Reporting period: January 2006 – December 2007

UNGASS Indicators Country Report Template

Republic of Montenegro
National HIV/AIDS Commission
Institute of Public Health

II. Status at a glance

a) The inclusiveness of stakeholders in the report writing process

This report was prepared by Institute of Public Health/Secretariat for HIV/AIDS in close collaboration with all members of National HIV/AIDS Commission and UN TWG.

b) The status of epidemic

Montenegro is a low prevalence country with an estimated HIV prevalence of 0.01%. The first HIV infection was registered in 1989. According to data released by the Institute of Public Health (IPH) the cumulative number of people registered with HIV/AIDS by the end of 2006. was 71, out of whom 40 had developed AIDS and 26 died. According to the World Health Organisation (WHO), the estimated number of people living with HIV (PLHIV) in Montenegro is 536.

c) The policy and programmatic response

The most recent official census data (2003) for Montenegro puts the population total at 620,145 / (314.920 female and 305.225 male). In the age structure of population dominant are the youth (under 29 years),but for several years the aging tendency of population has been registered Population of Montenegro is consisted also of 4365 refugees from ex YU republics and 13.986 displaced persons from Kosovo. According to above mentioned census there are 16 different nations in Montenegro. Capital and administrative center is Podgorica with 173.000 citizens.
In May 2006 Montenegro gained independency and in the same year Montenegro was included in United Nations.
According to Constitution of Montenegro is civil state with the President Assembly and Government
Montenegro introduced HIV/AIDS program in 1985, within the program of former SFRY, four years before the first HIV infection was identified in the Republic of Montenegro. Since 1987, special attention was paid to providing conditions for safe blood use in transfusions. In the beginning of this century the National AIDS Committee (NAC) has been established under the Ministry of Health (MoH) as a focal point for this issue in the country.
In other areas relevant to the spread of HIV/AIDS, an Inter-Ministerial State Commission for the Prevention of Drug Abuse in Children and Youth was established in 2001. Action Plan adopted by the Government of Montenegro is based on the Fight against Illicit Production and Trafficking of Drugs and the Prevention of Drug Abuse and establishing infrastructure for treatment and psycho-social support to drug addicted persons and their families. The Montenegrin government ratified the *Agreement on Cooperation to Prevent and Combat Trans-border Crime* with SECI (South Eastern Cooperative Initiative). The Ministry of Inferior (MoI) is working with SECI on developing experience sharing and a trans-national database. In June 2001 Montenegro, as a part of FRY, signed The Declaration of Commitment on HIV/AIDS adopted in New York at the UN General Assembly Special Session on HIV/AIDS and established the National Multisectoral

HIV/AIDS Commission (NMC). The NMC comprises 15 members and includes membership from the Ministries (Health, Interior, Education, Labor and Social Welfare and Tourism), and 4 NGOs and representatives of PLHIV. In order to develop project proposal for Global Fund for tuberculosis, malaria and AIDS competition, wider body, Country Coordinating Mechanism (CCM) consisting of Republic Commission and the UN Theme Group on HIV/AIDS in Montenegro was established in August 2002.

Late in 2003 the Government of Montenegro established Coordination Body for fight against human trafficking and nominated Coordinator and opened Centre for accommodations of trafficking victims.

It could be noticed that there is political will to address the issue comprehensively and in accordance with UNAIDS guidelines.

A National HIV/AIDS Strategy for the Republic of Montenegro was developed for 2005 to 2009 and was based on the results of several related activities: Situation Analysis and Response Analysis for HIV/AIDS completed in September 2004; proposal submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in April 2004 .

