

Bosnia and Herzegovina Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Zlatko Cardaklija, HIV/AIDS Coordinator

Postal address:

Federal Ministry of Health Titova br. 9 71 000 Sarajevo

Telephone:

+387 33 206 197, +387 61 160 158

Fax:

-

E-mail:

zlatko.cardaklija@fmoh.gov.ba

Describe the process used for NCPI data gathering and validation:

The process was lead by the Ministry of Civil Affairs at the state level, with active participation by the Ministries of health in FBiH and RS.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

N/A

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

N/A

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Federal Ministry of Health	Dr. Zlatko Cardaklija	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Action Against AIDS	Srdjan Kukolj	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2011-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The HIV/AIDS Strategy in BiH 2011-2016 includes following goals: Goal 1: Universal approach towards prevention, treatment, care and social support Goal 2: Strengthening surveillance over HIV/AIDS Goal 3: Strengthening of inter-sectoral and multi-sectoral cooperation Goal 4: Strengthening and capacity building of all stakeholders to combat HIV/AIDS Goal 5: Strengthening the legal framework for the promotion, respect and protection of human rights Goal 6: Decrease stigmatization and discrimination

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Civil Affairs BiH

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy **Earmarked Budget**

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

The strategy costing is expected to be developed by the end of July, 2012.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Injecting drug users (IDU), men who have sex with men (MSM), sex workers (SW) and their clients, the migrant populations, refugees, prisoners, asylum seekers, internally displaced persons (IDP), young people and persons who live on or below the poverty line. Persons exposed through a professional capacity to HIV: healthcare workers who come into contact with bodily fluids as well as other professionals such as policemen, soldiers, correctional officers, fire fighters, rescue service officers and

members of associations and foundations that provide harm reduction services and similar.

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

N/A

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The representatives of two CSOs are members of the working group for development of HIV/AIDS Strategy in BiH 2011-2016.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

N/A

Poverty Reduction Strategy:

Yes

Sector-wide approach:

N/A

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women’s economic empowerment (e.g. access to credit, access to land, training):

N/A

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

MSM, IDU, SW, Heterosexual, migrants etc.

Briefly explain how this information is used:

N/A

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

At entity level and municipal levels.

Briefly explain how this information is used:

N/A

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

In terms of impact, the main improvements noted are in the capacity building of all stakeholders in the country response to HIV through currently implemented GFATM R9 HIV grant, as well as improvement of relationship between government and CSOs.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Improved access to key populations at risk, improved access to VCCT centres, as well as ART provided to all eligible PLHIV.

What challenges remain in this area:

Improve harm reduction services (including in prison settings), improved access to MSM and SW populations, capacity building in government and CSO sectors, introduction of healthy lifestyles in formal education

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

-

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Senad Sepic, Assistant Minister, Ministry of Civil Affairs, Chair of National Advisory Board for HIV/AIDS

Have a defined membership?:

Yes

IF YES, how many members?:

8

Include civil society representatives?:

Yes

IF YES, how many?:

1

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The Country Coordinating Mechanism for oversight of implementation of GFATM grants main achievements are successful implementation of R5 HIV and TB grants, including the successful implementation of R9 first phase of HIV and TB grants.

What challenges remain in this area:

Ensuring approval of second phase of GFATM R9 HIV and TB grants.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

No

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

N/A

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

Capacity development for all stakeholders in country HIV response through GFATM R5 and R9 grants.

What challenges remain in this area:

-

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

-

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Ombudsman for human rights mechanism is in place.

Briefly comment on the degree to which they are currently implemented:

Although the legislation was adopted, efforts need to be made to secure the implementation of the legislation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

-

Avoid commercial sex:

-

Avoid inter-generational sex:

-

Be faithful:

-

Be sexually abstinent:

-

Delay sexual debut:

-

Engage in safe(r) sex:

-

Fight against violence against women:

-

Greater acceptance and involvement of people living with HIV:

-

Greater involvement of men in reproductive health programmes:

-

Know your HIV status:

-

Males to get circumcised under medical supervision:

-

Prevent mother-to-child transmission of HIV:

-

Promote greater equality between men and women:

-

Reduce the number of sexual partners:

-

Use clean needles and syringes:

-

Use condoms consistently:

-

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

No

Teacher training?:

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

No

Briefly describe the content of this policy or strategy:

-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

The essential elements are included in the ART protocol.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

The list of essential medications is regularly updated with new ART medications.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Agree

Nutritional care:

Strongly Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Neutral

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

The basic socio-economic support is provided to PLHIV through GFATM R5 and R9 HIV grants and includes provision of food supplements/vitamins, heating amenities, coverage of transport cost to ART site etc.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Improved social support to PLHIV in 2010 and 2011.

What challenges remain in this area:

Provision of improved socio-economic support to PLHIV through development of decentralised services.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

5
Since 2009, what have been key achievements in this area:
There were no registered cases of hiv-related needs of orphans and other vulnerable children in 2011.

