

Republic of Serbia

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Reporting period: January 2003 – December 2005

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Status at a glance

Strategic, Policy, and Regulatory 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 1.400 \$ (2003).

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 Affair, Justice, Education, Labour, and Local Self Government; NGOs; PLWHA; academic institutions; medical services; and also observers from the UNAIDS, UNICEF, UNDP, WHO.

After the broad public debates and consultations with various stakeholders in ten towns on the most important issues the Serbian HIV/AIDS National Strategy 2005-2010 had been approved by the National HIV/AIDS Commission and launched by the Government in February 2005.

Taking as the underlying principle that the PLWHA 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 and that the response to the HIV/AIDS situation will take a multidimensional approach and will include also the social and economic factors, discriminations, social marginalisation and sexual differences the Strategy was designed as a framework to guide development, implementation, monitoring, and evaluation of HIV/AIDS-focused programmes and activities in the national context¹. The general goal is the prevention of HIV infection and STIs, as well as the provision of treatment and support to the PLWHA and four main components of the National Strategy are:

- HIV/AIDS prevention in the general population, among young people and particularly vulnerable populations (IDUs, sex workers, MSM, prison inmates and military);
- Treatment, care and support to the PLWHA;
- Support of the community to the fight against HIV/AIDS;
- Epidemiological surveillance over HIV/AIDS, monitoring and reporting.

In 2002, the GFATM in its first round approved a grant of USD 3,5million over four years for implementation of the Coordinated Country Proposal titled Controlling HIV/AIDS in Serbia: "A Comprehensive Country Strategy and Emergency Plan". The grant proposal has 6 components. The first one focus on development of a comprehensive national strategy for HIV/AIDS and the other ones on implementation of immediate preventive interventions that have proven effective in other environments such are:

- Education of healthcare personnel;
- HIV/AIDS education in the school system;
- Social marketing and distribution of condoms;

¹Serbian Nacional Strategy for fight against HIV/AIDS 2005-2010

- Prevention of vertical HIV transmission (mother to child transmission-MTCT);
- Prevention programs for high risk groups (PLWHA, IDUs, sex workers, MSM) including promotion and improvement of VCCT Programme and HIV/AIDS Surveillance System as overall activities.

The GFATM grant application, boosted cooperation among key stakeholders in the country. It enabled the establishment of a missing link between Governmental organizations and NGOs, and supports the development of harm reduction approaches to decrease vulnerability of drug users to HIV/AIDS. The first phase implementation GF Programme started in November 2003 and last for two years and the approval of second phase of the Programme (USD 800.000) was recently announced and will offer to a large partnership of governmental and non-governmental institutions the opportunity to consolidate and expand services established during first phase implementation.

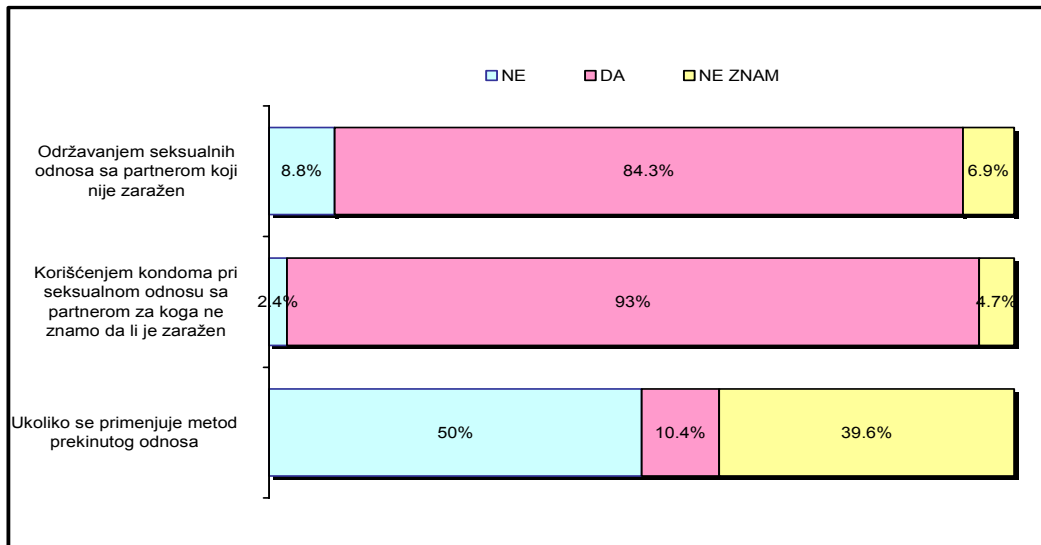
Also, in 2003 UK DFID provided grant (USD1,3 million) for two years funded Project “HIV Prevention Among Vulnerable Populations Initiative” (HPVPI) in Serbia and Montenegro (SCG) which is implemented in 2004-2006 by UNDP through five components: National Strategies, 12 innovative evidence-based HIV Prevention Demonstration Projects targeting vulnerable groups, Capacity Building, Research and Evaluation and HPVPI Network in SCG. Defined vulnerable groups in Serbia are IDUs, PLWHA, sex workers, prisoners, Roma. In October 2005, HPVPI Network spearheaded the foundation of “SEE Collaborative Networking” which will contribute to solving specific problems related to health and rights of vulnerable populations in South East Europe.