National HIV/AIDS Strategy for the Republic of Montenegro, adopted in May 2005, has been designed as a five-year (2005-2009) framework for the development, implementation, monitoring and evaluation of HIV/AIDS focused programming in the national context. It offers to Montenegro the opportunity to establish an appropriate multisectoral response to tackle the complex medical, social, legal and human rights issues raised by HIV/AIDS. The seven priority areas defined in the National HIV/AIDS Strategic Plan are:

- Preventing the spread of HIV/AIDS among groups of interest (youth, IDUs, SWs, MSM -, sailors, people working in tourism and hotel management, Roma and prisoners);
- Preventing HIV transmission in the health care settings;
- Diagnostics, treatment and care for PLHIV;
- Fight against stigma and discrimination of PLHIV;
- Policy on HIV testing;
- Improving surveillance, monitoring and evaluation of activities related to HIV/AIDS issues;
- Strengthening capacity and coordination within the national response to HIV/AIDS.

In September 2005, the GFATM approved a grant of 2.4 million € for the project “Support to implementation of Montenegrin HIV/AIDS Strategy” for the period August 2006 to August 2010. GFATM funds from over half (57%) of the identified national resource requirements with 37.3% of the budget allocated to groups most at risk of HIV.

III. Overview of the HIV/AIDS epidemic

The first HIV/AIDS positive case was officially registered in 1989. The total cumulative number of registered cases of HIV/AIDS is 71 by the end of 2006. which makes prevalence of this infection of 0,1/1000 citizens. Relation of all men and women with HIV/AIDS since the begining of epidemics in Montenegro is 4:1, 57 men muškog pola i 14 women. From the total number of 40 persons developed AIDS, 26 have died.

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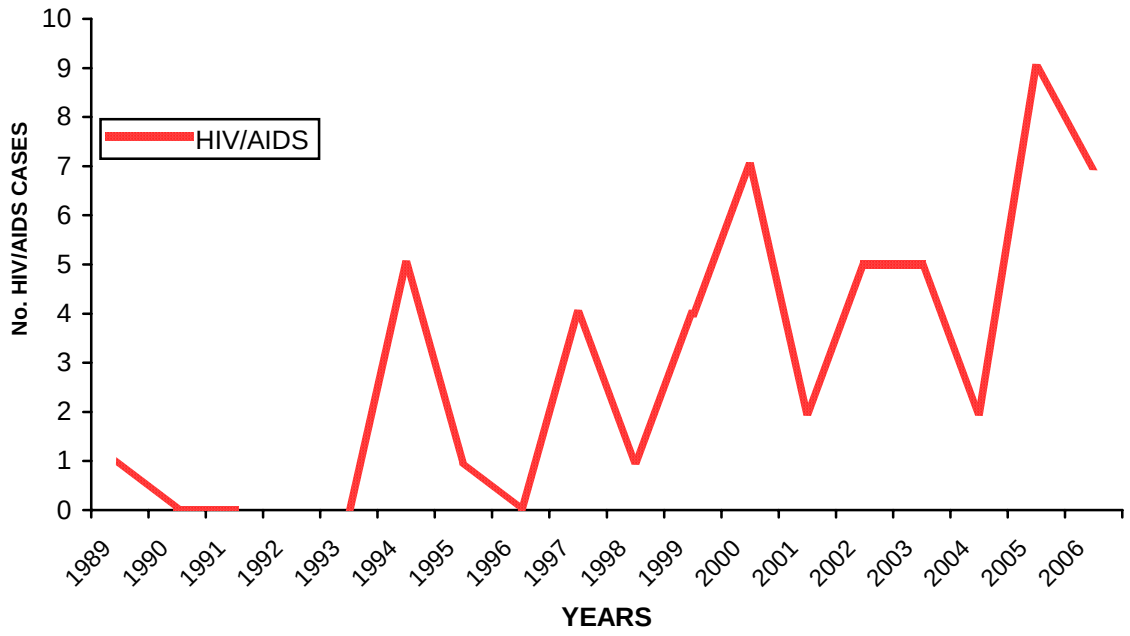
The first HIV positive case and AIDS case were both intravenous drug user and sailor. Two cases of vertical transmission (mother to child) are documented in 1990 (one child died in 1992). Information about the children's serological status was collected after the parents' diagnosis. Two persons were infected via blood transfusion performed out of territory of Montenegro.

