

Republic of Serbia

National AIDS Commission, Ministry of Health,  
Institute of Public Health of Serbia  
"Dr Milan Jovanovic Batut"

Reporting period: January 2006 – December 2007

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## Status at a glance

### Strategic, Policy, and Programmatic Framework

The last available official census data (2002) for Serbia puts the population total at 7.498.001. Around 20% of population is under 15 years, and GDP is USD 3285 (2004).

After the overall changes in the society in 2000 and as a follow up of the responsibilities undertaken with the adoption of the Declaration of Commitment on HIV/AIDS at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, the Government of the Republic of Serbia established its National HIV/AIDS Commission (NAC) in March 2002, which had been newly re-established in June 2004. NAC is the governmental multisectorial body with Minister of Health as the Chairman and comprises of 22 members, including representatives from the Ministries of Health, Interior Affairs, Justice, Education, Labour and Social Policy, as well as representatives from Regional Government; NGOs; PLHIV; academic institutions; public and private medical institutions/organizations, and also observers from WHO, UNAIDS, UNICEF, UNDP.

After the broad public debates and consultations with various stakeholders on the most important issues conducted throughout the country the National Strategy for fight against HIV/AIDS in period 2005-2010 had been approved by the National HIV/AIDS Commission and launched by the Serbian Government in February 2005.

Taking as the underlying principle that the PLHIV will play a key role in developing the policy and planning the support and protection programme, and that young people will play a key role in the prevention as well, and having in mind that the national response to the HIV/AIDS will take a multidimensional approach and including the social and economic factors, discriminations, social marginalisation and sexual differences the National strategy was designed as a framework to guide development, implementation, monitoring, and evaluation of HIV/AIDS-focused programmes and activities in the national context<sup>1</sup>. The general goal is the prevention of HIV infection and STIs, as well as the provision of treatment, care and support to the PLHIV.

The main components of the National Strategy are:

- a. HIV prevention among: general population and vulnerable groups, including young people, women, and mobile populations; and among high-risk populations: IDUs, MSM, sex workers, prisoners, police and military. Provision of safe blood. Increased testing through VCCT.
- b. Treatment, care and support for PLHIVs including medical care, universal provision of ARV treatment and treatment of opportunistic infections. PMTCT, prevention of nosocomial infection and provision of social care and support. Strengthen social welfare institutions to provide support to PLHIV and their families and involve NGO sector.
- c. Social mobilization and participation of the whole society with the aim of creating supportive environment for fighting HIV/AIDS including stigma reduction and changes of legislation based on the rights based approach and non-discrimination of PLHIV.

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<sup>1</sup>Serbian National Strategy for fight against HIV/AIDS 2005-2010

- d. Strong system for monitoring and evaluation based on introduction of 2<sup>nd</sup> generation surveillance; evaluation of impact of interventions provided under the strategy and using lessons learnt to update the operational programme.

The National AIDS program has been funded from different sources. Approximately one third of the funds allocated for HIV/AIDS are covered directly through the Central Government contribution, and two thirds (mainly related to treatment and diagnostics) come from National Health Insurance Fund.

1. The Government fully covers the costs of blood screening, prevention and partially costs for VCCT. That amount is covered through Central Government contribution through the MoH budget of «common services». In 2006, total of 216,867.50 € was allocated to 24 Institutes of Public Health for VCCT and preventive activities. Approximately 380,000.00 € is allocated for blood screening tests to the Institute for transfusion of Serbia and other transfusion service points. Additionally, from the “common services” allocation, total of 18,072.30 € was allocated to the Institute for students health care for VCCT costs, in total of **614,939.60 € in 2006** for blood screening, prevention and VCCT. Estimation is that this amount should be increasing 10% per year.
2. Additional input to the Central Government contribution is the «postal stamp for fight HIV/AIDS». The sum of **225,301.20 €** collected in such way in 2006 was allocated for procurement of the ART that are not on the list of drugs covered by the National Health Insurance Fund.
3. From the National Health Insurance Fund, covers several categories, total of **2,324,026.80 €** per year.
  - For ART drugs (Kaletra, Trizivir, Stocrin, Ziagen, Epivir, Combivir, Videx, Viracept, Viramune, Zidosan, Crixivan, Zerit) NHIF allocates **2,032,026.80 €**
  - For CD4 and PCR test, approximately **240,000 €** is allocated per year
  - For inpatient treatment costs (without ART) and costs for outpatient treatment at the VI department of the Institute for Infectious and Tropical Diseases of the Clinical Centre of Serbia, approximately **52,000 €** is allocated.
4. Procurement of methadone is provided by the National Health Insurance Fund. That reflects on allocated sum from the NHIF to MMT programs for procurement of methadone from **380,000.00 €** in 2007. Some material support for MMT is provided by MoH / GFATM Project.