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

HIV/AIDS awareness is very high in Serbia, with nearly all adolescents (aged 15-19) (97,5%), and adult men and women (93%) having heard about HIV/AIDS, as results from the most recent DHS (*Source: "Health status, health needs and healthcare utilization of population in Serbia, Republican IPH, 2000*). The similar results were found in *UNICEF MICS II (2000)* where 92% women aged 15-49 having heard about HIV/AIDS and in the most recent national KAPB study where 99,7% young people aged 18-28 having heard about HIV/AIDS (*Source: HIV/AIDS, Strategic Marketing, 2004*).

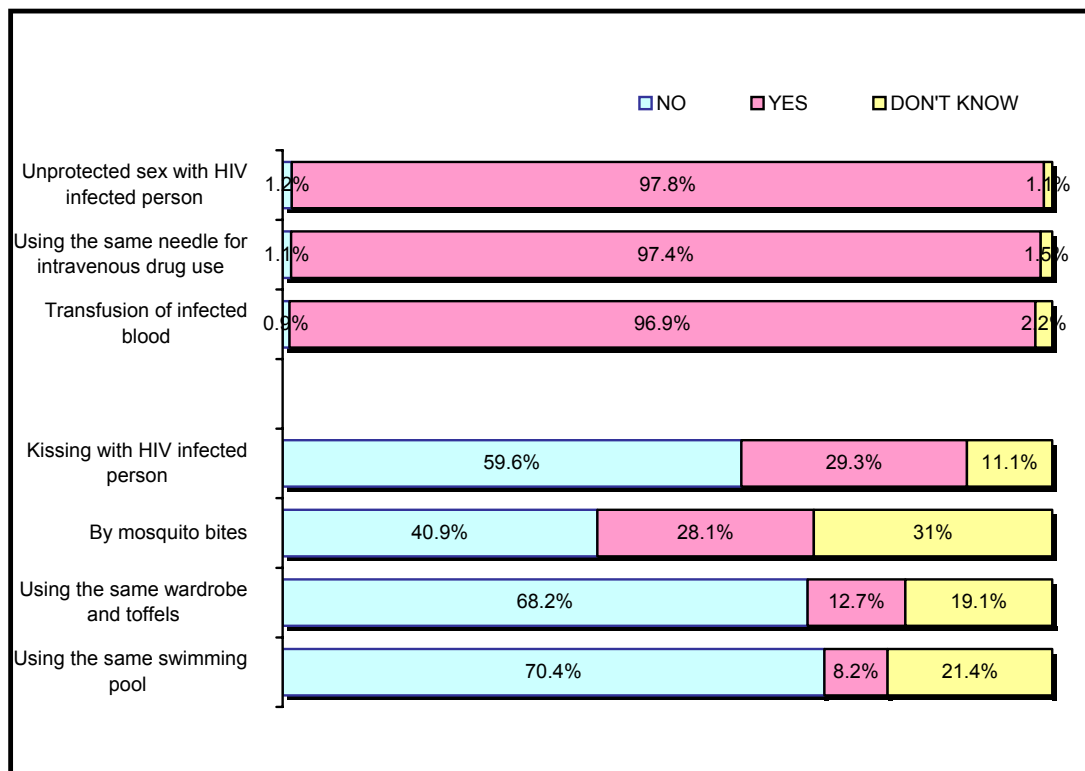
Despite this high level of awareness and the correct knowledge of the main ways to prevent sexual transmission (84% and 93% young people aged 18-28) the misconceptions indicators and the discrimination indicators are showing lower percentages.