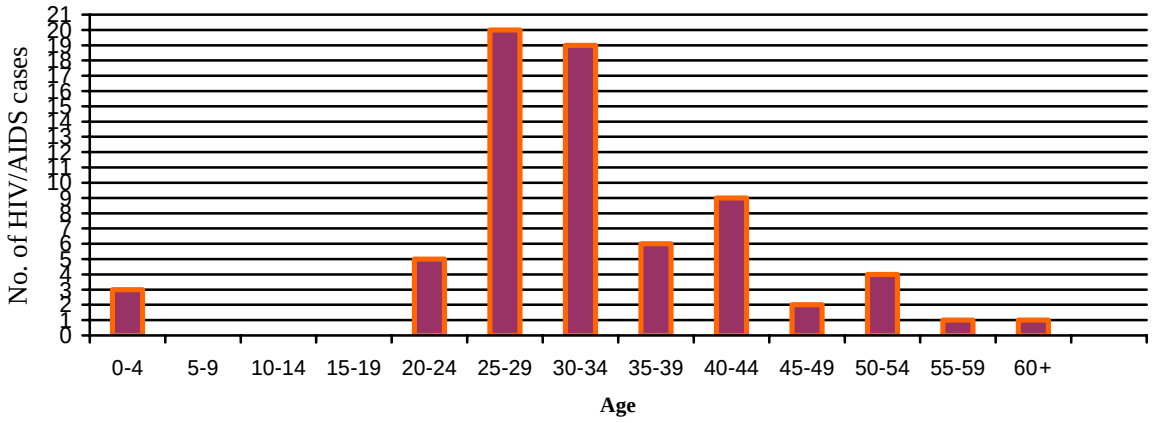
Figure 1. Registering distribution of HIV infection from 1989 to the end of 2006



Source: Institute of Public Health of Montenegro, 2006

In almost 55 % of persons with HIV, infection was found at the age of 25 - 34 years (61,5% of all women and 56% men).

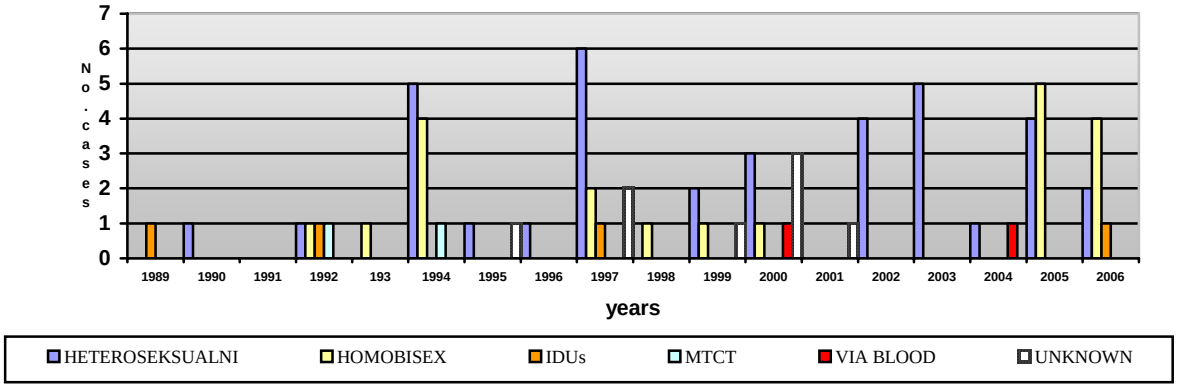
Figure 2. Age distribution of persons with HIV/AIDS



Source: Institute of Public Health of Montenegro, 2006

HIV/AIDS distribution by years in relation to mode of transmision is shown in figure 3 It is noticable that homo-bisexual mode of transmision is dominant.

Figure 3. HIV/AIDS distribution by years and mode of transmision



Source: Institute of Public Health of Montenegro, 2006

Analyse of distribution related to risk groups shows that the most exposed persons to HIV infection are: MSM (27%), sailors (15%), and the high percent in tourism (14%) is rather due to large portion of this population group than their risk behavior (over 13.000).

