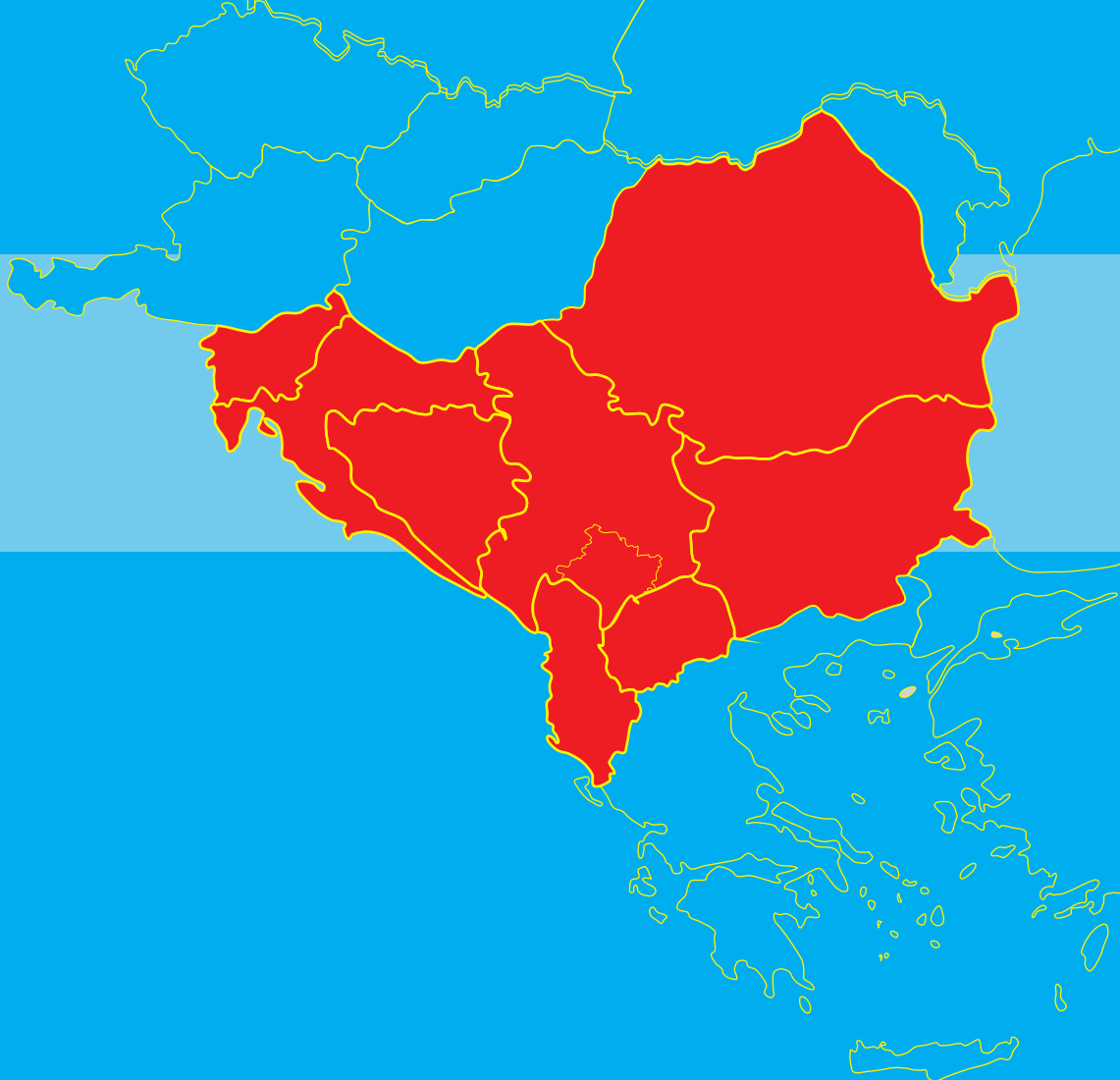


“Counting Lives!”

Regional Intercountry Consultation
Bucharest, Romania

2006

CONSULTATION REPORT



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Regional Intercountry Consultation Bucharest, Romania

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Consultation Report

produced within the
**“Support Network for HIV Prevention among Injecting Drug
Users in South Eastern Europe”**

Prepared by

Catalina Elena Iliuta, Romanian Harm Reduction Network and Romanian Association against AIDS (ARAS), Romania, catalina.Iliuta@arasnet.ro

Cristina Fierbinteanu, ARAS, Romania, cristina.fierbinteanu@arasnet.ro

Paula Bulancea, HIV Consultant – UNICEF Romania, pbulancea@unicef.org

Contributors, interviewees and participants

This report would not have been possible without support and valuable contribution of our colleagues from South-Eastern European Human Rights and Treatment Collaborative Networking on HIV/AIDS and Drug Use (SEE Collaborative Networking):

Albania - Altina Peshkator, Institute for Public Health; Genci Mucollari, Aksion Plus; **Bosnia and Herzegovina** - Nermana Mehic, Basara M.D. Head, Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo; Natasha Dedajic, Executive director, Margina; **Bulgaria** - Violeta Kandjikova, HESED; Milena Naydenova, Hope Sofia; **Croatia** - Verdan Mardesic, Psychologist, Head, Department for Addictions, City of Split; Iva Jovovic, Executive Director, LET; **Kosovo** - Sofet Blakaj, Project Coordinator, Labyrinth; Dr. Milazim H. Gjocaj, Medical Director, Kosovo Correctional Service, Government of Kosovo; Dren Rexha, UNICEF Kosovo; **Macedonia** - Nora Stojanovik, Macedonian Harm Reduction Network and HOPS; Liljana Ignjatova, Chief of the Daily Hospital for Prevention and Treatment of Drug Abuse, Psychiatric Hospital Skopje; **Serbia and Montenegro** - Zoran Cacic, as the representative of the NGO sector, NGO Putokaz; Dragana Dragicevic, Ministry of Health; Katarina Jankovic Terzic, HIV Prevention Development Specialist, HPVPI - HIV Prevention Among Vulnerable Populations Initiative, UNDP; **Slovenia** - Mirjana Delic, Drug Center; Evita Leskousek, AIDS Foundation Robert.

We would like to express our special gratitude to Tania Goldner (UNICEF Romania), Maria Georgescu (ARAS), Dadi Einarsson (European Commission), Raminta Stuikyte, executive director, CEEHRN, Cinzia Brentari, European Project Manager, EU Liaison Office Cranstoun Drug Services, Nora Stojanovik (Macedonian Harm Reduction Network and SEE Collaborative Networking), Peter Sarosi (Hungarian Civil Liberties Union), Andrej Kastelic (Sound of Reflection), ARAS „Health Options” team (Simona Popa, Valentin Simionov, Bogdan Istrate, Costin Militaru, Razvan Paiu, Archontis Koulosousas).

The aim of the inter-country consultation was to share experiences, lessons learned and best practices at regional level, through identifying and documenting the needs related with HIV/AIDS and drug use and through promoting the HIV prevention and specific treatment services for most at risk adolescents (MARA) priorities in the Balkans. This regional inter-country consultation was structured to provide opportunities for dialogue on the development and implementation of effective health promotion policies and practices for young drug users. The meeting comprised a combination of presentations, debates, round table discussions, and workshops with the emphasis on delegates' participation. Another key element of the event was the opportunity for participants to visit and observe local community services engaged in dealing with drug users. There have been invited to attend the meeting members of SEE Collaborative Network from 9 countries involved in the project, international experts from CEEHRN, Cranstoun UK and EU, representatives of Romanian Government and representatives of UNICEF.

The Regional Inter-country Consultation report is part of the project "Supporting Network for HIV Prevention among Injecting Drug Users in South-Eastern Europe", which is implemented under the coordination of Romanian Harm Reduction Network with financial and technical support from UNICEF.

Views and opinions expressed in this report do not necessarily express position of Romanian Harm Reduction Network and UNICEF.

Descrierea CIP a Bibliotecii Naționale a României

Unicef. Reprezentanța în România

Counting lives! Regional inter-country consultation:

conference report/UNICEF - Reprezentanța în România, ARAS – Asociația Română Anti-Sida/Rețeaua Națională de Reducere a riscurilor asociate consumului de droguri (RHRN). - București: MarLink, 2006
Bibliogr.

ISBN (10) 973+8411-55-6; ISBN (13) 978-973-8411-55-5

I. Asociația Română Anti-SIDA (București)

II. Rețeaua Națională de Reducere a Riscurilor Asociate Consumului de Droguri – RHRN (București)

314.4:616-008.6 SIDA (063)



Editura MarLink
Tel./Fax: 0040-21-211-89-76
E-mail: v.mares@maresal.ro

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARAS	Romanian Association against AIDS
ART	Antiretroviral therapy
BCC	Behaviour change communication
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CEEHRN	Central and Eastern European Harm Reduction Network
CIDA	Canadian International Development Agency
DU	Drug user
EAR	European Agency for Reconstruction
ELISA	Enzyme-Linked Immuno-Sorbent Assay
EU	European Union
EUR	Euro (currency in part of the EU territory, also in Kosovo)
FYR	Former Yugoslav Republic
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
IOM	International Organization of Migration
KAC	Kosovo AIDS Committee
KAP	Knowledge, Attitudes and Practices
MARA	Most at risk adolescents
MMT	Methadone Maintenance Therapy
MSM	Men who have sex with men
NGO	Non governmental organization
PISG	Provisional Institutions of Self-Government (of Kosovo)
PSI	Population Service International
RAR	Rapid Assessment and Response
RAR SUYP	RAR on substance use and young people
SEE	South-Eastern Europe or South-Eastern European
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNMIK	United Nations Mission in Kosovo
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

Foreword

Every year the number of the HIV-positive young people increases dramatically. The most common ways of HIV spreading are the drug use and the heterosexual intercourse. The data reveals that the region of Eastern Europe and Central Asia is experiencing the fastest-growing HIV/AIDS epidemic in the world.

Although the regional initiative **The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe** (SEE Collaborative Network) is less than 1 year old, it has already had a great impact in the region. It was established to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS in this region.