Graph 1. The ways of prevention sexual transmission of HIV infection



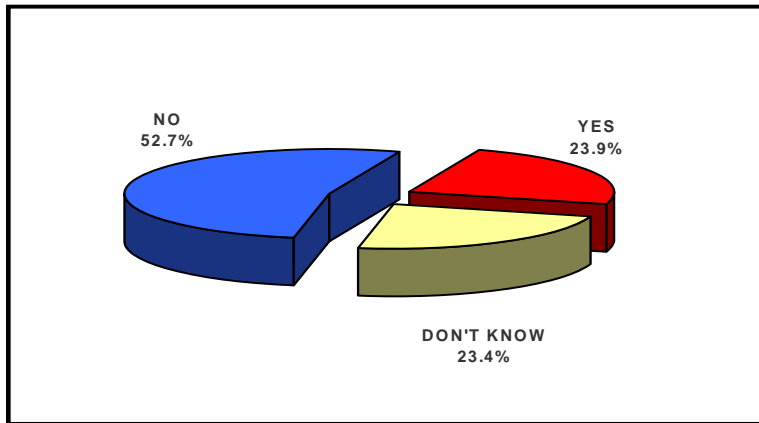
Source: Strategic Marketing, March 2004

Graph 2. Knowledge and misconceptions about the ways of HIV transmission



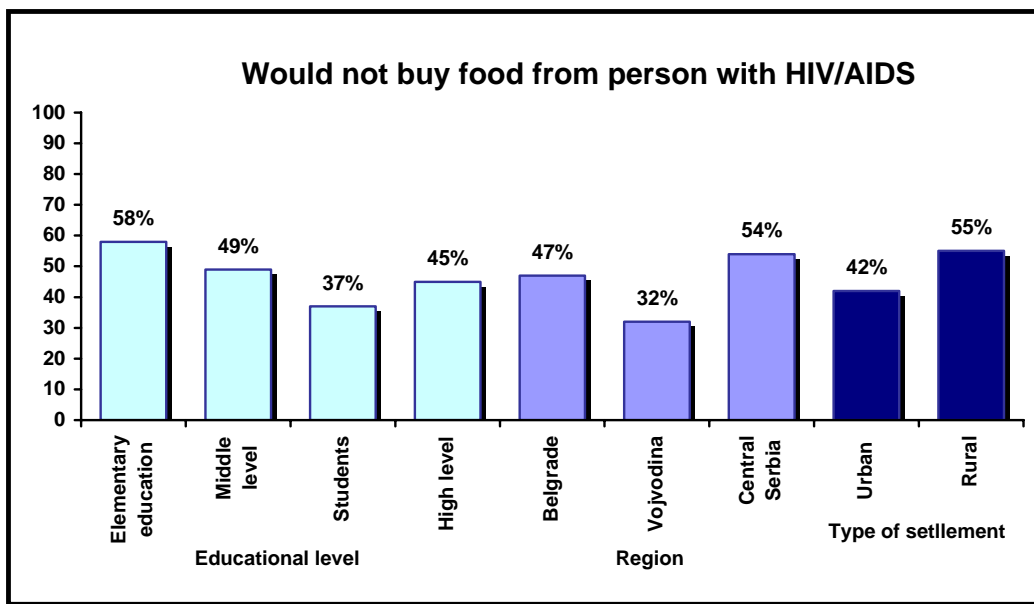
Source: Strategic Marketing, March 2004

Graph 3. Could we recognize the HIV infected person by any physical signs?