Impact indicators

• *Reduction in HIV prevalence*

Indicator not relevant to our country

• HIV treatment: survival after 12 months on antiretroviral therapy

Currently there is 19 HIV infected persons receiving antiretroviral therapy. In the last 12 months 5 persons started with ARV and out of them 3 persons are still alive

• *Reduction in mother-to-child transmission*

Mother-to-child transmission occurred in 2 cases in 1990, which counts for 4% of the total number of cases. In 2007 one pregnant woman with HIV started ARV-PMTCT. The pregnancy was resulted in unborn child and the woman was lost to follow up.

No mandatory testing on HIV for pregnant women has been introduced in the country. The health personnel need additional skills and knowledge to provide safer delivery practices, infant-feeding counseling and support. In 2006 the PMTCT Protocol was prepared in collaboration with UNICEF and IPH.

• *Most-at-risk populations: reduction in HIV prevalence*

So far, there is no data concerning HIV prevalence among most-at-risk population groups.
In October 2005 Imperial College London in collaboration with OSI, DFID and UNDP conducted a behavioral and biological study among IDUs and commercial sex workers. Preliminary findings still not available.

1. Within the GF Project “Support to implementation of Montenegrin HIV/AIDS Strategy” the study (biobehavioral RDS survey) in IDU is in progress.
2. In December 2007. biobiheviora (RDS survey) in SWs has been started, and dtata are not available yet.
3. RDS survey in MSM conducted from March to Septembe 2007 failed because the stigma and discriminantion and fear are still significantly present among MSM population .

IV. National Response to the AIDS epidemic

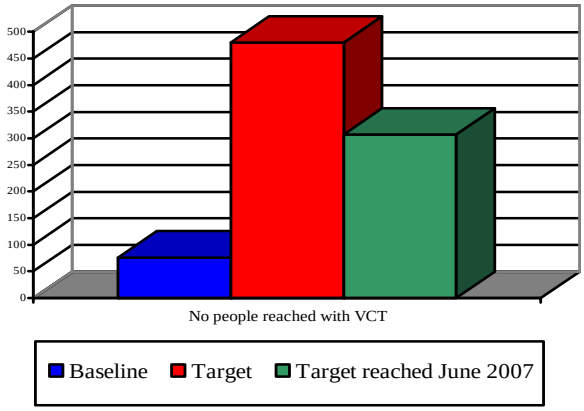
Montenegro introduced HIV/AIDS program in 1985, within the program of former SFRY, four years before the first HIV infection was identified in the Republic of Montenegro. Since 1987, special attention was paid to providing conditions for safe blood use in transfusions. In the beginning of this century the National AIDS Committee (NAC) has been established under the Ministry of Health (MoH) as a focal point for this issue in the country.

Within Budget of the Ministry of Health and Republic Health Insurance Fund (RHIF) there was no special budget line related to HIV/AIDS prevention and treatment. Costs of prevention, HIV testing and ARV treatment have been covered by RHIF within problem solving of communicable diseases.
The total budget for the implementation of the National HIV/AIDS Strategy for 2005-2009 is estimated at 4.3 million €.

Most-at-risk populations: HIV testing

The first VCCT service has been established in mid July 2005 within the Institute of Public Health in Podgorica. VCT Centers have been established in 4 municipalities in 2007 and it is planed to open 3 new VCTs in the beginning of 2008.

Figure 4: People reached with VCT services in GFATM supported programme, June 2007



Source: GFATM Progress Report, July 2007

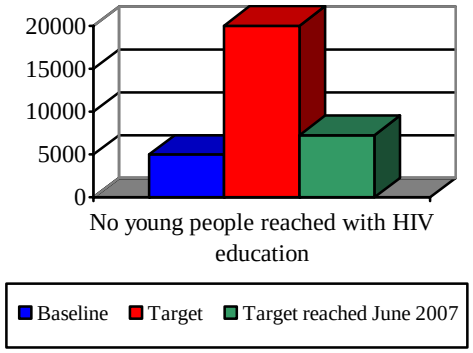
In Montenegro, there is stigma related to HIV and concern regarding the confidentiality of the testing process, providing little incentive for an individual to be tested for HIV. The first VCT service has been established in mid July 2005 within the Institute of Public Health. In 2006 157 persons were tested and counseled (121 men and 36 women). Out of this number MSM population makes 10% and IDUs makes 11%. In 2007 164 persons were tested and counseled (124 men and 40 women). Almost 55% were tested anonymously. More than half tested (57%) were above 25 years of age.
Positive result was found in 4 persons in 2007 (including all VCTs).