UNICEF Romania had the privilege to collaborate with Romanian Harm Reduction, member of the SEE Collaborative Network, in implementing the **"Support Network for HIV Prevention among Injecting Drug Users in SEE"** Project, aimed to strengthen the regional response for maintaining long-term, viable HIV/AIDS prevention, treatment and care services. Through this project, teams of international and national experts collected data about most at-risk adolescents (MARA), mapped the existent services for MARA, assessed the availability of international and national funds for HIV/AIDS services, and elaborated a general overview of the situation and the needs of at risk and vulnerable populations from Albania, FYR of Macedonia, Kosovo and Romania. Four country mission reports reflect all this information, creating the baseline for the development of the national evidence-based interventions, including advocacy.

Sharing experience and good practices among the SEE-CN members and improving their competence to plan advocacy activities and their skills to advocate for sustainable HIV services at the national and regional level represented two major objectives for this project. The inter-country consultation held in Bucharest, February 15-17, 2006, provided the opportunity to share lessons learned, to discuss common issues, and to establish contacts for further networking. The report of the meeting includes the main issues discussed during the consultations, conclusions and recommendations.

All the reports developed within the project represent useful advocacy tools for governments as well as for the local, national and international organizations that are involved in advocacy networking in the SEE region.

UNICEF Romania appreciates all the efforts that countries from the region have already started in this area and is willing to offer its support for the continuation of their endeavours in preventing the AIDS epidemic among young injecting drug users, with a focus on most at-risk adolescents, and in advocating for quality harm reduction services.

Pierre Poupard,
Representative, UNICEF Romania

South Eastern Europe

Injecting drug use is a major factor driving new HIV infections in Eastern Europe and Central Asia. It primarily affects young people (*UNAIDS/WHO, 2005*). Stigmatizing young drug users could lead to disappearance of the generation. Balkans track low HIV numbers; but the region reports all risk factors that are present and associated with HIV in such high prevalence countries as Estonia, Ukraine and Russia.

In recent years, South Eastern Europe (SEE) has experienced political, social and economic upheaval and transition, as well as major conflicts. This has resulted in the massive displacement of populations and deterioration in many aspects of life, including access to services, educational opportunities, employment, health indicators, as well as in an increase in the incidence of social stress and post-conflict conditions including substance abuse, mental illness and domestic violence.

Data indicate that all SEE countries, in spite of the fact that the HIV incidence is not very high, are "at-risk" countries. Considering the AIDS epidemic trends in Europe and the strategic geographical position of Balkan region, it is expected that SEE region to play an important role in the HIV spreading in Europe. Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Kosovo, Romania, Serbia and Montenegro, and Slovenia became "transition" countries for drug traffic and human traffic. Only few data are available about IDUs and other at-risk groups in the region and, in general, these refer to the number of IDUs in each country. Too little data are collected about the adolescent IDUs (10-19 years old), drug use practices, needle and syringes sharing behaviours or IDUs knowledge and attitudes towards HIV.

UNAIDS indicators mention that injecting drug use and unsafe sex (especially among young people) are the main ways of the HIV transmission. Despite the fact that these phenomena are more and more visible in the SEE countries, few HIV programmes address these behavioural trends. Efforts should be done to identify the initiatives and projects that have been successful in SEE, in order to replicate them in other countries from the region.

In addition, a functional monitoring and evaluating system should be established in each country in order to be able to measure the progress of the HIV prevention programmes within IDU community. At the same time, more support for capacity-building should be provided to governments and more advocacy campaigns for developing real public-private partnerships should be implemented in the region.

“Counting Lives!” – Regional Inter-country Consultation

Goal and objectives, background of the meeting

In June 2005, a new regional initiative – *South-Eastern European Human Rights and Treatment Collaborative Networking on HIV/AIDS and Drug Use* (SEE Collaborative Networking) – was launched in order to develop and implement a regional strategy to improve the health and rights of vulnerable populations in relation to drug use and HIV/AIDS in this region. The SEE Collaborative Networking is built on important work initiated by various networks and key players in the region, linking together related programmes and projects. It focuses on filling the existing gaps, building synergies and maximizing organizational strengths. The network includes organizations, national networks, and individuals from nine countries and territories (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR of Macedonia, Romania, Serbia and Montenegro, Slovenia and UN Administered Territory of Kosovo) who share common values and interests in building relationships, exchanging knowledge and learning.

The goal of the project **“Support Network for HIV Prevention among Injecting Drug Users in SEE”**, developed with financial and technical support from UNICEF Regional Office in Geneva and UNICEF Country Office in Romania, is to increase the capacity-building of the Romanian Harm Reduction Network to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment and care services. This goal was achieved through sharing experiences, lessons learned and best practices at the regional level, identifying and documenting the needs related with HIV/AIDS and drug use and promoting the HIV prevention and specific treatment services for most at risk adolescents (MARA) priorities in the Balkans.

Romanian Harm Reduction Network (RHRN) and UNICEF Romania organized in Bucharest on 15th-17th of February 2006, the **Regional Inter-County Consultation - “Counting Lives!”**. This event was part of the *“Support Network for HIV Prevention among Injecting Drug Users in South Eastern Europe”* project. This regional inter-country consultation was structured to provide opportunities for dialogue and discussions on the development and implementation of effective health promotion policies and practices for young drug users.

The **objectives** of the inter-country consultation were:

- To share experience among the members of SEE Collaborative Network
- To promote co-operation between different professions, disciplines, interests and countries
- To promote pragmatic, realistic, effective and cost saving interventions with problematic young drug users
- To improve the competence of SEE-CN members to plan advocacy activities and their skills to advocate for sustainable HIV and harm reduction services at the national and regional level.

The meeting comprised a combination of presentations, debates, round table discussions, and workshops with the emphasis on delegates’ participation. Another key element of the event was the opportunity for participants to visit and observe local community services engaged in dealing with drug users. Speakers, presenters and facilitators draw Balkans countries in order to provide delegates with view from governmental institution and civil society that works in the field of drugs and/or HIV prevention in the region. The goal of the conference was to provide to delegates the opportunity to share existing good practices from SE Europe, on one hand, and to establish contacts for further networking aimed to advocate, on the other hand. Using the experiences, lesson learned and best practices from the region, the inter-country consultation contributed to the development of future advocacy activities.

Since 2000, ARAS and RHRN have organized a series of successful national and international conferences and events, which have provided the opportunity to assess progress, to exchange ideas and to discuss new developments in the field of drugs and HIV prevention for most at risk groups.

Session 1: Welcome and introductions

Pierre Poupard, Representative, UNICEF Romania

Maria Georgescu, Executive Director, ARAS

Mircea Popa, Counsellor, Ministry of Health

Dorel Butuca, National Anti-drug Agency

Dadi Einarsson, International Expert, HIV/AIDS Task force – EU Delegation

Victor Olszavski, Country Liaison Officer, WHO

Pierre Poupard
Representative
UNICEF Romania

In his speech, Mr. Pierre Poupard reminded that every year, UNAIDS underlines in its reports that the number of the HIV-positive adolescents and young people is dramatically increasing. The most common ways of HIV spreading are the drug use and the heterosexual intercourses. The data reveals that the region of Eastern Europe and Central Asia is experiencing the fastest-growing HIV epidemic in the world. The specialists are concerned about a hidden epidemic that might be occurring among at-risk and vulnerable groups, such as injecting drug users, men who have sex with men or street children, or even among the general population.

Mr. Poupard underlined that, according to international studies, the **mortality rate** among young adults who are heroin addicts and who are not included in any treatment programme **is 5 times higher** than among the young adults with the same age and who do not use drugs. In addition, all the relevant studies indicate that **less than 15%** of them have access to specific services such as treatment, needle exchange programmes etc. At the same time, Mr. Poupard pointed out that the drug users are marginalized by the community and often they hide from authorities. Although the region has been addressing the drug use phenomenon for several years, the specific services for injecting drug users have not been yet developed. Therefore, one of the priorities of UNICEF is the HIV prevention among injecting drug users and the development of services for this special category of population.

For many years, UNICEF has worked together with the government and the civil society, offering technical and financial support for the HIV/AIDS interventions, especially for those addressed to people most likely to be exposed to HIV, such as injecting drug users. In the last two years, UNICEF Romania and the Romanian Harm Reduction Network have paid special attention to advocacy interventions aimed at promoting harm reduction interventions among decision-makers and representatives of the business sector (mainly representatives of the pharmaceutical industry and pharmacists).

At the same time, UNICEF has continued to fight against the discrimination of injecting drug users and to promote the human rights of IDUs.

“It is very important for all of us to understand that the young people who inject drugs are first of all victims. They are victims of our society and they need our help,” declared Mr. Poupard. Therefore, he strongly believes that our common goal should be the HIV prevention among injecting drug users and the development of the support networks for IDUs.

Mr Poupard appreciated the efforts that countries from Balkans already started in this area, invited all the participants to collaborate and to share their experience and expressed his hope that this meeting was just the beginning of a large collaboration between countries from South Eastern Europe. He also reinforce the support UNICEF is willing to give for the continuation of the efforts in preventing the AIDS epidemic among injecting drug users, in advocating for harm reduction services and in promoting these services.

Dr. Maria Georgescu
Executive Director
ARAS/RHRN

Dr. Maria Georgescu sustained that HIV/AIDS is a threat in for SEE region and this suggests that policy-makers in many of these countries can no longer afford moralistic, punishing approaches, but they need to be more open to the public health problem. A better regional policy should include not only drug abuse prevention, but also social inclusion and access to treatment of IDUs. Harm reduction methods should be broadly introduced in the public health programmes in the region.

The low levels of HIV infection in the region, as well as the underdeveloped economies in SEE represent challenges in building the political and social commitment to HIV and related issues. At the same time, SEE countries experience increase in drug use and sex work, human and drug trafficking, mobility, levels of unemployment and crimes (after social-economic changes in 90's and recent major military conflicts), together with the collapse of the health and social care sector. The centralized and hierarchical health and social systems lead to lack of flexibility in addressing socially complex problems like HIV/AIDS and drug use. Even if there are evidence of continuously increase in drug use, the services for IDUs are not part of the health and social care systems. They remain fragmental, mainly implemented by NGOs, funded by international donors, and the coverage is low. All the above elements leave the region open to a second-generation HIV epidemic.

In the end, ARAS Executive Director declared that the goal of the regional inter-country consultation "Counting Lives!" is to share experience among the SEE-CN members and to improve their competence to plan advocacy activities and their skills to advocate for sustainable HIV services at the national and regional level. She mentioned that the meeting creates the opportunity to share existing good practices from SEE and other regions, on one hand, and to establish contacts for further networking aimed to advocate, on the other hand.