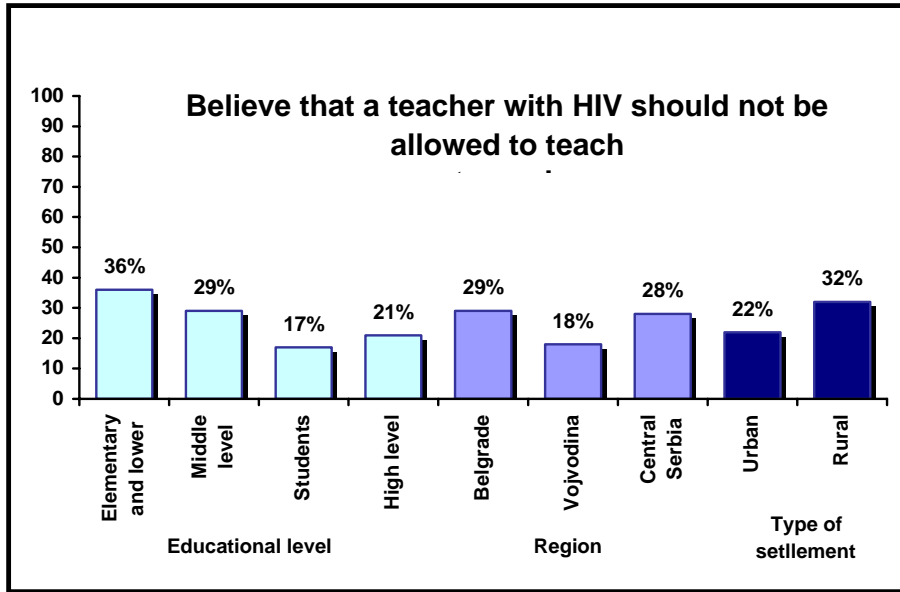
Source: Strategic Marketing, March 2004

Graph 4.



Source: Strategic Marketing, March 2004

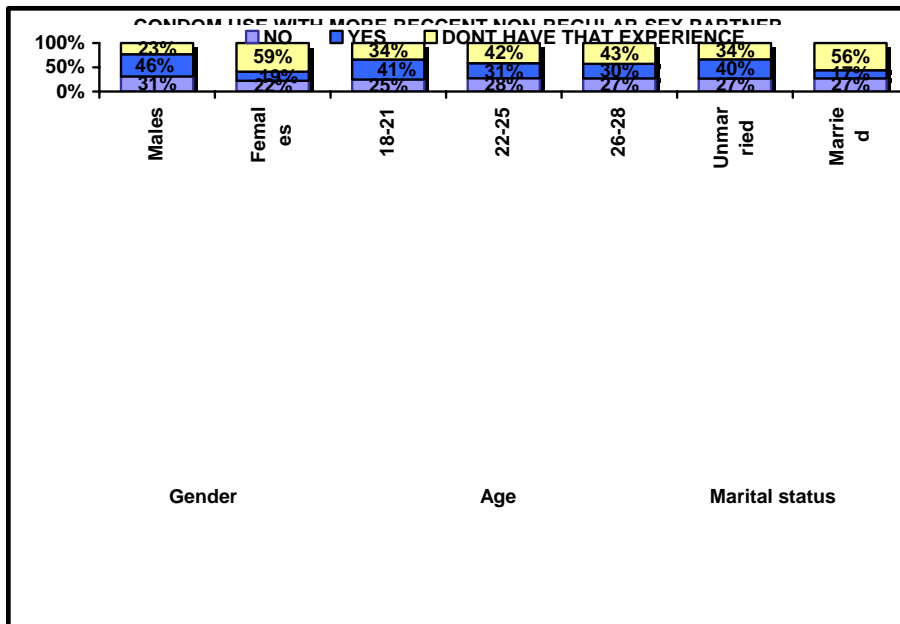
Graph 5.



Source: Strategic Marketing, March 2004

In the same survey 8% of young males and 1% of females aged 18-28 had sex before the age of 15 (6% of all in age group 18-21, 5% in age group 22-25 and 4% in age group 26-28). 46% young men and only 19% women use condom with more recent non-regular sexual partner (Source: HIV/AIDS, Strategic Marketing, 2004).

Graph 6.