Most-at-risk populations: prevention programmes

Rapid assessment and response (RAR) studies conducted in Montenegro in 2006 and a respondent driven sampling (RDS) study in 2007 provide evidence on HIV risk behaviour amongst specific target groups. A RDS of IDUs was conducted in 2005 (results not yet available) and in 2006 further RARs were conducted on FSWs and MSM in Bar and Podgorica (preliminary data available). About 70 % of SWs and 80% of MSM respondents was HIV tested in the last 12 months and they know their results

By the end of June 2007, forty schools were supposed to be implementing the LSBE as an optional subject, but none were. As a result the number of young people receiving HIV prevention education was well below target.

Figure 5: Number of young people receiving HIV prevention education



Source: GFATM Progress Report, July 2007

Harm reduction programmes

Table 1. Results of the Needle and Syringe Exchange Program February –July 2007

Needle and Syringe Exchange Program	Feb.	March	April	May	June	Jule	Total
No.of clients	**50**	**53**	**57**	**58**	**62**	**65**	**345**
No.of new clients	**3**	**4**	**1**	**4**	**3**	**5**	**20**
No.of visit	**250**	**242**	**280**	**270**	**271**	**280**	**1593**
No.of receiving needle	**620**	**622**	**719**	**617**	**800**	**400**	**3778**
No.of receiving syringe	**611**	**620**	**709**	**605**	**791**	**338**	**3674**
No.delivered needle	**628**	**629**	**731**	**625**	**802**	**409**	**3824**
No.delevired syringe	**628**	**629**	**731**	**625**	**802**	**340**	**3755**
No.units	**17**	**17**	**17**	**17**	**18**	**18**	**18**
Totol:		**7579**					

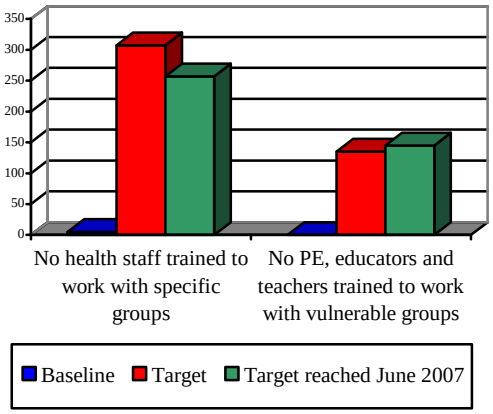
Source: Primary health Centre Podgorica, 2007

Table 1. shows results of the needle and syringe exchange programmes «Harm Reduction in IDUs» for period February-July 2007.

The Department for International Development (DFID) supported HIV prevention among vulnerable populations initiative (HPVPI) has led to needle and syringe exchange programmes being integrated into Primary Health Care (PHC) services (in injection/medical treatment rooms) in 18 wards in Podgorica in 2005. Also in the same year, a Drop in Centre for IDUs and methadone maintenance treatment programme were established in the Public Health Centre.