Dr. Mircea Popa
Counsellor
Ministry of Health

As the previous speakers, Dr. Popa mentioned that, in Balkans, the drug use and problems related to drugs become a visible phenomenon in the last decade. The poverty, the permanent changes at political and economical level and the conflicts from the area increased the vulnerability of many young people, and drugs started to become a reality of our region. Drug use is related to many health issues and, in Eastern Europe, this is the main way of transmission for HIV/AIDS (more than 1,400,000 people are living with HIV/AIDS). Mr Mircea Popa highlighted that only the well-developed national responses can create a difference in the region.

Romanian Government committed to develop HIV prevention programmes, including harm reduction services and drug dependencies treatments, in national legislation and in international treaties. However, there are gaps between the situation of services and existing documents. 1% of the population of capital city (24.000 persons)¹ is using injecting drugs on a daily basis. Less than 15% of drug using population have access to low threshold services, such as needle exchange and counselling, and less than 1% has access to drug dependence treatments (approximately 400 IDUs are included in methadone programmes, while around 1,500 IDUs ask for treatment on a year basis in the other centres).

The Ministry of Health does not minimize the drugs effects over the public health. The injecting drug users in Bucharest already experience a severe epidemic of Hepatitis C, with estimated prevalence of over 70%. High-risk behaviours, including sharing the syringes, unsafe sex often with multiple partners, unsafe commercial sex, are common practices, as RHRN research indicates. Using unsterile needles can lead to an HIV epidemic among injecting drug users, which then can move to general population as it is witnessed in Ukraine, Russia and Moldova.

¹ National Anti-drug Agency and UNAIDS. Rapid Assessment and Response. 2004

In Romania, those who started to use drugs are caught in a vicious circle from where they seemed to have no escape. On one hand, there is a great availability of the drugs in the streets. On the other hand, services are not available or not well developed. IDUs have to overcome many obstacles in accessing services for information related to risk reduction and drug dependence treatment.

In his speech, Dr. Popa declared that MoH would start to pay more attention on drug abuse issues, and to develop specialized services according to the needs of Romanian society. The hard consequences over public health make from drug use services an emergency and priority for Romanian MoH.

Dr. Victor Olszavsky
Country Liaison Officer
WHO

In his opening statement, Mr Victor Olszavsky declared that it is a great need to learn one from each other and to scale up the harm reduction services, the access to highly-active antiretroviral treatment (HAART) and other health services for injecting drug users.

HIV/AIDS among injecting drug users remains a neglected issue. Although policy-makers, programme planners at the community and national levels and international donors have paid increasing attention to HIV/AIDS in the recent years, the specific epidemics of HIV/AIDS among IDUs and the response needed have attracted much less attention and funding. Efforts have been made within the United Nations to harmonize policies on drug control and HIV prevention and to build interagency collaborative mechanism. However, country-level capacity to address HIV/AIDS among IDUs remains low. Prevention services remain extremely limited in most places. Care and support services frequently remain unavailable for IDUs and are not tailored to their needs.

At the same time that NGO or harm reduction networks capacity development is taking place, there is a need for institutionalising harm reduction and HIV/AIDS treatment and care for IDU within government services. Many governments are reluctant (and receive little public support) to invest in the provision of services for IDU. Intensive and convincing advocacy efforts are essential to obtain government commitment to provide equitable access to services for IDU.

The WHO representative underlined in his speech that the World Health Organization recommends developing and implementing a comprehensive programme to prevent the further spread of HIV/AIDS among injecting drug users. This programme should include access to sterile injecting equipment, a range of drug dependence treatments, condom promotion and HIV counselling and testing, all within the context of a right-based approach.

Session 2: UNICEF Regional Strategy on HIV/AIDS

Tania Goldner, Health and Nutrition Programme Officer, UNICEF Romania
Paula Bulancea, HIV/AIDS Consultant, UNICEF Romania

The goal of the session was to provide the participants with information about UNICEF Regional Strategy on HIV/AIDS and to clarify the terms related to risk and vulnerability.

UNICEF Regional Strategy on HIV/AIDS in Europe and Central Asia

Dr. Tania Goldner
Health and Nutrition Programme Officer
UNICEF Romania

Since the beginning, Tania Goldner underlined the HIV/AIDS epidemiological situation in the region, revealing the increase in HIV/AIDS cases, especially in young people:

- HIV epidemic increased more than x 20 in less than 10 years – 270,000 new infections in 2005

- Prevention opportunities: Most of the epidemics in their early stages (with intra-country variations)
- More than 75% of all HIV infections are in people below 30 (30-70% in people under 25 years old)
- Transmission of HIV through injecting drug use increasing (particularly in Russia, Ukraine, Moldova) and increasing numbers of IDUs infected
- Difficult social/economic transitions contribute to large numbers of young people injecting drugs
- Sexual transmission of HIV increasing through the region and increasing numbers of young women infected
- Little is known about men-having-sex with men and associated HIV infection rates
- MTCT and children abandoned and made vulnerable by HIV/AIDS increasing, especially in Russia and Ukraine
- Multiple epidemics – HIV/AIDS, TB, STIs and drugs
- High levels of stigma, discrimination and denial continue to hamper effective responses

Factors contributing to HIV transmission in young people include: increased secondary school non-attendance; high unemployment rates among young people; substance abuse increased (alcohol, tobacco, IDU); unprotected sex (non use of condoms): teenage pregnancy, abortion, STIs; forced sex (non use of condoms): trafficking; selling sex (limited use of condoms): social and economic pressures, linkages with injecting drug use

She also mentioned that health system is well-developed in most countries, infrastructure is in place and most people live on average half an hour away from a health facility. However, the services usually are over staffed and over specialized, skill and knowledge base is weak, there is an absence of sensitization to work with young people, and the facilities, equipment, drugs are variable. The **coverage** of young, highly vulnerable populations with appropriate prevention (information, skills and services) and treatment services (STIs, HIV testing and care) is **inadequate**. In each country from the region, there is a **lack of disaggregated data** (by age and sex) for young people and in particular, poor analysis of data.

The UNICEF Regional Strategy on HIV/AIDS includes four priority areas:

1. Prevention of HIV infection among young people
2. Prevention of Mother to Child Transmission of HIV
3. Ensuring care for children and parents living with HIV
4. Ensuring protection, care and support for orphans and children in families made vulnerable by HIV/AIDS²

Tania Goldner highlighted the **effective interventions for HIV prevention in young people**:

- Information & counselling (with special focus on outreach services to those groups most likely to be exposed to HIV)
- Risk reduction through condoms (including promotion and marketing of condoms)
- Harm reduction for injecting drug use
- Testing and treatment of STIs
- HIV testing and care

The existing **gaps** consist of:

- Inadequate surveillance, monitoring & evaluation systems
- Inadequate response to determinants of the epidemic (migration, trafficking of women and drugs)
- Limited national capacity to cost, scale and expand evidence-based interventions
- Inadequate absorption of new resources (World Bank, GFATM) and limited commitment of national resources
- Lack of integrated approaches in the health system to systematically respond to the 4 epidemics (HIV/AIDS, TB, STI and drug use) and address young people's needs

² More data related to UNICEF Regional Strategy can be found in the electronic version of this report

In terms of **what needs to be done**, the speaker mentioned:

- To understand how to work realistically and effectively with MARA, LARA & EVA
- To increase meaningful and results-oriented participation of young people
- To tackle stigma, discrimination and denial at all levels
- To conduct intensive advocacy for HIV prevention in young people
- To scale up targeted interventions with vulnerable young people

In the end, Tania Goldner concluded that we have to **address young people from a rights perspective**:

- Consider the rights and responsibilities of **young people** and parents, families, teachers, service providers
- Identify the major health and social risks **young people** face
- Explore structural factors which put youth at risk - examine who is being excluded from services and opportunities and why
- Promote young people's participation and their positive contribution do not view them as "problems"

Risk and vulnerability (MARA, LARA, EVA)

Paula Bulancea
HIV/AIDS Consultant
UNICEF Romania

When speaking about young people, one of the most important issue is to clarify the **age definitions**. According to WHO, the age groups include:

- Young people: 10 to 24
- Youth: 15 to 24
- Adolescents: 10 to 19

There is no single AIDS, but many. UNAIDS and WHO have characterized different AIDS eoidemic states as low-level, concentrated and generalized³.

The harm reduction approaches might be addressed to the general population, but they endorse especially very well defined groups in regards with their risk towards HIV/STI. Therefore, the "**at-risk**" term designate exclusively the groups or the persons that have a risk of getting HIV/STI higher than average. Risk is the probability that the adolescent/young person may acquire HIV infection through specific behaviours:

- injecting drug use where injecting equipment and drug preparations are shared
- unprotected sex with an infected partner
- multiple unprotected sexual partnerships (often linked with selling sex)

Global early responses to HIV aim to reduce risk-taking behaviour through targeting individuals engaging in these behaviours:

a. Most at-risk adolescents (MARA) engaging in HIV risk behaviours – adolescent

- male and female IDUs who use non sterile equipment
- men who have unprotected sex with men
- females and males who sell sex, (including those who are sexually trafficked), and have unprotected transactional sex
- males who have unprotected sex with female sex workers (part of sexual initiation in many countries)

These are not discrete groups:

- linkages between young people who sell sex to support injecting drug use

³ UNAIDS/WHO Working Group on HIV/AIDS and STI surveillance. Guidelines for Second Generation HIV Surveillance. Geneva, UNAIDS, 2000.

- MSM may also have sex with women especially in countries where homosexuality is illegal

b. Less at-risk adolescents (LARA) engaging in HIV risk behaviours – adolescent

- female and male sexual partners of IDUs
- female sexual partners of MSM
- female sexual partners of males who have sex with sex workers

The term '**vulnerable**' refers to a group or an individual who is in the situation of social exclusion and/or who has low access to HIV/STI prevention, treatment or care services. Vulnerability to HIV is influenced by three sets of variables, and the interactions between them:

1. group or subculture membership
2. quality and coverage of services and programmes
3. broader societal and environmental influences (structural factors).