Source: Strategic Marketing, March 20

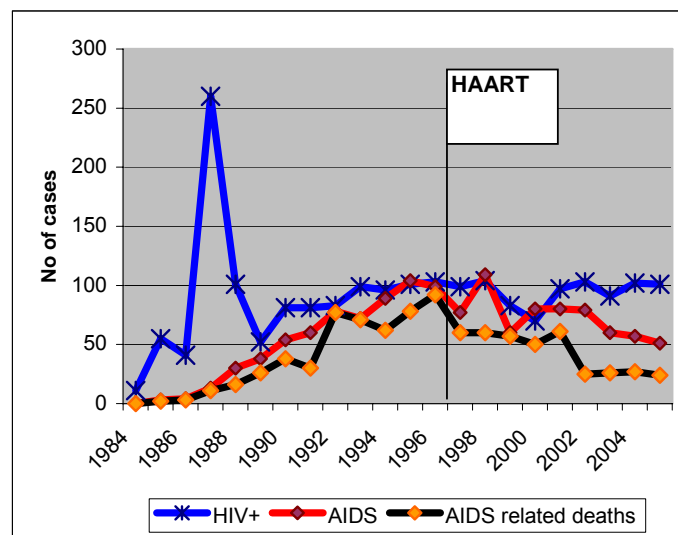
Overview of the HIV/AIDS epidemic

➤ Epidemiological Overview

The real epidemiological picture for HIV/AIDS in Serbia is still not clear although the overall reported prevalence and incidence of HIV/AIDS is low. There is a relatively weak national surveillance system that lacks specific data for the most vulnerable groups in society.

The first HIV infection was registered retrospectively in 1984, and the first AIDS case in 1985. According to data released by the Republican Institute for Public Health “Batut” (the National Institution that has the mandate for surveillance and monitoring and evaluation of the national HIV responses, and is going to host the Country Response Information System-CRIS) the cumulative number of HIV/AIDS cases reported till 31st December 2005 was 2014, of whom 1297 developed AIDS and 896 died. In the period 2003-2005, 294 newly diagnosed HIV positive persons and 168 new AIDS cases were registered (60 in 2003, 57 in 2004 and 51 in 2005) while in the same period 77 person died from AIDS related conditions. The decreasing trend of AIDS cases and AIDS related deaths is due the introduction of HAART which is fully covered by Republican Health Insurance Fund since 1997.

Figure 1. HIV and AIDS cases and AIDS related deaths by year of diagnosis, 1984-2005

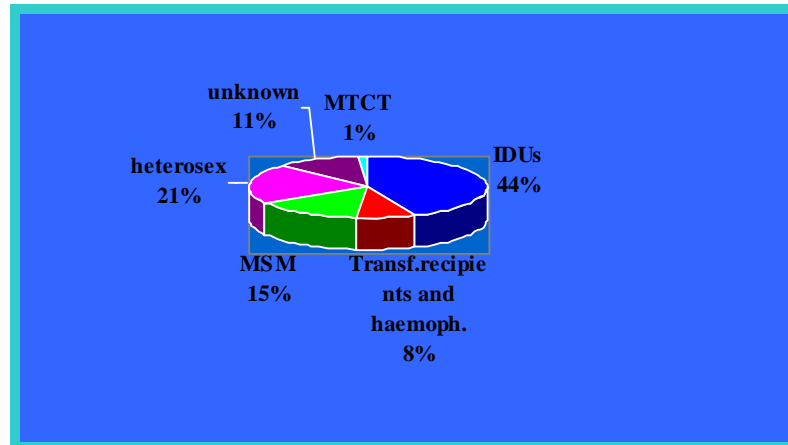


Source: RIPH “Batut”, 2005

Majority of the HIV positive cases in the past were diagnosed at the stadium of AIDS (more than 70%), but in a few recent years that trend is changing (54% in 2003, 39% in 2004 and 30% in 2005) and is linked both with higher media promotion of friendly and high professional VCCT services in many IPHs which reduces the stigma and discrimination associated with the HIV testing and at the other side increasing number of free of charge confidential or anonymous HIV testing throughout the whole year. Out of a 1297 reported AIDS cases between 1985 and 2005, nearly three quarters

(73%) are males; three quarters lived in Belgrade, almost one half (44%) are IDUs and one half are aged 30-39, followed by age group 40-49.