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes
Briefly describe any challenges in development or implementation:
The development of national Monitoring and Evaluation (M&E) plan for HIV is underway and is expected to be completed by end of June, 2012 by the working group for development of HIV/AIDS strategy in BiH 2011-2016

1.1 IF YES, years covered:

2011 - 2016

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

-

Evaluation / research studies:

-

HIV Drug resistance surveillance:

-

HIV surveillance:

-

Routine programme monitoring:

-

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

In Progress

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Main identified obstacles include birocracy and administration as well as different political interests.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

Within GFATM / UNDP Project Management Unit.

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

HIV/AIDS Monitoring & Evaluation Expert	Yes	-	2006
---	-----	---	------

HIV/ AIDS M&E Assistant	Yes	-	2006
-------------------------	-----	---	------

Micro Grant Project Assistant	Yes	-	2012
-------------------------------	-----	---	------

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Monitoring and Evaluation Junior Assistant	-	Yes	2011
Monitoring and Evaluation Junior Assistant	-	Yes	2011

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
 ART clinics - Entity HIV/AIDS Coordinators - M&E unit

What are the major challenges in this area:
 Introduction of M&E software

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes
6. Is there a central national database with HIV- related data?:

Yes
IF YES, briefly describe the national database and who manages it.:
 GFATM / UNDP Project Management Unit and Entity Ministries of Health

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
 Yes
At subnational level:
 Yes
IF YES, at what level(s)?:
 -

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

No

8. How are M&E data used?

For programme improvement?:
 Yes
In developing / revising the national HIV response?:
 Yes
For resource allocation?:
 Yes
Other [write in]:
 -

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

For development of project and activities in order to improve country response to HIV.

9. In the last year, was training in M&E conducted

At national level?:
 No
At subnational level?:
 No
At service delivery level including civil society?:
 No

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes
IF YES, describe what types of activities:
 -

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

10
Since 2009, what have been key achievements in this area:
 Establishment of efficient and all inclusive M&E system in country.

What challenges remain in this area:

Administrative changes in terms of rules and slow birocracy.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

-

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

4

c. The national HIV reports?:

3

Comments and examples:

-

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

4

c. Participate in using data for decision-making?:

1

Comments and examples:

NGOs were seen as good partners in the implementation of HIV activities in BiH, and therefore are directly involved in the process of monitoring the implementation of all activities to be done to improve the whole system.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

-

Comments and examples:

N/A

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

2

Comments and examples:

NGOs in BiH have not sustainability programs, and continues operate thanks to donations. That is why cannot directly participate in all national activities on an equal footing with government institutions.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

25-50%

Transgendered people:

<25%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

Since 2009, what have been key achievements in this area:

National prevention programs, Harm-reduction services and Psycho-social support.

What challenges remain in this area:

Lack of accreditation systems of organizations to improve client’s service.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

This Act ensures the protection, promotion of human rights and freedoms, form conditions for the realization of equal rights and opportunities and regulating the system of protection against discrimination based on race, ethnicity, color, sex, language, religion, political or other opinion, national or social origin, property status, union membership or any other association, educational, social status, marital or family status, pregnancy and maternity, age, health status, disability, genetic heritage, links with a national minority, gender identity, expression or sexual orientation and other grounds.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

State institutions and authorities, entity, cantonal and Brcko District authorities, municipal institutions and legal entities with

public authorities, and other legal and natural persons are obliged to keep regular records of all cases related to discrimination, within the legal obligation to execute the international obligations of Bosnia and Herzegovina are also required to submit the data collected and the Ombudsman of the BiH Ministry for Human rights and refugees of Bosnia and Herzegovina, which is responsible for drafting reports on human rights and freedoms in Bosnia and Herzegovina on the basis of international agreements to which the member of Bosnia and Herzegovina.

Briefly comment on the degree to which they are currently implemented:

This law is in active use.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:
No

Men who have sex with men:
No

Migrants/mobile populations:
No

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs:
No

Prison inmates:
No

Sex workers:
No

Transgendered people:
No

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Ask National Gender Centre: protokol@gc.vladars.net.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

No

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

-

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	Yes	No
Yes	Yes	No
Yes	Yes	No

If applicable, which populations have been identified as priority, and for which services?:

PLHIV, MSM, IDU.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

-
8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

General court.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?:

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

Ombudsman prosecute all cases in accordance with applicable statutory regulations

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?:

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?:

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

Establishment of the Law on Prohibition of Discrimination.

What challenges remain in this area:

The prosecution of cases.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

10

Since 2009, what have been key achievements in this area:

Public campaigns, harm-reduction services, promotion of VCCT centres, outreach activities and formal and informal education of youths.

What challenges remain in this area:

High degree of stigma and discrimination.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Free of charge treatments, free of charge psycho-social support and financial and material support and care.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Through the National Strategy for Combating of HIV / AIDS.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Strongly Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-

Post-delivery ART provision to women:

-

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

-

Post-exposure prophylaxis for occupational exposures to HIV:

-

Psychosocial support for people living with HIV and their families:

-

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Great efforts are made to treatment for HIV patients were still free and available.

What challenges remain in this area:

Introduction of new drugs according to WHO guidelines

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

10

Since 2009, what have been key achievements in this area:

We do not have these cases.

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/26/bosnia-and-herzegovina-report-ncpi>