The **Especially vulnerable adolescents (EVA)** include adolescent females and males:

- Children of parents who inject drugs
- Friends/peers who inject drugs/have unsafe sex
- Living in institutional care
- Living/working on the street
- Migrant/mobile populations
- Minority groups
- Unifomed services (under 18 years)

In summary, the difference between risk and vulnerability can be expressed like:

- **Risk** – represents behaviours that put adolescents at-risk of HIV
- **Vulnerability** – consists of factors (determinants) that contribute to adolescents engaging in risk behaviours
- **Settings** – are places such as prisons where there is a greater likelihood of HIV being transmitted through injecting drug use or anal sex

Most importantly, a comprehensive approach to HIV prevention in MARA, LARA, EVA must address not only risk, but also deep-seated causes of vulnerability which reduce the ability of individuals and communities to protect themselves and others against infection. Therefore, HIV prevention with adolescents/young people has two principal components:

- **reduction of risk** through specific prevention, care and impact-alleviation efforts (targeted youth friendly interventions for MARA)
- **reduction of vulnerability** through more broad based social, cultural and economic changes (child protection, drug demand reduction, inclusive education, gender equality, poverty reduction strategic plan)

Session 3: Regional Initiative on drug use and HIV/AIDS in South Eastern Europe

Nora Stojanovik, Coordinator, Macedonian Harm Reduction Network

Catalina Iliuta, Programme Coordinator Romanian Harm Reduction Network

Zane Branson, Vanguard 2006 Coordinator, South by Southeast

The goal of the session was to offer information on the regional initiative on drug use and HIV/AIDS in SEE and the first regional project on HIV prevention among IDUs in SEE.

Initiative Group of the SEE Collaborative Human Rights and Treatment Networking on Drug Use and HIV/AIDS

Nora Stojanovik
Coordinator
Macedonian Harm Reduction Network

In June-July 2005, a new regional initiative, The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in SEE, was launched in order to develop and implement a regional strategy aimed to improve the health and rights of vulnerable populations in relation to drug use and HIV/AIDS in the region of South Eastern Europe.

The SEE Collaborative Networking link together organizations, networks, individuals who share common interests and derive value from building relationship based on their shared interests.

The strategic vision of the collaborative is nascent, and, therefore, it is a "work in progress." **The SEE Collaborative Networking is build upon important work initiated by various networks and key players in the region, linking together related programmes and thus focusing on existing gaps and synergies as well maximizing organizational strengths.**

Network Mission is to stimulate and strengthen networking efforts in SEE in order to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS by ensuring advocacy efforts for adopting legislation in support of effective interventions among these populations, as well as adopting rights based approach when developing strategies and policies on local and national level; to advocate for regional commitment for a coherent approach to human rights and treatment of at risk and vulnerable populations related to HIV/AIDS and/or Drug Use; to promote a model for sustainable initiatives and collaborative actions and supporting regional communication and dissemination of information.

Key strategic goals/options include:

1. To advocate for legislation in support of effective interventions among most at risk and vulnerable populations and in accordance to the adopted strategies
2. To advocate for adoption of rights based approach when developing strategies and policies on local and national level
3. To advocate/advance a regional commitment for a coherent approach to human rights and treatment of most at risk and vulnerable populations related to HIV/AIDS and/or Drug Use
4. To develop and promote a model for sustainable initiatives and collaborative actions
5. To support regional communication and stimulating dissemination of information

Principles, values and approaches

- A vivid network of organizations and individuals that share, collaborate, provide, learn from each other and support each other;
- Space, where different initiatives are sustained and live their lives;
- Flexible body, but with some coordination level, open and very much communicating with other regions and other networks through it's members and mini-centres;
- Being the "Central Referral Point", by keeping together and linking organizations and individuals dealing with the same issues and playing a decisive role in motivation, resources and strategy;
- Being the vanguard of a coherent approach to tackling HIV/AIDS and/or Drug Use and defending the human rights and treatment of the vulnerable/socially marginalized populations of SEE.

The SEE Collaborative Network is **an innovative organizational structure** which:

- **Involves existing networks/coalitions** instead of duplicating them and thus reduces costs for infrastructure and human resource
- **Focus on existing gaps and synergies** in the region of SEE
- **Is driven by local stakeholders' needs and grassroots initiatives** in the field of HIV/AIDS, drug use and human rights
- **Creates a ground where** the potential of **knowledge-sharing and learning** as well as the results of this process **grows exponentially** in exciting and unpredictable ways
- **Enables development** of a highly empowered, flexible and self-organizing workforce

Catalina Iliuta
Project Coordinator
Romanian Harm Reduction Network

The goal of the project is to contribute to the sustaining and further development of HIV services that address high-risk behaviours of most at-risk adolescents and young people (IDUs) in the countries of South-Eastern Europe (SEE). This meets the objective of the UNICEF Regional strategy to optimize the impact of existing interventions, services and commodities targeted at the major communicable disease affecting the youngest and poorest populations.

The project focused on policy development and advocacy strategy for sustainable evidence-based HIV prevention interventions targeting most at risk and vulnerable populations in SEE, empowerment of most at risk and vulnerable groups and youth, and enhancing of existing services through exchange of good practices, lessons learned and ongoing information in the SEE countries. The overall emphasis was given to building capacities of local and national stakeholders – especially those involved in the introduction of innovative approaches – civil society and representatives of at-risk adolescents and young people, to provide services and to advocate for policy change.

The overall objective was to increase the capacity-building of RHRN to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment and care services for most-at-risk adolescents and young people (IDUs).

This was achieved through:

1. Mapping and analyzing existing services and efforts to better understand the local situation with regards to HIV and to avoid their duplication (**National assessments of HIV services situation**)

Activities:

- Assessments of national services through country mission
- Developing country reports

2. Assisting and supporting the local advocates in enhancing a clear strategy for developing HIV and other low threshold services for most at risk and vulnerable groups (**Advocacy**)

Activities:

- Training on advocacy
- Developing the (national) advocacy strategies
- Organizing national/local advocacy events

3. Establishing and supporting the SEE Collaborative Network in order to give added value to local and national efforts through exchange of good practices and lessons learned, and joint cost-effective capacity-building events (**Networking**)

Activities:

- Documenting and sharing good practices models
- Regional policy task force
- Satellite event to the "Vanguard 2006"

Direct beneficiaries of the project are the harm reduction networks stakeholders (representing NGOs staff, the local and national administrations, service providers, and other stakeholders) from the nine countries involved in the project. The indirect beneficiaries include IDUs, their sexual partners, and the communities where they are living (IDUs from Roma communities, and other ethnic minorities). A special attention will be paid to the youngest IDUs (aged 10-19 years) and their specific needs. The project is a public health approach, and, in this respect, the indirect beneficiaries will include the society at large.

As result of the project, Romanian Harm Reduction Network have increased its capacity to coordinate harm reduction activities at the regional level and to share its positive experience achieved through

advocacy events. Four country mission reports were developed (Albania, FYR of Macedonia, Romania, UN Administered Province of Kosovo). These reports include valuable information about HIV epidemic in the country, drug use among people (especially among adolescents) and existing HIV/AIDS and harm reduction services. At the same time, the dialogue between national harm reduction coalitions, governments and service providers on HIV policies and services for most at risk and vulnerable populations was facilitated.

Technical assistance was provided by the Central and Eastern European Harm Reduction Network (CEEHRN), the South Eastern European Adriatic Addiction Treatment Network (SEE AATN), Cranstoun UK and UNICEF through its country offices in Romania, Albania, and Kosovo.

Vanguard 2006 – Reducing drug related harm and HIV/AIDS

Zane Branson

Vanguard 2006 Coordinator

South by Southeast

Vanguard 2006 is a biennial regional youth forum with a focus on informing youth organizations throughout South-Eastern Europe of the issues of drug related harm on society and to encourage the adoption of evidence based and cost effective prevention and treatment strategies in the fight against HIV/AIDS.

Youth NGO's in the region are a relatively new phenomenon but the sector is developing rapidly, and these organizations are becoming indispensable partners in the response to HIV.

The aim of the conference is to advocate for skills building and youth NGO development in order to demonstrate that young people are major stakeholders and should be included in the decision-making, planning and implementation of drug abuse prevention and harm- minimization programmes.

This is the supportive role that *Vanguard 2006* intends to provide to partners and participants; who will share information, their networks and links, as they develop their capacity to plan and deliver responsible and effective programmes in response to the needs of most at risk and vulnerable young people in their communities.

Collaborative themes: Vanguard offers flexibility in planning the programme in order to accommodate regional programmes that may wish to have a platform for their initiatives. Vanguard is currently discussing with partners in order to identify how best serve their needs. Besides discussing with **UNICEF Regional Office** regarding their involvement, the Programme Committee is working with several regional initiatives. These include:

- SEE Human Rights and Treatment Networking Collaborative on Drug Use and HIV/AIDS
- RHRN - SEE Support Network for HIV Prevention among IDU's (hopefully including IHRD supporting a satellite for user activist as part of Vanguard)
- HIV Prevention among Vulnerable Populations Initiative/ HPVPI: i.e. taking an active role in preparatory activities, presenting demonstration projects, and assisting with the Vanguard correspondent/peer journalist system
- The South Eastern Europe Adriatic Addition Treatment Network (SEEA NET) - Pre-conference Symposium in Novi Sad

The 10 Pathways are: Young People and Education; Harm reduction practice; Harm reduction- Philosophies and practice; HIV/AIDS and Hepatitis; Drugs and Injecting; Services and treatment; Law enforcement and harm reduction; Prisons; Non-opiate Drugs; Social context and policy responses.

Session 4: Providing the context – Country Reports

Cristina Fierbinteanu, Project Assistant ARAS

Nora Stojanovik, Coordinator, Macedonian Harm Reduction Network

Catalina Iliuta, Programme Coordinator, Romanian Harm Reduction Network

Raminta Stuiyte, Executive Director, CEEHRN

The 4th session aimed to review the drug use and HIV/AIDS situation in each country of the region. In this way, the participants could identify the similarities among countries and the common barriers in implementing harm reduction services.

ALBANIA

Cristina Fierbinteanu

Project Assistant

ARAS/RHRN

Country representatives:

Altina Peshkator, Institute for Public Health

Genci Mucollari, Aksion Plus

Albania is currently ranked among countries with a low HIV prevalence – the percentage of infected population is less than 0.1 percent. However, there are indications that the rate of infection is steadily increasing. The cumulative **number of HIV** registered cases by **December 2005** was **174**, of whom 48 have been diagnosed with AIDS. More than 70% of reported HIV cases are among young men residing abroad, who have reported that they contracted the disease while abroad, fact that highlights the impact of migration on HIV/AIDS.