In addition, the local and municipal health authorities are increasingly committing resources for implementation of local health programs implemented both by local health institutions and NGOs. It is assumed that this trend will continue and that the additional funds will be available to NGOs from local health budgets in the course of the programme implementation.

In 2007, the round six GFATM approved the grant of **9,500.000 €** for implementation of the Coordinated Country Proposal titled “Scaling up the National HIV/AIDS Response by Decentralizing the Delivery of Key Services” for the period 2007-2012. PR of GFATM HIV/AIDS grant is Serbian Ministry of Health.

The overall goal of the HIV/AIDS Programme supported by GFATM 6th round is to halt the spread of HIV among all vulnerable groups and to provide care, support and treatment to PLHIV.

The overall project goal will be achieved through focus on four objectives:

1. To prevent HIV transmission in people involved in high risk behaviors;

2. To ensure continuity of care and treatment services for PLHIV
3. To create supportive environment for HIV prevention and care; and
4. To strengthen the capacity of the health system for development of the effective, efficient and accessible HIV/AIDS services.

In order to achieve these objectives the Programme will scale up existing and set up new prevention programs, support PLHIV and their families and support National M&E System.

This Programme is focusing on the risk groups, that have been under increased risk due to the social determinants of health, such as poverty, marginalization and involvement in high risk behaviors, and are often hard to reach with mainstream activities or non-mobile health services. These groups include: 1) injecting drug users (IDUs), 2) men who have sex with men (MSM), 3) commercial sex workers (CSWs), 4) Roma youth 5) prisoners, 6) institutionalized children and children without parental care, as well as 7) people living with HIV/AIDS. All these target groups are highly vulnerable, stigmatized and discriminated, and are not likely to benefit from mainstream prevention activities.

The GFATM 6<sup>th</sup> round application, boosted cooperation among key stakeholders in the country. The process scaled up communication and consultation between Governmental and NGO sector. In the Programme implementation, the members of vulnerable groups will be involved in overseeing the Programme implementation as CCM members and they will act as peer educators within the prevention programmes. They will also participate in implementation of planned studies and evaluation activities to ensure their feedback on the effectiveness of activities implemented through this Programme.

2006 was the last year of DFID funded Project titled “HIV Prevention Among Vulnerable Populations Initiative in Serbia and Montenegro” (HPVPI Project with **USD 3 millions** grant) which started in 2004 and was implemented by UNDP. The project included five components: National Strategies, 12 innovative evidence-based HIV Prevention Demonstration Projects targeting vulnerable groups, Capacity Building, Research and Evaluation and HPVPI Network in SCG. Defined vulnerable groups for this project were IDUs, sex workers, prisoners, Roma and PLHIV in Serbia.

UN Agencies support for HIV/AIDS related activities in 2006-2007 were app US\$ 1,300.000, implemented through UNAIDS, UNICEF, UNODC, and UNFPA activities.

## Overview of the HIV/AIDS epidemic

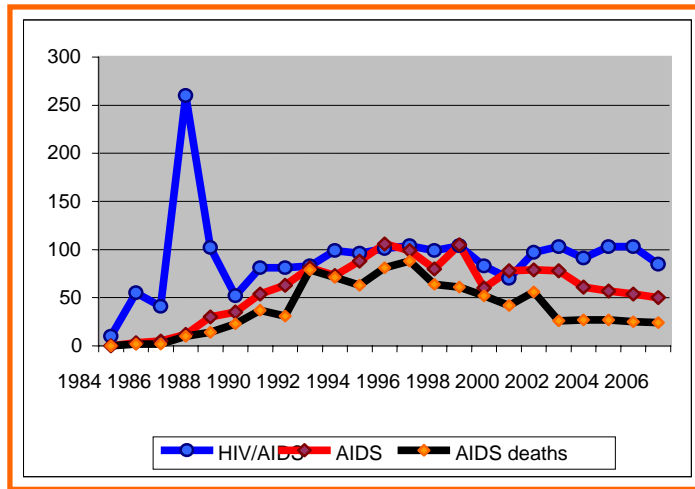
### ➤ Epidemiological Overview

The first AIDS cases were registered in 1985. According to current data released by the Institute for Public Health of Serbia “Dr Milan Jovanovic Batut” (the National Institution that has the mandate for surveillance and monitoring and evaluation of the national HIV response, and is going to host the CRIS at central level) the cumulative number of HIV/AIDS cases reported till 31<sup>st</sup> December 2007 was 2193, of whom 1395 developed AIDS and 921 died.