The number of peer educators and teachers trained to work with "vulnerable" groups slightly exceeded the target for June 2007, but the number of health workers trained was lower than target - ***Figure 6*****.**

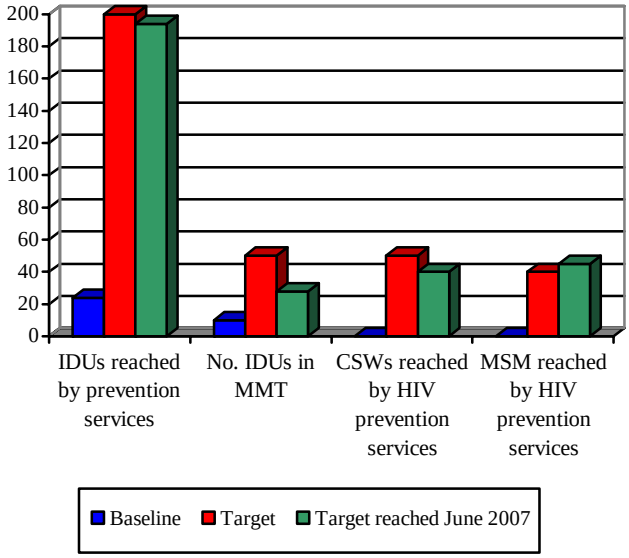
Figure 6. Staff trained under GFATM supported programme to work on HIV prevention in Montenegro, June 2007



Source: GFATM Progress Report, July 2007

Contact has been made with FSWs and MSM. Although the GFATM targets for June 2007 have been reached for IDUs and MSM (**Figure 7**) the numbers of FSWs and MSM reached remain extremely low.

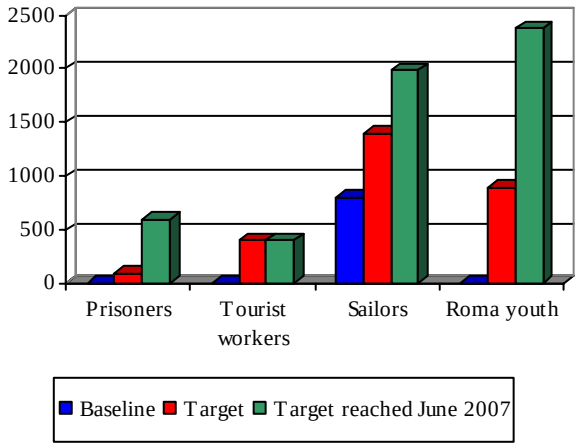
Figure 7. Most at-risk populations reached by GFATM supported HIV prevention activities in Montenegro, June 2007



Source: GFATM Progress Report, July 2007

Outreach workers have been trained to work with FSWs, IDUs and MSM and peer educators to work with Roma youth (including Roma peer educators). Information on HIV/STI prevention has been developed by NGO CAZAS and disseminated to most at-risk populations and to Roma youth (including Albanian language versions). HIV/STI prevention work with Roma youth has been very successful and since 2005 about 2,400 members of RAE population from Montenegro have attended workshops, trainings, seminars, information sessions, or received training in counselling and outreach work. Work with sailors and prisoners has also exceeded targets and about 2,000 sailors and over 500 prisoners have been reached **Figure 8**.

Figure 8: Vulnerable groups reached by GFATM supported HIV prevention in Montenegro, June 2007



Source: GFATM Progress Report, July 2007

HIV treatment: antiretroviral combination therapy

Currently, there are 19 persons in Montenegro receiving ARV therapy. The significant progress was made in access to diagnostics and treatment. IPH procured PCR and CD4 counter. Continuous supply and availability of HAART is provided by Clinic for Infectious Diseases in Montenegro.

Blood safety

Since 1987 all donated blood products have passed through mandatory testing for HIV. From 1997. to 2005. the testing rate increased and in 2006 - it was 26.6 of tested persons per 1000 citizens.
Routine testing is done by ELISA tests of fourth generation, which are used for detection of HIV antibodies. In suspected results, testing of suspicious and new blood sample is done

by ELISA tests of different manufacturers. In the case of inconclusive results, the blood is sent for confirmation with Western Blot tests. All blood samples taken for treatment are mandatory to be tested for Hepatitis B, Hepatitis C and syphilis.
In 2006, 14536 donated blood units were screened and in 2007 about 13900 donated blood units were screened. In 2006 no HIV case was found and in 2007 out of all donated blood units 1 HIV positive donor was found.
All screened blood units follows standard operational procedure and external quality assurance scheme does not yet exist.