The numbers of injecting drug users in Albania is rising, and many young people are twice at-risk as they are engaging in both injecting drug use and unprotected sexual behaviours. In fact, a RAR study undertaken by UNICEF Albania in 2002 confirmed that about 74% of the injecting drug users were using contaminated needles and only 3% of the young people taking drugs were using condoms. Unfortunately, there are no disaggregated data by age or gender. The most affected (by drugs) age groups are the youth, university and high school students and in some cases even junior high school students (14-16). It is generally believed that drug use among males is greater than females.

Harm reduction services and other drug dependences treatment are insufficient, implemented mainly by NGOs and supported only by international donors. VCT services are also not well promoted in high risks groups. There are no specific services that targets sex workers. At the same time, the services for most at risks adolescents are not part of the medical healthcare system.

FYR OF MACEDONIA

Nora Stojanovik

Coordinator

Macedonian Harm Reduction Network

Country Representatives:

Nora Stojanovik, Macedonian Harm Reduction Network and HOPS

Liljana Ignjatova, Chief of the Daily Hospital for Prevention and Treatment of Drug Abuse, Psychiatric Hospital Skopje

The Republic of Macedonia still falls into the group of countries with the lowest clinically diagnosed incidence rate in the region and Europe – with 0.2 reported cases per 100,000, when compared to the EU average of 4.31 in 2001⁴. The true epidemiological picture for HIV/AIDS in Macedonia is still not clear

⁴ Government of Republic of Macedonia - Report of the Republic of Macedonia on Millennium Development Goals. 2005.

although the overall reported incidence of HIV/AIDS is low. There is a relatively weak national surveillance system lacking specific data for the most at risk groups in society⁵.

According to data released by the Republic Institute for Health Protection⁶ (RIHP) the cumulative total number of HIV/AIDS cases as of February 2006 is 82 (18 of these HIV-positive and 64 with AIDS). In the period 2003-2006, 18 new HIV/AIDS cases were registered (0 in 2003, 3 in 2004, 12 in 2005 and 3 in 2006).

Prevention of HIV/AIDS among most at risk and vulnerable populations (IDUs, MSM, CSW, Roma and inmates) is one of the defined priorities in the National HIV/AIDS Strategy. Significant scale up of the existing services and introduction of new programmes and approaches through active collaboration between public and non-governmental sector have been achieved within the framework of the Global Fund project. Over 50% of the GFATM granted funds are allocated to NGOs as sub-recipients and over 60% of the funds are to be used for activities targeting the groups most likely to be exposed to HIV.

Unlike the situation with HIV/AIDS, response to increasing drug use has drawn less political will and commitment. Even though drug use issue has always been high on the political agendas of each government in the Republic of Macedonia, nine years after adopting the "National Programme for the Suppression of Drug Abuse and Trafficking", Republic of Macedonia is still lacking a political framework to deal with the existing drug related problems.

The first needle exchange programme in FYR of Macedonia was established in 1996, following the recommendations of a snap shot survey conducted in 1995, for the Open Society Institute New York and the Open Society Institute Macedonia, under the title "Heroin Epidemics in Macedonia". Along with the HR programme in Skopje (operated by HOPS), 7 additional harm reduction programmes provide services to IDUs throughout the country.

ROMANIA

Catalina Iliuta
Programme Coordinator
RHRN

Country Representatives:

Catalina Iliuta, Programme Coordinator, RHRN
Cristina Fierbinteanu, Project Coordinator, ARAS/RHRN
Valentin Simionov, Project Coordinator ARAS/RHRN

As most of the countries and territories from Balkans, Romania is considered a low prevalence territory for HIV/AIDS. Usually in Balkans, the governmental bodies and public health authorities are grappling with the hard process of economic and political transitions, leaving few resources and little attention for the impact at poverty and disease on vulnerable groups. By the end of 2005, the cumulative number of people with HIV was of 15,850. From this total, 11,035 are PLHIV, and 6,181 are enrolled in ARV treatment (free of charge). The number of new cases of infected adults has increased constantly in the last 4 years - the infection being driven by unprotected sex.

Though anecdotal data sustain the increasing number of young people who are involved in high risks behaviours, yet specific data remain elusive. No programmes or services address the needs of most at risk adolescents (MARA), even if this represents a problem in the specific context. In Romania, most at risk and vulnerable populations (injecting drug users, sex workers, homeless people) are in a very delicate and difficult situation because of the poverty, lack of identification papers, unemployment, and lack of medical insurances. At the same time, stigma and discrimination, and also illegal character of drug use and commercial sex make from these groups hard to reach communities.

⁵ Republic of Macedonia Ministry of health Republic Institute for Health Protection – UNGASS Report January 2003-December 2005. Skopje 2006.

⁶ RIHP has the mandate for surveillance and monitoring and evaluation of the national HIV responses, and is hosting the Country Response Information System, CRIS

In Romania, statistics shows that in the last seven years the drug use significantly increases. The last rapid assessment of the drug users situation showed that around 24.000 people use injecting drugs in Bucharest (1% of the population of the capital), mainly heroin. The situation of HIV in drug users groups are not known due to the lack of epidemiological researches, and the fact that drug users do not access HIV voluntarily and counselling centres. One survey conducted by the Public Health Institute from Bucharest showed that over 70% of the IDUs who accessed in 2004 medical services for drug dependence treatment and who made blood tests were Hepatitis C positives. The drug users from prison system are in a particular situation: no programme for drug dependences is available. Data from the last rapid assessment highlight the fact that 80% of the IDUs from Bucharest are young people under 29 years old, 70% are unemployed. The lack of health education and the low development of services that targets drug users increase the risks associated with public health issues.

Commercial sex work is a very visible phenomenon. Due to poverty and also lack of medical insurances, many (street) sex workers do not access medical services, even if in Romania the condom use is not a common practice, and the heterosexual transmission remains number one cause of the new HIV cases. Another barrier for CSWs in accessing the medical services is the lack of freedom, many of them working with pimps. At the same time, services for reproductive health do not adapt their services to the need of most at risk groups.

UNITED NATIONS ADMINISTERED PROVINCE OF KOSOVO

Raminta Stuikyte
Executive Director
CEEHRN

Country Representatives:

Safet Blakaj, Project Coordinator, Labyrinth
Dr. Milazim H. Gjocaj, Medical Director, Kosovo Correctional Service, Government of Kosovo
Dren Rexha, UNICEF Kosovo

Kosovo is highly affected by growing mobility, drug and human trafficking, increasing drug use and sex industry, as well as serious gaps in healthcare and social protection. Half of population (around 1 million) is under 25 years old. Though anecdotal reports and few available studies show the increasing number of young people who are involved in high risks behaviours and growing number of injecting drug users (IDUs), sex workers (SWs) and men who have sex with men (MSM), yet specific data remain unavailable.

Like the rest of Balkans, Kosovo is considered a territory of low HIV prevalence. 65 HIV/AIDS cases report only about one infection case among injecting drug user and none among MSM or SWs. One quarter of people living with HIV/AIDS were under 25 when identified to be HIV-positive or with AIDS.

Existing HIV services include HIV prevention campaigns, condom distribution, voluntary counselling and testing, and rather expensive, but quality HIV treatment. However, at the beginning of 2006, almost no HIV preventive services addressed the needs of most at risks adolescents (MARA). Those few programmes for most at risk and vulnerable groups that are committed in HIV strategy are voluntary counselling and testing site integrated in non-governmental drug treatment clinic in the capital city of Pristina and awareness raising and promotion of voluntary testing and counselling among MSM. Project among MSM was operating until the end of 2005 only. There were no services for sex workers or mobile populations neither in 2005 nor at the beginning of 2006. Poor drug treatment, no vaccination and treatment for hepatitis B and C, no prison-based HIV prevention and drug treatment were available.

Anecdotal stories and key interviewed stakeholders report about challenges related to stigma and discrimination of IDUs, MSM, SWs and people living with HIV/AIDS, as well as criminalisation of sex work and ambiguity related to drug possession punishment.

Session 5: The role of regional and national initiatives in advocating for harm reduction

Nermana Mehic – Basara, Head of Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo

Violeta Kandjikova, HESED

Verdan Mardesic, Head of Department for Addictions, City of Split

Zoran Cakic, NGO Putokaz

Evita Leskousek, AIDS Foundation Robert

As the previous session, the 5th session has as goal to review the drug use and HIV/AIDS situation in each country of the region and to share the experiences existing in each SEE country.

BOSNIA AND HERZEGOVINA

Nermana Mehic – Basara

M.D. Head

Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo

After the Dayton Peace Agreement (1995), Bosnia and Herzegovina become a country with peculiar inner organization. Today, it is consisted of two entities: Federation of Bosnia and Herzegovina and Republic of Srpska. Both entities are individually responsible for the corresponding organization of health system. Additional complexity originates from District of Brčko as a separate local unit under state jurisdiction, but with foreign supervision. In such circumstances registration of persons with HIV/AIDS it is difficult. Only since the end of 2002, the Council of Ministers of Bosnia and Herzegovina established a body at the state level, Advisory Board for Fight against HIV/AIDS, which prepared the Strategy for Fighting against HIV/AIDS in Bosnia and Herzegovina 2004-2009.

Since 1986 when the first case of AIDS is diagnosed in Bosnia and Herzegovina until end of 2005, **116 HIV/AIDS** cases were registered. Unfortunately, the existing legislation included only AIDS cases, and not the HIV cases, so the situation around infected or ill is still unclear. Most frequent way of transmission is heterosexual intercourse, over 40% of the total HIV/AIDS cases. 19% of the cases are attributed to home/bisexual sex, and 13% to injecting drug use. From September 2003, there is a network of local coordinators for HIV/AIDS in each Canton of Federation of Bosnia and Herzegovina. Local coordinators are responsible for the coordination of all activities regarding HIV/AIDS at the local level.

Since January 1st, 2005, in Federation of Bosnia and Herzegovina Centres for voluntary, confidential counselling and testing (VCCT) are established, providing anonymous test to everyone who want to get tested. Of course, all these services are "free of charge" for the client, the costs being covered by the Solidarity Fund within health insurance. In Republic of Srpska, these services are in preparation phase, which make them to be still not operational. HAART treatment is available for all patients, and in Federation of Bosnia and Herzegovina there is a list of antiretroviral medications. HIV prevention programmes and harm reduction services are developed in cooperation/partnership with non governmental organizations.