In the period 2006-2007, 175 newly diagnosed HIV positive persons and 92 new AIDS cases were registered (52 in 2006 and 40 in 2007) while in the same period 38 persons died from AIDS related conditions (24 in 2006 and 14 in 2007). The

decreasing trend of AIDS cases and AIDS related deaths in the last eight years is mainly the result of the introduction of HAART which is fully covered by Republican Health Insurance Fund since 1997. Based on the official data there were around 1200 people infected with HIV for whom there is no information that they are dead at the end of 2007 in Republic of Serbia, so the notified HIV prevalence in population 15-49 is 0,03% and the estimated HIV prevalence is 0,1%.

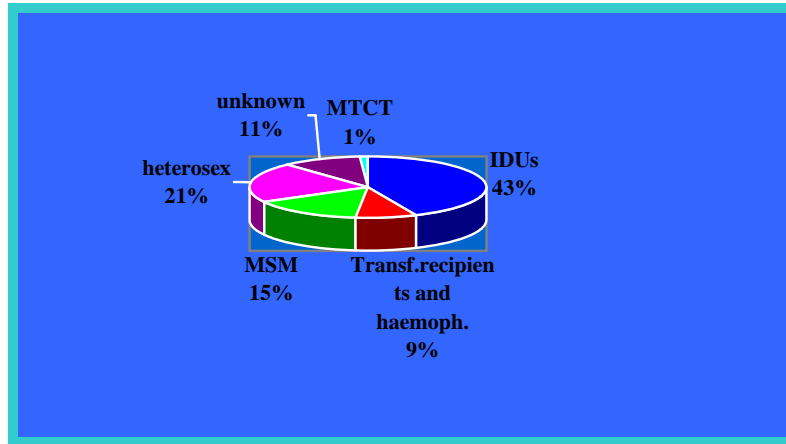
**Figure 1. Newly diagnosed HIV cases, AIDS cases and AIDS related deaths by year of diagnosis, 1985-2006**



Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2006

Majority of the people infected with HIV in the past were diagnosed at the stadium of AIDS (more than 70%), but in a recent years that trend is changing (30% in 2005 and in 2007 versus 53% in 2003). The possible explanation for this trend could be higher promotion of friendly and high professional VCCT services at IPHs in majority of districts via mass media which resulted in reduction of stigma and discrimination associated with the HIV testing. The second reason could be increasing number of free of charge confidential or anonymous HIV testing during the whole year. Out of the total of 1355 reported AIDS cases in a period 1985 -2006, nearly three quarters (73%) are males; three quarters lived in Belgrade, almost one half (43%) are IDUs and one half are aged 30-39, followed by age group 40-49.

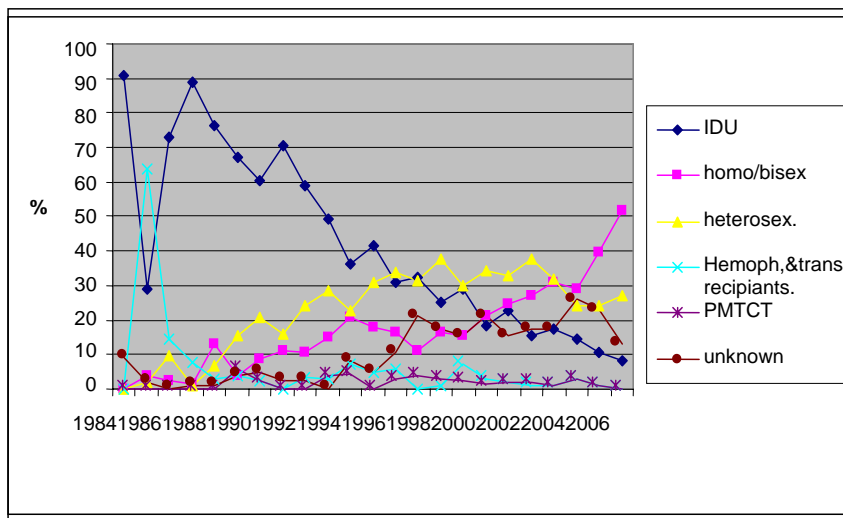
**Figure 2. Reported mode of transmission among AIDS cases in Serbia, 1985-2006**



Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2006

In recent years increasing trend of reported sexual transmission was noticed among newly diagnosed HIV/AIDS cases (79% in 2006 versus 15% in 1991) and decreasing trend of newly diagnosed HIV/AIDS cases among IDUs (8% in 2006 versus 72% in 1991). Additionally, 39% of all newly registered HIV cases in 2005 , 52% in 2006, and 40% in 2007 (*preliminary data for 2007*), reported sex between men as the transmission route of HIV infection.