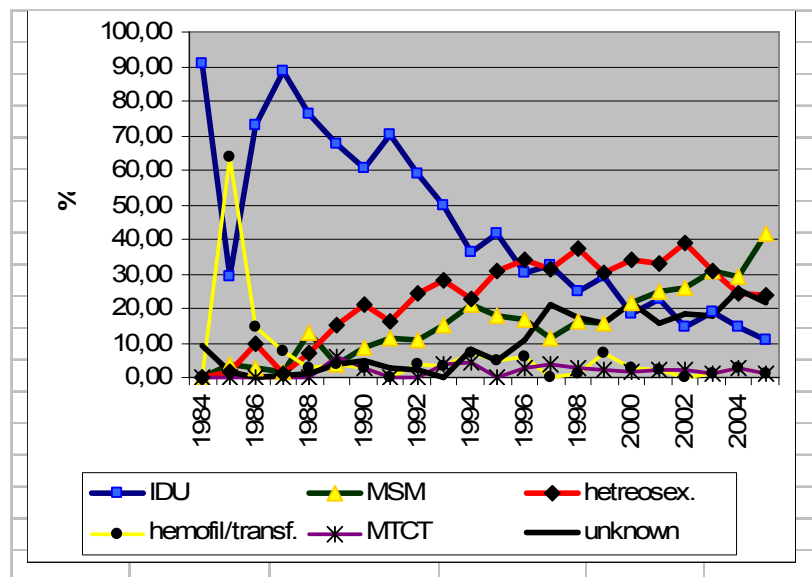
Figure 2. Reported mode of transmission among AIDS cases in Serbia, 1985-2005



Source: RIPH "Batut", 2005

In recent years increasing trend of sexual transmission was noticed among newly diagnosed HIV/AIDS cases (63% in 2003, 54% in 2004 and 64% in 2005) versus decreasing trend of newly diagnosed HIV/AIDS cases among IDUs (18% in 2003, 15% in 2004 and 11% in 2005).

Figure 3. HIV/AIDS cases by reported mode of transmission and year of diagnosis in Serbia, 1984-2005 (Source: RIPH "Batut", 2005)



A great effort was made to promote and expand VCCT activities and in an addition to the ongoing VCCT programmes under the implementation framework of the GF AIDS Programme, total number of 8265 clients at risk were counselled and tested in 2005 in 13 districts out of 23 (the biggest testing rate was in Belgrade – 5139 clients or 3,3 per 1000 population).

Impact indicator

➤ Most-at-risk population : Reduction in HIV prevalence

IDUs and CSWs

Under the framework of the implementation of the DFID funded HPVPI project, a combined qualitative, behavioural and serological survey based on Respondent Driven Sample (RDS) methodology was conducted among 431 street IDUs and 207 commercial sex workers in Belgrade by local partners with support of experts from Imperial College in London, and CDC in USA in the period September–November 2005. The final report of the behavioural study that will offer crucial insight of the status of the knowledge, behaviour and attitudes of IDUs and CSWs, as a HIV seroprevalence among those population, will be available in May 2006. Dried blood samples taken from respondents will be unlinked anonymously tested on HIV, Hepatitis B and Hepatitis C infection in March 2006, so we will have the most representative baseline value of HIV seroprevalence in IDUs and CSWs. Also it was planned by experts from Imperial College to estimate the real size of IDUs population in Belgrade by crossmatching the different sources of available data.

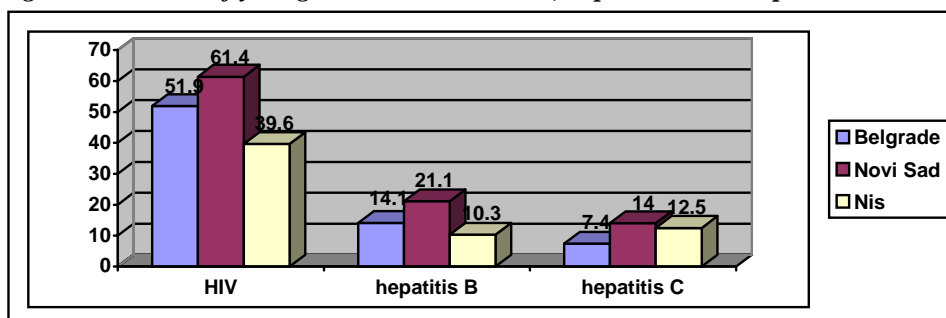
Additionally, out of a 368 IDUs tested in VCCT centers in 2003 only 3 were newly diagnosed as HIV positive (0,8%), and of 1099 IDUs tested in 2004 only 4 were newly diagnosed as HIV positive (0,4%).