BULGARIA

Violeta Kandjikova

HESED

Country Representatives:

Violeta Kandjikova, HESED

Milena Naydenova, Hope Sofia

Bulgaria, another ex-communist country, has a total population of 8.2 million. At present, the country has low HIV prevalence, but the analysis of the situation indicates that there will be a quick growth of the HIV cases if prevention interventions will not be taken.

Having a look at the number of reported HIV and syphilis cases, it can be seen an important increase from 1990 to 2005. For example, the number of HIV infections increased from 5 cases in 1990 to 608 in 2004. 160 persons receive ARV therapy, and 71% are in the age group 19-39. Heterosexual intercourse is the main way of transmission, in 91% of the total cases. HIV/AIDS diagnosis and ARV treatment is provided by state.

The estimated number of heroin users in Bulgaria is approximately 30,000, most of them being injecting drug users. 80% of IDUs are under 25 years old. 23 IDUs are HIV-positive, from which 13 were reported in 2005. Hepatitis C incidence is very high, over 70%.

In the National HIV/AIDS Strategy, harm reduction is one of the major interventions, but the services are funded mainly by international donors. In 10 Bulgarian cities, outreach programmes for IDUs and sex workers are implemented with GFATM financial support. Methadone treatment exists, but is insufficient.

CROATIA

Verdan Mardesic
Psychologist, Head of the Department
Department for Addictions, City of Split

There were 537 HIV infections reported in Croatia until the end of 2005. The first HIV cases were registered in 1985. Of the total, 78% are male. Less than 14% HIV infections occurred through injecting drug use, while majority of cases are attributed to male-to-male sex. Among heterosexual cases, over 90% of men were infected outside of Croatia, while majority of heterosexual women had male partners from high-risk groups.

National drug register contains data on approximately 3,500 IDUs annually. These data are routinely collected within drug treatment services such as hospital and outpatient detox courses, methadone clinics, based on Pompidou first treatment demand questionnaire.

While Croatia has a high prevalence of heroin injecting (estimated at up to 15,000 IDUs), systematic HIV testing of IDU seeking treatment shows very low HIV prevalence of less than 1% since 1991. Lifetime prevalence of needle sharing is 70%, while for the last month this figure remains at 30% nationally. Average age of first use of any drugs is 16 years old, and for initiation of injecting use is 20 years old.

The hepatitis C prevalence is high in drug users group – 47,4%. In regards with substitution therapy for IDUs, general practitioners (GPs) and specialists may prescribe methadone. The methadone is available since the beginning of 1990s. The first needle exchange programme was implemented in 1996. Currently, 4 major cities are covered by needle exchange programmes, and approximately 2,500 IDUs benefit of these. Scaling up existing programmes is one of great needs and the challenges of Croatia in relation to HIV prevention services for IDUs.

SERBIA AND MONTENEGRO

Zoran Cakic
NGO Putokaz

Country Representatives:

Dragana Dragicevic, Ministry of Health
Zoran Cakic, NGO Putokaz
Katarina Jankovic Terzic, HIV Prevention Development Specialist, HPVPI – HIV Prevention among Vulnerable Populations Initiative, UNDP

The union of Serbia and Montenegro, classified as a low middle-income country, consists of two republics with a population of 7,498,000 in Serbia (excluding Kosovo) and 617,740 in Montenegro.

Serbia and Montenegro is one of the countries from the region that reports a concentrated epidemic. Up to the end of 2005, the cumulative number of reported HIV infections in Serbia and Montenegro

was 2015. In 2005, 101 HIV new registered infections, acquired through sexual intercourse. HIV prevalence in drug using population was 44.5% until 2004, and in 2004 decreased to 30%. In Montenegro, the cumulative number of reported HIV infections is 54, of which 34 have developed AIDS. The structure of HIV cases indicates that the most vulnerable groups are sailors and their partners (25%), and workers in the tourist industry (14%) (*UNAIDS/WHO 2004*). The ARV therapy is available for all people living with AIDS. ARV therapy is provided in Serbia and Montenegro only by the Centre for AIDS at the Institute for Infectious and Tropical Diseases in Belgrade.

No reliable data exist related to drug use; research is in progress. Rough estimations sustain that 30,000 drug users are in Belgrade and 100,000 in Serbia (excluding Kosovo and Metohija). Data from Belgrade Pilot Harm Reduction programmes sustain that from 1,007 clients, 0.99% is under 18 years old, and 12.21% are under 24 years old. In Serbia and Montenegro, the main drug used is heroin. Needle exchange programmes and methadone substitution therapy are in place, but these are mainly funded by international donors. Some important advocacy activities targeting different professionals were carried on during the last years. National harm reduction network does not exist in Serbia.

SLOVENIA

Evita Leskousek
AIDS Foundation Robert

Country Representatives:

Mirjana Delic, Drug Dependences Treatment Centre
Evita Leskousek, AIDS Foundation Robert
Andrej Kastelic, Sound of Reflection

As the other countries in the region, Slovenia has a low-level HIV epidemic. First cases of HIV infections were reported in 1986. Since then, until 31 March 2004, 224 HIV infections, 110 AIDS cases and 73 AIDS deaths had been reported. 84% of all cases are men, from which two thirds were infected through bi/homosexual intercourses. Sentinel surveillance of HIV prevalence among IDUs shows rates of less than 1% over many years. Access to harm reduction services and to methadone substitution therapy is very good in Slovenia, and there is universal access to antiretroviral treatment. Although the epidemiological situation in Slovenia has been stable over a number of years, there is the risk of explosive growth.

At the same time, no specific programmes that targets sex workers and/or MSM are in place. The NGO sector is not sustained, mainly because the partnership between GOs and NGOs do not have a history in the region. The decreased financial support from international donors, and the new membership to EU affected the NGOs situation in Slovenia.

At the same time, in Slovenia the medical system is one of the best from the region, and most of the issues related to health are covered by national insurance systems.

Session 6: MARA & Advocacy for Harm Reduction

Dadi Einarsson, National Expert, HIV/AIDS Task force – EU Delegation
Milena Naydenova, HOPE
Raminta Stuikyte, Coordinator, CEEHRN
Cinzia Brentari, European Project Manager, ENDIPP

The goal of this session was to review the advocacy intervention for harm reduction, with a special focus on MARA. This was a session for those who want to gain more information about most-at-risk groups and about specific advocacy interventions related to these populations. Real examples and a lot of ideas were delivered by specialists working with injecting drug users, sex workers, and inmates.

European Union Strategy on HIV/AIDS and drugs in the Balkans

Dadi Einarsson
National Expert
HIV/AIDS Task force
EU Delegation

The EU representative sustained that regarding EU position in response to AIDS is based on coordinated approach, political actions and support, transfer of knowledge and facilitate increased cooperation with and between member states and other partners, evidence based.

In September 2002, the European Parliament and the Council adopted a new Community action programme for public health. This programme runs for a 6-year period (from 1 January 2003 to 31 December 2008).

The new programme is based on three general objectives: health information, rapid reaction to health threats and health promotion through addressing health determinants. Activities such as networks, coordinated responses, sharing the experiences, training and dissemination of information and knowledge will be inter-linked and mutually reinforcing. The aim is to embody an integrated approach towards protecting and improving health. As part of this integrated approach, particular attention is paid to the creation of links with other Community programmes and actions. Health impact assessment of proposals under other Community policies and activities, such as research, internal market, agriculture or environment will be used as a tool to ensure the consistency of the Community Health Strategy.

Achieving the overall aim and the general objectives of the Programme requires effective cooperation of the Member States and dialogue with all key partners such as non-governmental organizations.

The most important EU policy documents in HIV/AIDS and drugs area are: Commission Working Paper, Dublin and Vilnius Declarations from 2004, Commission Communication, Council Recommendation, Drugs Strategy 2005 – 2012 and Action Plan on drugs 2005 - 2008. All the documents clearly sustain the need of adequate , coordinated response in front of HIV epidemic and make referrals to the important role of involving communities and the need of political leadership. The EU policy on HIV/AIDS in Europe is focused on EU Member States and neighbouring countries (Candidate countries, Russia, ENP countries, and the Balkans). Regarding drugs policy, these are a balanced approach focus both on supply and demand reduction. Harm reduction is an important component of the EU policies. Both types of policies have limited actions on operational level, but they have a greater impact on the political one.

Mr. Dadi Einarsson sustained that basic approach of the EU in addressing countries outside of EU is to export internal policies, especially the important ones. Most activities in Balkans are focused in technical assistance and facilitate cooperation of the countries with EU institutions and Member States.

Adolescents at risk – Human rights and drug use

Milena Naydenova
HOPE Sofia

In many countries from Balkans, harsh national and international drug laws and repressive drug policies are implemented in a manner that makes the violation of drug users' human rights inevitable.

Young people face specific situation in Balkans, after the collapse of the communist regime. Currently in transition, the countries from SEE challenge economical crisis. From this point of view, many young people do not have a clear perspective for professional realization and carrier. At the same time, radical changes in the moral and ethical values occur, the social and preventive policies are not adequate to the societal needs and under these conditions, it is an increased vulnerability of young people to drugs and HIV.

Young injectors and sex workers are in a particular worse situation. The problematic areas related to MARA and human rights are education, prevention, treatment (for both drug dependences and HIV infection), legislation, attitude of institutions, attitude of police and prisons.

Milena Naydenova sustained in her presentation that the education programmes are far behind the modern demands as far as the safe drug use and the safe sexual behaviour is concerned. In the same time, schools lack professional psychologists and psychotherapists, qualified to work with and to help the "problematic" youngsters.

Drug dependences treatment for young drug users is problematic. Youngsters, old enough to take drugs, are not admitted to number of therapeutic programmes because they do not have the necessary age. Due to the punitive legislations and the lack of drug dependences treatments, many young drug users went to prison. In Bulgaria, according to the law on drugs the possession of any quantity any kind of narcotic substance is punished by 3 to 15 years imprisonment, as a group of teenagers, smoking together a joint might be liable even to a bigger sentence because they might be charged also with conspiracy. The life experiences of the drug users, and especially the young vulnerable groups, seem to be a continuous violation of human rights in the region.