**Figure 3. Newly diagnosed HIV cases by reported mode of transmission and year of diagnosis in Serbia, 1984-2006**



(Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2006)

A great effort was made to promote and expand VCCT services and in an addition to the ongoing VCCT programmes under the implementation framework of the GF AIDS Programme, total number of 7300 MARP clients were counseled and tested at Public Health Institutions in 2006.

The real epidemiological picture for HIV/AIDS in Serbia is still not clear although the HIV prevalence and AIDS incidence is low. The national surveillance system lacks more specific data, such as behavioral determinants and HIV prevalence in the most at risk populations.

**First phase of Ministry of Health/GFATM 6<sup>th</sup> round HIV/AIDS Programme started in June 2007 and last for two years. Currently, seven baseline surveys are ongoing (among IDUs, CSWs, MSM, young Roma, PLHIV, prison inmates and institutionalized children and children without parental care) and they are implemented by Institute of Public Health of Serbia. Additionally, UNICEF supported surveys among adolescent IDUs, MSM and CSWs as a part of Regional Project “HIV prevention among most at risk adolescents in Ukraine and South-eastern Europe countries”**

➤ ***Knowledge, attitudes and behavior among general population and young people***

HIV/AIDS awareness is very high in Serbia, with almost all adolescents (aged 15-19) (90%) as well as adult men and women (91%) having heard about HIV/AIDS, based on results from the most recent national DHS (*Source:” Health Survey in Population of Serbia, Ministry of Health, 2006*).

Despite this high level of awareness and the correct knowledge about the main routs of HIV transmission (55% population aged 20-49), only 20% of population aged 20-49 reject main misconceptions related to HIV (*Source: Health Survey in Population of Serbia, Ministry of Health, 2006*).

In the last national survey the median age at the first sexual intercourse among young women and men aged 15-24 was 17 years. Also, 26% of young people aged 15-24 reported having more than one sexual partner in the last 12 months and 75% of young women and men aged 15-24 reported using condom during the last sexual intercourse with non-regular partner among those who have had more than one sexual partner in the last 12 months (*Source: Health Survey in Population of Serbia, Ministry of Health, 2006*).

### **Impact indicator**

➤ **Most-at- risk populations : Reduction in HIV prevalence**

#### ***IDUs and CSWs***

Under the framework of the implementation of the DFID funded HPVPI Project, bio-behavioral survey among 433 street IDUs and 207 commercial sex workers based on Respondent Driven Sample (RDS) methodology was conducted by experts from Imperial College in London and CDC-USA with support of local partners in the period September–November 2005 in Belgrade. Unfortunately, the final report that should give crucial insight of the risky and protective behavior, practice and attitudes among IDUs and CSWs in Belgrade, as well as HIV and hepatitis C seroprevalence among those populations is still not available. Tim Rhodes, principal investigator in the study among IDUs, has given a preliminary results which have showed that HIV prevalence has been 3% and HCV prevalence is 70% among IDUs in Belgrade (*Source: Survey of HIV prevalence, risk behavior and risk factors associated with HIV positivity among injecting drug users and sex workers in Belgrade, Imperial College, 2005- unpublished data*).



Also, based on the same study there is estimation that there are over 10.000 IDUs in Belgrade. Based on expert opinion estimated IDUs population size are over 30.000 in Serbia.

Bio-behavioral and qualitative survey among IDUs in Belgrade, Novi Sad and Nis as well as survey among CSWs in Belgrade are ongoing as part of Ministry of Health /GFATM HIV/AIDS Programme.

Out of 964 IDUs tested in VCCT centers in 2005 only 8 were newly diagnosed as HIV positive (0,8%), and of 1602 IDUs tested in 2006 only 2 IDUs were HIV positive (0,1%).

### **MSM**

In 2005 among 829 MSM tested in VCCT centers there were 40 HIV positive (4,8%) and out of 412 MSM tested in 2006 there were 38 newly registered as HIV positive (9,2%) .

Baseline survey on HIV prevalence, behavior patterns as well as knowledge related to HIV/AIDS and coverage with preventive activities among MSM in Belgrade and Novi Sad is ongoing as part of Ministry of Health/GFATM HIV/AIDS Programme.

