol during the last month.

The proposed indicators are relevant, measurable, simple, sensitive and practical, but also comparable to the previous indicators and to UNGASS and other indicators defined at an international level.





5. Action Plan

An Action Plan for implementing this strategy over the period 2011 – 2015 will be determined by the Government by 31 December 2011.

The funds for strategy implementation will be determined by the Action Plan in accordance with the funds provided from the budget of Republic of Serbia and donation funds.