Most of the countries signed and support Human Rights Carta, and most of the National constitutions sustain human rights. Nevertheless, the gap between documents and its implementations let the area open for massive consequences at individual and social level.

Sex workers, policies and HIV – Case from Central and Eastern Europe and Central Asia

Raminta Stuiyte
Executive Director
CEEHRN

Sex work, drug use, and HIV are inextricably linked in Eastern Europe and Central Asia—a region experiencing one of the fastest-growing HIV epidemics in the world. "Comprehensive action and greater commitment is critical to prevent the spread of HIV among sex workers and into the general population," said Raminta Stuiyte, co-author of the report and director of CEEHRN.

The report „*Sex Work, HIV/AIDS and Human Rights in Central and Eastern Europe and Central Asia*“, launched in 2005 by CEEHRN, is a broad examination of the issues facing the region's sex workers, among them extreme poverty, discrimination, repressive policies, and increased health risks such as drug use. Based on a survey of organizations addressing the needs of sex workers throughout Central and Eastern Europe and Central Asia, the report confirms that measures to abolish sex work are ineffective and often counterproductive. Half of the twenty-seven countries surveyed use such policies to punish sex workers, fuelling the marginalisation of this vulnerable population and creating barriers to health and social care. In countries with deregulated sex work policies, other factors – drug laws, restrictions on harm reduction services, healthcare discrimination, police corruption, and wide-scale trafficking of women – have similar consequences for sex workers.

To tackle the underlying causes of the epidemic, the report calls for lawmakers, health authorities, and police to revise policies and practices around sex work, drug use, HIV testing, and migration that trample sex workers' human rights and restrict their access to healthcare. Sex work should be decriminalized; sex workers involved in all government-organized HIV/AIDS and human rights initiatives, and governments should seriously address social marginalisation, economic exclusion, and violence against sex workers. More importantly, programmes aimed at reaching sex workers with prevention services need to be expanded.

Up to 5.5 million injecting drug users and up to 800,000 sex workers live in Eastern Europe and Central Asia, according to reports from UNAIDS and World Health Organization. However, although these groups comprise a vast majority of the some 1.6 million HIV & AIDS cases in the region, it is estimated that less than 10% are reached through preventive measures.

Reports from numerous service providers confirm significant overlap of sex workers and drug injectors; in some countries, estimates of the proportion of sex workers using drugs range as high as 95%. Sex workers who use drugs are therefore particularly exposed to contracting HIV.

The report includes several recommendations that targets stakeholders who are working in the area of sex work, HIV prevention, and drug use. The report can be downloaded at www.ceehrn.org.

Drug use and HIV/STI in prison. Tools for advocacy

Cinzia Brentari
European Project Manager
ENDIPP

The European Network on Drugs and Infections Prevention in Prison (ENDIPP) was established in 2004 from merging of three existing networks, namely the European Network for Drug Services in Prison and the Central and Eastern European Network for Drug Services in Prison, which had been coordinated by Cranstoun Drugs Services, and the European Network on HIV and Hepatitis Prevention in Prison, previously under the coordination of WIAD, the Scientific Institute of the German Medical Association. Today, WIAD and Cranstoun Drug Services jointly coordinate the Network.

ENDIPP is a Europe-wide, multi-disciplinary Network working on the Prevention of Drugs and Infections in Prison and it is active in all 25 EU Member States and accession countries. The Network is co-funded by the European Commission's Public Health Programme. ENDIPP aims to protect and improve public health policies, programmes and strategies at national and European level.

To achieve the Network's aims as set by its 3 year work-plan (from December 2003 to December 2006), ENDIPP organises, coordinates and implements a variety of activities. These include conferences and events, training, research, publication and dissemination of information.

The international agencies underline the fact that prisoners have restrictions related to freedom, but the sentence should not affect their health status and they should receive similar medical services in the prison and in the community. People do not like to talk about prisons and tend to think that prisons are a "world apart" where people are locked up for their crimes and the society is thus secured. However, prisons do not lock up people forever and prisons are a part of the community.

Ciniza Brenatri pointed out that, when comparing the prevalence of illnesses and diseases in prisons with prevalence of the same in the community, it clearly appears that: in prisons mental illness is two to four times higher, suicide rates are up to five times higher, the spread of infectious diseases such as HIV can be up to twenty time higher, and Hepatitis C can be up to one hundred times higher than in the community.

Therefore, there is a great need to intervene in prison to provide services to drug users and prisoners in order to inform prisoners about risk behaviours, to provide them the proper tools to protect themselves (no cost access to sterile syringes and sterile injecting material; condoms; bleach and disinfectants; individual razors for shaving; and safe tattooing equipment etc.), to receive information about their medical status in a confidential and voluntary basis and have access to counselling.

Based on human rights, public health and evidence based approaches, the advocacy for developing services for prisoners with drug use history is a major task in SEE countries. The link between prison and community services is also essential. The advocates need to put on their strategy agendas the prisoners' health, in order to have a coordinate response to HIV and drug use issues.

Session 7: Regional Strategy on advocacy for harm reduction

Group work on advocacy for harm reduction and human rights for young drug users

The session 7 was structured in working groups. The aim of the session was to outline the regional strategy on advocacy for harm reduction. The participants were divided in two groups (one representative of each country in each working group), both aimed to identify the main issues related to drug use and human right in the region.

Group #1: What works in the drug field for MARA? From experiences and practice to strategies, optimising impact of local actions

Facilitator: Paula Bulancea, UNICEF

Objective:	<ul style="list-style-type: none"> - To map MARA, - To identify existing drug user's friendly services, - To identify the local impediments and the main advocacy activities for scale up drug user's friendly services
Questions:	<ul style="list-style-type: none"> - What data you have about MARA? Do you have adequate information about MARA (gender, age, HIV prevalence among MARA-IDUs, the access to services etc) - What are the gaps (social, behavioural, policy etc)? - How would you plan to map MARA? - Consider the strengths and the weaknesses for developing advocacy activities

In the region, there are poor evidences and estimations of most at risks adolescents. Discussions pointed out that no specific services that targets MARA are in place. The main barriers identified by group were legal aspects; lack of strategies and services for MARA; lack of friendly services for youth; lack of trained professionals.

There is a great need to map youth friendly services (including capacity-building). In order to have a complete image of services for drug users, participants recommended it:

- evidence based research at country level;
- advocacy for adapting successful experiences.

The lack of experiences, human resources and funds are impediments in developing advocacy activities.

Group #2: Partnership between civil society, governmental bodies, and donors in advocacy for harm reduction and human rights for young drug users

Facilitator: Cinzia Brentari, ENDIPP

Objective:	To identify and establish roles and priorities for advocacy at national and regional level
Questions:	<ul style="list-style-type: none"> - How you/to establish the advocacy priorities at the national and regional level? - Identify the main partners and their role in developing and implementing a regional strategy on advocacy - Setting up ways to develop partnerships between public authorities and NGOs

The discussions started from the need to develop real partnerships between different key stakeholders, in order to create sustainable services, to increase the coverage and quality of services that target the needs of the most at risks population.

Four priorities were identified for advocacy:

1. Implement and scale up services that targets young drug users
2. Strengthen grass roots NGOs

3. Data collection
4. Changing drug legislations

In order to achieve these priorities the partnership between national and local authorities – civil society representatives – and international agencies is a must. Evidence based policies and practices from the region are needed.

Participants underlined the common issues from the region, and the closely link between different countries. The regional network it is an important element who can gather information and who can raise the problem at international level. At the same time, the partnership needs to be strengthening at national level. Because international donors fund most of the services for drug users, it is important to advocate for integration of harm reduction in the health system.

One of the main recommendations of the group was to identify the existing barriers and obstacles from different levels, and to address them.

Session 8: The role of pharmacies in harm reduction

Bogdan Istrate, outreach worker, RHRN
Catalina Iliuta, Programme Coordinator, RHRN

The goal of the session was to share the Romanian experience in working with pharmacists and to identify new ways of the involvement of pharmacists in developing harm reduction services/programmes.

"The role of pharmacies in harm reduction – Romanian Experience"

Bogdan Istrate
Outreach worker
RHRN

There is broad consensus in the public health and AIDS advocacy arenas that HIV transmission can be prevent by increasing injecting drug users access to sterile syringes and equipments. An emerging strategy is to increase IDUs access to sterile syringes thorough retail pharmacies. In SEE countries, most of the pharmacies do not consider that they can play an important role in HIV prevention services, and it is a common practice not to sell syringes or needles to IDUs.

To the meeting everybody agreed that the most important reasons who sustain the role of pharmacies in HIV prevention services for IDUs are:

- The pharmacies are a reliable, trustful source for obtaining sterile injecting equipment;
- They are conveniently located;
- They have extra hours programs, some of them functioning 24 for hours per day;
- The staff is medical trained (they can offer information related with the prevention of different diseases or they can make referrals to medical and social services);
- They can trade sterile injecting equipment without extra documentation.

As a starting point for the discussions, Romanian representatives present the advocacy activity that was carried out with pharmacies.

In Romania, the activity started by documenting the attitude and practices of pharmacists in front of IDUs clients. The research underlined the myths and misconception related to drug use and HIV, and recommended the continuing education of pharmacies specific on harm reduction initiatives.

Several meetings with pharmacies, pharmacies decision-makers, drug users, and other services providers were performed. The main recommendations was to involve the pharmacies in harm reduction activities and to identify practical solutions for the involvement of the pharmacists in developing harm reduction programmes.

In 2004-2005, 4 trainings in harm reduction were performed for pharmacists. A very practical solution was to develop a logo for NEPs – the logo was promoted in outreach activities, and into the pharmacies who were selling syringes. At the end of 2005, the National Collegiums of Pharmacies and RHRN launched a policy brief that recommend the active involvement of the pharmacies in all harm reduction activities as a part of the response to AIDS.

"Injecting drug users: the Pharmacists Perspective – Research on the attitudes of pharmacists towards their drug using clients"

Catalina Iliuta
Project coordinator
RHRN

This study aimed at presenting the relation between the access to syringes and the medical perspective of the drug use. RHRN started from some implicit assumptions (hypotheses). No service provider alone can solve the drug problem, and the drug problem is not the responsibility of a sole provider. The success or the failure of a comprehensive perspective depends on the modality in which each perspective is "operationalised" in a set of pragmatic strategies. This report contributed to the development of an applicable strategy regarding the access of the drug users in Bucharest to syringes, by describing one of the most important perspectives in the field – that of the pharmacists.