## **National Response to the AIDS epidemic**

The response to HIV/AIDS was one of the first areas where Government included the civil society since the very beginning of national efforts to combat the epidemic. The proven partnership was further intensified with the creation of the National AIDS Commission in March 2002, joint formulation of the and GFATM 1<sup>st</sup> round proposal (where side by side Government and civil society organizations were nominated to act as implementing partners), and especially from June 2004 when reformed NAC was created the first comprehensive National Strategy for Fight against HIV/AIDS in period 2005-2010. The climax of the civil society engagement was noted especially in the period 2003-2006 (GFATM 1<sup>st</sup> round HIV/AIDS Programme implementation) when civil society organizations were actively working with marginalized and hard to reach populations, and a couple of new NGOs were created.

As a result of the second phase of the implementation of GF supported HIV/AIDS Programme some surveys were conducted, many documents, broad education of mass-media representatives as well as many media campaigns had been held related to different prevention and anti-stigma and anti-discrimination issues.

### **➤ Life skills- based HIV education of children in secondary schools**

In the academic year 2006/2007 Ministry of Education have implemented life skills-based HIV education in 27 secondary schools in Serbia as a pilot project. The programme has been supported by UNICEF and GFATM Programme.

Youth NGOs (Youth of JAZAS, Youth brach of Red Cross etc.) and Youth Peer Education Network (Y-PEER) have increased their activities and coverage of peer education programmes reaching thousands on adolescents in and out of schools and educating them and motivating to decrease risk for HIV.

### **➤ Education of healthcare personnel**

In 2006 IPH of Serbia conducted the repeated KAP study on HIV/AIDS among 2014 healthcare workers (HCWs) in Serbia. The results had shown unsatisfied level of

knowledge and risk perception in everyday activities and the high level of discriminatory attitudes against HIV positive people (35% HCWs reported that the risk for HIV infection is contact with saliva and tears, 23% with urine, 19% with stool and 11% with sweat; 25% HCW didn't conduct universal precaution measures in their routine activities, 60% always wear gloves when performing some risky interventions versus 72% HCWs who conduct special precaution measures when they know that the patient is HIV positive; 46% HCWs reported having some injuries caused by sharp instruments, 50% HCWs reported giving the services to PLHIV; 57% HCW stated that all hospitalized patients should be tested for HIV, 8% stated that the HCWs have right not to give the service to PLHIV and 30% stated that HIV positive HCWs should not work in practice etc.) The results of this study shown some positive outcome of education of more than 1000 HCWs conducted in period 2004-2005 comparing with the results obtained by the previous study among HCWs conducted in 2003.

➤ ***Reduction in mother-to-child transmission***

A special attention was given to prevention of mother-to-child HIV transmission. Till the end of 2004 pregnant women were tested on HIV in first trimester of wanted pregnancy by epidemiological indications. The new PMTCT strategy that endorses right of every pregnant women to get tested for HIV free of charge, has been developed and endorsed as a part of the national HIV strategy in 2005. With support of the Global Fund HIV/AIDS Programme and UNICEF in the period 2005-2006 allowed the implementation of the routinely voluntary counseling and HIV testing of pregnant women based on “*opt-out strategy*” was implemented in 5 districts (in the 15 biggest Primary Health Care centers).

In 2005 there were 9385 pregnant women counseled and tested on HIV versus 991 tested in 2003 and 1384 tested in 2004. In 2006 there were 7240 pregnant women tested voluntary on HIV (over 10% of all pregnant women in Serbia). None of all tested pregnant women in period 2003-2006 had been diagnosed as HIV positive.

At the other side in period 2004-2006 eight pregnant women, already knowing their HIV positive status, decided to have a baby. They were fully on HAART and PMTC protocol, so at this moment we notified HIV negative children borne by HIV positive mothers.

➤ ***Blood safety***

All the blood units have been voluntary donated and mandatory screened for HIV since 1987 and the costs of testing are fully covered by Ministry of Health. All donated blood units are screened in a quality- assured manner in a reported period.

➤ ***Most-at-risk populations: preventive services***

The number of IDU's, CSW's, MSM using VCT services is still low, even though the outreach interventions are well developed. The development of new VCT centers in the framework of the Global Fund 1<sup>st</sup> round HIV/AIDS Programme in Serbia, increased the accessibility of the service, but didn't change in a significant way the number of reported people tested on HIV among these populations. This is mainly the result of the fact that people didn't recognized the risk or avoid to identify themselves as belonging to one of those MARPs.

The outreach interventions developed and implemented by different NGOs had as a result the establishment of a trustful relationship between the beneficiaries and the professionals assisting them that often allowed the collection of good quality data regarding the VCT access.

Community outreach needle exchange services were initiated during 2003 in Belgrade, January 2005 in Nis and late 2005 in Novi Sad and have been serving app.770 IDUs at the end of 2006. There is very good cooperation and partnership between these NGOs and local IPHs in providing VCCT services for IDUs.