Knowledge and Behavior indicators

Data obtained in MICS 3 survey in 2005 revealed that 97% of surveyed women age 15-49 have heard of HIV/AIDS, but only 50% know the main ways of preventing HIV transmission (this percentage in the age group 15-19 was 25%), while only 34,5% of women 15-49 correctly identifies major misconceptions regarding HIV/AIDS. Almost a third of surveyed women 68,7% expressed at least one of the discriminatory attitudes towards people with HIV/AIDS. Percent of women who know HIV can be transmitted by all three ways is 65, 1%.

V. The best practices

During the first two and a half years of implementation of the national strategy Montenegro has made considerable progress in establishing the normative framework for HIV prevention and treatment and in procuring essential equipment and commodities. The main achievements of the National HIV/AIDS Strategy for 2005 to September 2007 include the development and dissemination of national HIV/AIDS prevention and treatment guidelines and protocols in all required areas:

1. Prevention of mother to child transmission of HIV/AIDS (Government and UNICEF)
2. Safe blood (Government and GFATM)
3. Sexually transmitted infections (Government and GFATM)
4. Treatment protocol (Government and GFATM)
5. Universal precautions (Government and GFATM)
6. Voluntary counselling and testing (Government and GFATM)
7. Youth friendly health services (Government, CIDA, and CAZAS)

Significant numbers of staff have been trained in priority areas such as the provision of safe blood and universal precautions. Further training is underway to scale up access to voluntary counselling and testing (VCT) services .

VI. Major challenges faced and actions needed to achieve the goals/targets

Limited information on behavioral patterns supported by biological data that will offer a better insight in the status of epidemic especially among hard to reach populations, as well as lack of overall monitoring and evaluation framework (that will assure collection and analysis of all necessary data) were one of the major challenges. To estimate coverage of services and numbers reached requires a denominator based on population size estimates. Montenegro requires this essential information for FSWs, IDUs and MSM.
Capacity building of relevant staff is one of the major preconditions for completing the task.

Between 2005 and September 2007 there has not been an annual review of activities according to monitoring and evaluation data, changes in the epidemiological situation, and research results. The first such review is planned for November 2007 and should form the basis for the development of the annual work plan and budget for 2008.

VII. Support required from country's development partners

In 2007 and 2008 the following UN agencies have supported, or propose to support national HIV/AIDS and STI prevention and treatment efforts:
UNAIDS: Programme Acceleration Funds (PAF) supported the development of the Universal Access pan and Medium Term Review of the national strategy, awareness rising on human rights of PLHIV, update of clinical skills in treating PLHIV.
***UNHCR*:** Addressing HIV among displaced populations (refugees and IDPs) with special attention to HIV prevention and access to services amongst Roma youth.
UNICEF: HIV prevention in most at-risk adolescents, support to strengthening the evidence base and monitoring and evaluation, PMTCT.
WHO: HIV/STI surveillance, health policy and systems, pharmaceutical policy and blood safety.
UNDP is providing support to the implementation of the GFATM programme and also has the following areas as part of its mandate: HIV/AIDS development, governance and mainstreaming, PRSPs, and enabling legislation, human rights and gender.
World Bank only established an office in Podgorica in June 2007. Its mandate for HIV/AIDS work includes: Support to strategic, prioritised and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work.
UNFPA does not have an office in Montenegro, but is responsible for providing technical support to HIV prevention interventions for FSWs and MSM.

VIII. Monitoring and evaluation environment

Progress is underway to establish a national monitoring and evaluation (M&E) system with a M&E Unit in the Institute of Public Health and Second Generation Surveillance system. Health staffs have been trained in M&E at the Andreija Stampa school of Public Health in Zagreb and Behavioural Biological Surveillance studies are planned for FSWs and MSM in 2008. No NGO staffs have yet been trained in M&E and BBS methodology at Zagreb, although several NGOs have received training in monitoring and evaluation of their projects.

Annex 2: National Composite Policy Index Questionnaire

The NCPI was filled in based on desk review of the existing documents as well as on interviews with the key informants in relevant institutions dealing with HIV/AIDS.