The main objective of the study was to fundament a specific intervention (addressed to pharmacists) in order to improve the drug users' access to clean sterile equipment, but it can also be seen or used (as far as this information is public) as a mean of improving the pharmacists' strategies of restricting the access to syringes or, on the contrary, as a mean of counterattacking these strategies (by the drug users themselves).

The general target of this study was to describe the attitudes and the practices of pharmacists in Bucharest regarding the injecting drug users who are clients of these pharmacies.

The research methodology was one of qualitative research, and the method used was the in-depth interview and the focus group. The interviews and the focus groups were realized with pharmacists in Bucharest. There were 12 interviews and two focus groups.

The participants were selected according to some criteria established by Operations Research together with RHRN representatives (different positions in pharmacies, pharmacies from chains but also independent ones, placed in areas known as having drug users but also in areas without this problem, distributed in different areas in Bucharest). All the interviews were made in Bucharest.

Main conclusions include:

- Drug users are considered a "presence" by all the participants in the study, no matter the analyzed characteristics (age, length in service, experience). Anyway, the answers offered by some of the respondents suggest that the **extent** of the problem is closely linked to the location of the pharmacy.
- In the discussion about drug users as pharmacies' clients, the participants stressed the fact that the status of drug users of their clients is both **explicit** (the fact that the client is a drug user is explicitly recognized both by the client and by the pharmacist) and **implicit** (the status of drug user is assumed by the pharmacist, based on specific identification criteria).
- All respondents could identify two categories of products requested by the drug users: **medicines** (with special regime as well as without special regime) and **syringes plus ampoules** of distilled water.
- Only half of the pharmacists selling insulin syringes at the moment of the study (a quarter of the participants) mentioned they accepted to sell insulin syringes to the drug users. When talking about insulin syringes, around 1 in 2 participants say they sell syringes to any client.

The study was used as advocacy tool in meetings with pharmacists' stakeholders. At the same time, it constituted the basis for the trainings in harm reduction for pharmacists.

Group #3: Advocacy with representatives of pharmacies

Facilitator: Raminta Stuikyte, CEEHRN

Objective:	<ul style="list-style-type: none">- To identify the role of pharmacies in harm reduction- To map services that pharmacies provide in the region- To identify what lessons learned from the Romanian experiences can be applied to other countries
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This workshop was based on assessment of the pharmacies role in harm reduction activities. In most of the countries, the pharmacies refuse to sell syringes and no advocacy campaign targeted this sector. Romanian experience was promoted as a best practice model in the region and several initiative are planned to happen in the future to the countries level.

Session 9: The role of Mass media in harm reduction

Milena Naydenova, HOPE

Nora Stojanovik, Coordinator, MHRN

The goal of the session was to share the Bulgarian and Macedonian experience in working with media and to identify new ways of the involvement of journalists in advocating for harm reduction services/programmes. Representatives of Bulgaria and FYR of Macedonia shared their lessons learned in working with mass media. Specific rules and practices in working with media were presented.

"The role of media in harm reduction – Bulgarian Experience"

Milena Naydenova
HOPE

Drug use, HIV infection and its social, medical and economic repercussions are little known for the public, and different surveys shows that the media address these issues only from low enforcement point of view. Lack of information related to drug use and HIV increase the level of stigmatisation and discrimination. Therefore, working with media is very important in order to change the attitudes of the public towards the IDUs.

In her presentation, Milena Naydenova shared the Bulgarian experience in working with media for advocating the harm reduction services. She presented several practical issues in approaching media, such as:

- The harm reduction activists have to contact the media (not to wait to be contacted by journalists)
- The activists have to create and maintain a database of the responsive journalists, willing to help and cooperate
- The subject should be presented in an appealing way for media. However, the information should be serious and updated.
- The communication with media should be continuous communication.

Media is a powerful partner in advocacy for harm reduction and human rights for most at risks groups. It plays an important role in setting up public opinion, as well as in informing and educating the public about health issues. However, part of the journalists is willing to manipulate the subject and to draw words from the context.

"The role of media in harm reduction – Macedonian Experience"

Nora Stojanovik
Coordinator
MHRN

The Macedonian experience in working with media revealed that there are many challenges to be taken into consideration. First, a journalist needs to have knowledge in harm reduction issues. To increase the knowledge of journalists in drug use issues, harm reduction and substitution maintenance therapy in order to improve the quality of media presentation of these topics implies time and patience. There have to be organized multiple short training sessions in order to deliver a complete information about drug use and harm reduction. At the same time, site visits will help the journalists to understand better the issues related to injecting drug users and harm reduction programmes.

Second, there have to be identified journalists that are interested in drug use issues and build good long-term relationship with them. One of the main barriers in developing this relationship is the fact that, often, one journalist is covering more issues.

Third, the media needs to be informed about best practice models existing in the country. In this way, they can promote the positive examples, the successful harm reduction programmes and the lessons learned.

Group #4: The role of mass media in developing services for young drug user

Facilitator: Valentin Simionov, RHRN

Objective:	<ul style="list-style-type: none"> - To identify the role of mass media in advocacy - To identify ways to involve media in harm reduction - To share best practices from the region
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Hungarian Civil Liberty Union also presented their experience in advocating for harm reduction and working with media. The conclusions were based on the need to develop similar strategies in the other countries.

Media has an important role in setting up the opinions, and most of the time decisions related to development of the services for drug users and other groups most likely to be exposed to HIV are based on social perception of the phenomenon. Involving media is also important in order to increase the visibility of the services for populations most likely to be exposed to HIV and to underline the role of civil society in human rights fight.

Session 10: National advocacy strategies

Comprehensive HIV programming should aim to provide opportunities for all most at risk and vulnerable groups to access the whole range of services. Recognizing the hidden and often rapidly changing nature of drug injecting and risky behaviours, reaching as many individual as possible who are engaged in the risks represents particular challenges to harm reduction services providers and decision-makers. One of the greatest challenges is to advocate for a multidisciplinary approach to the epidemic, because HIV does not respect political or legal boundaries set up by governments to address public policy.

Group #5: Planning the national advocacy strategy

Facilitator: Catalina Iliuta, RHRN

Objective:	<ul style="list-style-type: none"> - To identify the national priorities in regards with harm reduction - To identify the main national partners to be involved in the implementation of the advocacy strategies
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As result of the group work, each country pointed out the key activities for the development of the national advocacy strategy:

Country	Priority for advocacy	Target groups	Specific activities	Partners
Albania	Scale up substitution treatment and other HIV services for groups most likely to be exposed to HIV Prepare proposal for GFATM Advocacy to change the drug legislation	Politicians National and local authorities	Media workshop Publications and reports Round tables on specific themes	Services providers Medical staff Specific institutions
Bosnia and Herzegovina	Develop VCT centres Development of harm reduction programme. To form an initiative Board for development of legislation in area of protection of people with HIV, especially in the area of stigma and discrimination. To make special programmes of HIV prevention for the individual most at risk and vulnerable groups (children and adolescents, drug addicts, socially endangered and homeless, promiscuity persons etc.).			
Bulgaria	Scale up substitution treatment and other HIV services for most at risk and vulnerable groups Advocacy to change legislation related to drugs and to sex work	International community Services providers Affected communities	Evaluation of MMT and other drug dependences services Letter to the national authorities related to the need of scale up and sustain HIV services Public debate Seminar for journalists	National and local authorities
Croatia	Sustainable services Improvement of MMT	Drug control bodies Governmental institutions Municipalities Ministry of Health	Establish an expert group for MMT Meetings and round tables on specific issues Media Lobby at national authorities and political decision-makers	Community based organizations Services providers Media International partners
FYR of Macedonia	Sustainable services for most at risk and vulnerable groups	Ministry of Health Ministry of Labour Expert groups that develop national strategies Pharmacies	Human rights report – launch and dissemination Round tables Media campaign	CBOs NGOs and other services providers Media UN Agencies
Romania	Sustainable services for most at risk and vulnerable groups Scaling up MMT	National and local authorities Pharmacies Private sector	Round tables/Drug policy club Conferences Trainings Lobby and advocacy at high political level	CBOs and NGOs Media UN Agencies International community

Serbia	Finalizing national strategy on drugs Standards on harm reduction	Coordination committee on drugs Ministry of Health Other Ministries Health Insurance Funds	Meetings and round tables Lobby at committee on drugs	Services providers Legal experts Media NGOs and CBOs International partners
Slovenia	Sustainable and scale up NEPs Quality of MMT services Action plan for drugs	Governmental bodies Local communities Pharmacies International agencies – EU mainly	Peer supervision Develop and empower users groups Meetings and conferences Trainings	NGOs and CBOs Services providers International community
Province of Kosovo	Advocacy for establishing a national office on drugs Advocacy for developing a national drug strategy	Ministry of Health Ministry of Education and Ministry of Youth Police	Identify key stakeholders and lobby Round tables on harm reduction Advocacy events on harm reduction Fund raise for harm reduction programmes	NGOs and CBOs Media Services providers UN Agencies

Conclusions and recommendations

The findings of this report, based on inter-country consultation held in February 2006 in Bucharest, support the need for effective policy and practices responses. These responses require a multidisciplinary approach and partnerships of national and local authorities, NGOs and affected communities, international and bilateral agencies and other donors, as well as international organizations and researchers.

Conclusions

- Common issues across the region – main barrier in developing harm reduction programmes/activities
 - Stigma & discrimination
 - Legislation, policies – implementation
 - Lack of data – especially disaggregated data & data about young people (MARA)
- Need to promote co-operation between different countries and between Government and civil society
- Promoting pragmatic, realistic, effective and cost saving interventions in support of drug users, especially for youngsters
- Support from international agencies (UN, EU) is needed for advocating the harm reduction issues
- Empowering local coalitions to advocate for harm reduction

Recommendations:

- Promoting common work in the region
- Technical assistance between countries – from experts, UN agencies, EU structures etc
- Continues activities (country missions, country reports, round tables, meetings, conferences etc.



Project developed and implemented
with financial support from UNICEF Regional Office in Geneva
and technical support from UNICEF Country Office in Romania

Printed in 500 copies with financial support from UNICEF

ISBN: 973-8411-55-6