5000 MSM were reached with outreach preventive programmes (peer and pair education, counselling, condom and lubricants distribution) in 2005 versus 2800 in 2004. There is an estimation of the size of this population based on data that around 2 % men reported sexual intercourse with other men (minimum 36,000 MSM aged 15-49 in Serbia) (*Source: Health Survey in Population of Serbia, Ministry of Health, 2006*).

Due to HPVPI, UNICEF and IPPF support, app 4500 Roma youth in four towns in Serbia have gotten knowledge and skills on HIV/AIDS and reproductive health. The programme was based on capacity building of local Roma NGOs to conduct peer education (so far, 3 Roma peer education trainers, 30 Roma peer educators) as well as on capacity building and awareness raising of social workers involved in work with Roma people to recognize risky behavior among them and to be able to provide them with the right advice. The network of 10 Roma NGOs established and their capacities in work on HIV/AIDS were partially built.

➤ *Prevention activities among CSWs, testing and condom use*

Stigma to which CSWs are exposed and the illegal status of prostitution result in a very low access to preventive services (that are now becoming more client-friendly) and a high under-reporting rate as members of the population often failing to declare their belonging to this population group.

The data about HIV prevalence and behavioral patterns, as well as knowledge related to HIV/AIDS and coverage with most important preventive services among CSWs in Belgrade will be available in June 2008 as result of ongoing survey implemented by IPH of Serbia.

At this moment we have only data that 250 CSWs were outreached by preventive programmes conducted by NGO JAZAS in Belgrade.

➤ *HIV treatment: antiretroviral combination therapy*

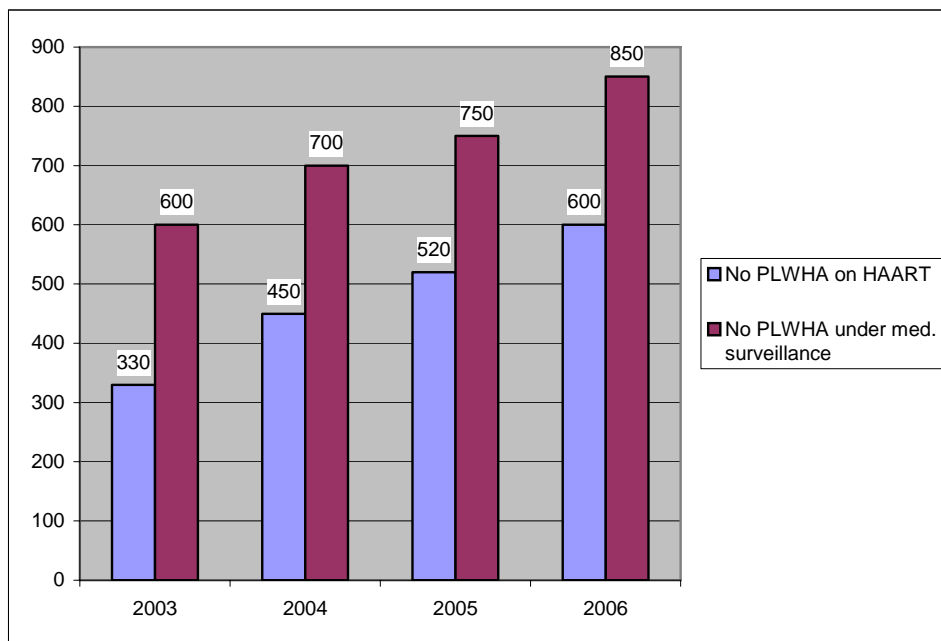
HIV/AIDS treatment is available through a centrally organized system, with out-patient and inpatient services available only in Belgrade at the University Clinic – Institute for Infective and Tropical Diseases, where AIDS Department has 30 beds, 3 doctors and 18 nurses, 1 psychologist and annually treats approximately 150 in-patients, and up to 750 out-patients. The lack of other treatment sites, the need for referral from General Practitioners, and the need for clearance from the local Health Insurance Fund branch in locations outside of the capital city Belgrade, are barriers for PLHIV to access treatment. These issues were addressed through GF Project round 1, and three additional sites providing HIV/AIDS treatment including provision of ARVs should be operational as of beginning 2008. Establishment of a new treatment sites is accompanied with comprehensive mapping of the medical and social professionals that will be part of the system for provision of comprehensive medical and social care. The stigma that is highly present in Serbia in general population, is

present in the health sector as well. A person with HIV/AIDS who needs to come for check-up undergoes through a demanding administrative procedures that are handling referral papers with the full name and diagnosis of the patient. This compromises confidentiality and privacy and causes discrimination in the community.

Government of Serbia ensures universal access to HAART and other drugs for prophylaxis and treatment of opportunistic infections for all people living with HIV that qualify to it. The qualifying criteria are given in National Guideline for Clinical Management and treatment of HIV infection which is adopted by NAC in April 2007. The National Guideline is developed in line with recommendations given by European AIDS Clinical Society (EACS).

The entire cost of the HAART treatment is covered by public sources (*EUR 2.3 millions in 2006, Republican Health Insurance Fund*). The graph bellow presented data provided by HIV/AIDS Department in Institute for Infectious and Tropical Diseases on the app. number of PLHIV on HAART, as well as total number of PLHIV under medical surveillance. It shows significant increase in the number of people on HAART in period 2003- 2006.

**Figure 4. PLHIV on HAART and under medical surveillance in Serbia , 2003-2006**



Additionally, in 2006 the team of experts in partnership with key stakeholders developed three very important guidelines (Guideline for VCCT, Manual for Health Workers related to HIV infection and Practical Guideline for PLHIV “Living with HIV”). After the improvement given by NAC these guidelines were published by IPH of Serbia/National HIV/AIDS Office and distributed through the country.

In order to monitor the results of the undertaken activities *in the reporting period 2006-2007*, and in response to the *UNGASS Declaration of Commitment on HIV/AIDS*, Serbia selected 8 indicators (as suggested in the Revised Monitoring Framework promoted by UNAIDS in May 2007) for reporting:

1. Government HIV/AIDS policy development and implementation status:  
National Composite Policy Index - NCPI
2. Percentage of transfused blood units screened for HIV in a quality-assured manner
3. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy
4. Percentage of schools that provided life skills-based HIV education in the last academic year
5. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
6. Median age at the first sexual intercourse among young people aged 15-24
7. Percentage of women and men aged 15-49 who have had sex with more than one partner in the last 12 months
8. Percentage of women and men aged 15-49 who had more than one partner in the last 12 months and who report the use of condom during their last sexual intercourse

More about impact indicators (reduction in HIV prevalence among most-at-risk populations) are given at page 7 - 8.

Data for some of the core indicators recommended by UNGASS were extracted from the existing and available surveys, while some of the core indicators will be available in June 2008 (HIV prevalence among IDUs, CSWs and MSM, sterile equipment for injecting, condom use during last sexual intercourse, knowledge and coverage with preventive services and HIV testing among IDUs, MSM and CSWs, and for young Roma population, institutionalized children and children without parental care as well as for prisoners. Also we will have some qualitative analysis on behavior practice and other risk factors at the same time for some of these MARPs as well as data on quality of life and needs of PLHIV.

### **Major challenges faced and actions needed to achieve the goals/targets**

Limited information on behavioral patterns in defined MARPs, and missing the overall National M&E framework that will assure collection and analysis of all available data was one of the major challenges. The UN TG on HIV/AIDS / UNAIDS has supported defining and implementation of the National M&E System since November 2004.

Introduction of the Second generation of HIV/AIDS surveillance was a special challenge that the country had to face with in order to provide comprehensive baseline HIV prevalence and behavioral data that will offer a better insight in the status of the epidemic as well as monitoring and evaluation of national response to HIV epidemic and better planning of preventive activities especially among defined hard to reach MARPs.

The period 2006–2007 witnessed important progresses made in the area of HIV/AIDS in Serbia. The strong partnership of GOs and NGOs acting to implement the new national strategy has been successful. Major prevention interventions have been expanded to national level with scaled-up access to services and programmes for most at risk population groups.

An important role has been played by the significant Global Fund contribution to the strategy implementation, almost exclusively for prevention interventions and the important national contribution dedicated to prevention, treatment, care and social support.

The main challenges for National AIDS Strategy implementation in the forthcoming period will be to maintain and scaled-up already developed prevention activities and to maintain the universal access to treatment and care. These will require an increased contribution from the national budget. Despite the progress made, the programmes targeting high vulnerable groups are far from reaching enough to make an impact. Alternative strategies and innovative approaches based on best practices should be implemented together with a revision of current legislation with objective to encourage programmes where it is necessary.

### **Support required from country's development partners**

UN TG members also contributed to the national efforts for better implementation of the priorities highlighted in the National Strategy:

- Support to the establishment of the functional One National M&E system (UNAIDS through PAF funds)
- Initiation of the formulation of national policies and standards for youth friendly health, social and education services (formal and non-formal), and assessment of the community and health services provided to especially vulnerable young people (UNICEF)
- Efforts to strengthen HIV/AIDS/STI surveillance and support the surveillance capacity building (UN TG, WHO)
- Assessment and response of the PLHIV opinion on the current available healthcare, and social services (UN TG, UNDP)
- Raising funds for the medium to longer term programmes and projects (bilateral and multilateral agencies).

### **Monitoring and evaluation environment**

Strengthening of national M&E capacity, as well as providing training in 2<sup>nd</sup> generation HIV/AIDS Surveillance was the key activity supported by UNAIDS in Serbia over the last two years period. International experts and technical partners have been comprehensively trained inter Over 10 people. Local trainings have been made available for selected number of national stakeholders. As follow up to the participation in international training events, the national experts conducted a few of national workshops. The national workshops served as consultation forums where all relevant stakeholders participated in revision of existing and defining new indicators and designing of functional M&E system on national level. With support of UNTG/UNAIDS, targets for UA to prevention, treatment, care and support have been set.

The M&E system and plan for monitoring the National response to HIV/AIDS in Serbia has been developed and delivered to the NAC for adoption in September 2006. Multi-agency M&E Toolkit was among few resource documents that was used for its development. The plan provided sufficient basis for monitoring key indicators. In addition the M&E system have been strengthened by established National HIV/AIDS Office, that has been tasked to act as the main point for collecting and collating data on program indicators at coverage and outcome/impact level. The National HIV/AIDS Office acts as M&E Unit supporting the monitoring of the National Programme implementation.

In 2006, the National HIV/AIDS Office was established as an operational body of the NAC. The Office has been established within the IPH of Serbia, with support from UNDP and UNAIDS. The office is continued to be funded by domestic sources from 2007. The main functions of the national HIV/AIDS Office are: assistance to the NAC in overseeing implementation of the National HIV/AIDS Strategy; development and implementation of broad capacity building strategy based on continuous needs and resource assessment; development of M&E plan, and establishing reporting procedures and data flows within the programme as well as to: provide regular reports based on collected and analyzed indicators data, establish and maintain data bases on program resources, service gaps and financial resources, to enable further strategic planning activities, ensure transparency of the program implementation, by establishing information exchange channels and networks, and dissemination of all relevant information to wide audiences, trainings of journalists and medical staff, capacity building of all relevant stakeholders regarding 2<sup>nd</sup> generation surveillance and budgetary-based programming and planning.

Coverage indicators are defined to incorporate all three levels of coverage within particular service delivery areas. To ensure full participation of implementing agencies, and collection of good quality data, implementers are fully trained in M&E. Service point data collection will be based on CRIS within the M&E System and Plan, guided by M&E Unit IPHS. Based on the 3<sup>rd</sup> level coverage indicators reported by the program implementers, the National HIV/AIDS Office will provide estimates of service coverage as percentage of estimated magnitude of targeted populations.

Ministry of Health/GFATM Programme outcome and impact indicators will be measured through bi-annual bio-behavioral surveys among defined most at risk populations, as recommended for low and concentrated epidemics. Baseline surveys for collection of these indicators are ongoing and the repeated surveys will be conducted in 2009 and 2011. Ministry of Health will support the implementation of these surveys.

Data will be collated and analyzed using CRIS (Country Response Information System). CRIS has already been adjusted to the nationally selected and revised set of indicators, and is currently being tested within some district IPHs and the National HIV/AIDS Office.

In addition, the MoH PIU of GF HIV/AIDS Programme will organize regular monitoring visits to implementation sites/organizations, ensuring data verification and advising implementing partners on required improvements in data quality for the purpose of reporting.

In order to improve coordination and cooperation between implementing partners, the National HIV/AIDS Office will organize semi-annual National Programme review meetings, as a forum to exchanging experience and discuss challenges confronted in the implementation of the HIV/AIDS Programme.

The Institute of Public Health of Serbia is the institution that has the official mandate to collect all available and defined M&E data (using CRIS) and to report to NAC as well as to all national and international key stakeholders about national response to HIV/AIDS in Serbia.

### **Annex 1: Consultation/preparation process for this national report**

The report was prepared by the National Multicultural AIDS Commission and Ministry of Health in close collaboration with the Institute for Public Health of Serbia/National HIV/AIDS Office, National M&E WG, civil society and UN TG on HIV/AIDS based on the results of revision of core indicators in National M&E Plan and evaluation of implementation of National HIV/AIDS Strategy in the period 2005-2007 (two meetings of National M&E WG in July and September 2007).

NCPI questionnaire was broadly discussed and fulfilled in a forum of different experts and key partners on January 24<sup>th</sup>, 2008.

The draft report was discussed and adopted by key national and international stakeholders on January 30<sup>th</sup>, 2008.