MSM

Among the 156 MSM tested in VCCT centers in 2003 there were found 5 newly diagnosed HIV cases (3,2%) and in 2004 out of 277 tested 24 MSM were newly registred as HIV positive (8,7%). The similar findings were obtained from intreviewed MSM aged 16-24 in three towns –Belgrade, Novi Sad and Nis conducted as part of the Rapid Assessment and Response on HIV -RAR evaluation among young MSM (RAR I among EVYP was conducted in 2001/2002) in three towns: Belgrade, Nis and Novi Sad. The data was collected during November and December 2003 and the first half of January 2004 and had shown that out of 223 respondents 117 (52%) were tested for HIV and known the results in the last 12 months versus the 41% in 2002.

Among 117 tested on HIV there were 7 respondents who answered that their result was HIV positive (6%).

Figure 4. Percent of young MSM tested on HIV, hepatitis B and hepatitis C



Source: RAR II on HIV among young MSM, NGO SPY, 2004

National Response to the AIDS epidemic

The HIV/AIDS response is 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 proposal (where side by side Government and Civil Society organizations were nominated to act as implementing partners), and especially from June 2004 when new NAC create and approved first comprehensive National Strategy for Fight against HIV/AIDS 2005-2010. The climax of the civil society engagement is noted especially in 2003 (the first year of the GFATM grant implementation) when civil society organizations are actively working with hard to reach populations, and a couple of new NGOs were created.

As a result of the first phase of the implementation of GF supported Programme many operational researches were conducted, many documents and broad discussion were performed as brochures and posters, many media campaigns had been held on different prevention topics.

➤ *Education of teachers, peer educators and school children*

Till May 2005 around 250.000 young people received peer-education in and out of school settings. Also 535 school teachers were included in the HIV/AIDS special training on how to transfer the newly gained knowledge to their students (50% of schools have at least one educated teacher). There is some delay in activities because of the two changes of Minister of Education.

➤ *Social marketing of condoms among general population, youth and MARPs*

A qualitative and quantitative survey among 635 young people from 4 rural settlement and Belgrade as comparative urban settlement about HIV/AIDS knowledge, behaviour and attitudes on condom promotion and use was shown that the respondents from both settlements had different critical but insufficiently active attitudes on many issues. 37% of 74% respondents who answered on the question state that he/she used condom in the last month and 55% thought that the campaign of promotion of condom use would have an influence on fight against HIV/AIDS (Idea Plus DDB, December 2003).

Based on data given by PR of GFA grant (Economic Institute) a total of 800.000 condoms were distributed.

➤ *Education of healthcare personnel*

In November 2003 Republican IPH conducted the KAP study on HIV/AIDS among 1694 healthcare workers (HCW) in 7 districts and the results had shown unexpected low level of knowledge and risk perception in everyday activities and the high level of discriminatory attitudes against HIV positive persons (41% HCW thought that the risk for HIV infection is contact with saliva and tears, 25% with urine, 21% with stool and 13% with sweat; 30% HCW didn't conduct universal precaution measures in their routine activities, 42% never wear gloves when performing some risky interventions and 30% only when they know that the patient is HIV positive; 59% gave the services to HIV positive patients; 63% HCW stated that the all hospitalized patients should be tested for HIV and only 22% answered that it is not necessary; 10% stated that the HCW have right not to give the service to PLWHA and 34% stated that HIV positive HCW should not work in practice but 64% stated that HIV positive person should

work with other people in offices etc.). As a direct activity based on these study in a GF granted Programme was the education of healthcare personnel on epidemiology, diagnosis, management, care and support of PLWHA, universal precaution measures in healthcare settings, HIV vulnerability and the importance of implementation different preventive activities. Till the end of 2005 a total of 1028 HCW were educated through the 18 twodays seminars in 14 districts.

The evaluation KAP study among HCW is conducting these days and the results will be available in March 2006.

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

A special attention was paid to the 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 Global Fund supported HIV/AIDS Programme allowed the implementation of the routinely voluntary counselling and HIV testing of pregnant women based on “*opt-out strategy*” (approved by NAC) in 5 districts (in 15 the biggest Primary healthcare centers). In 2005 out of a 13.200 exposed pregnant women 7136 (54%) were counselled and tested for HIV versus 991 tested in 2003 and 1384 tested in 2004 (no one of pregnant women tested in 2003-2005 had not been HIV positive). The majority of pregnant women were tested in Belgrade – 3570 (in 6 Primary healthcare centers out of 16). The total of 500 healthcare professionals were educated on main topics regarding this issue on 13 seminars and 3 VCCT trainings; additionally 100 algorithms, 90 posters, 11.000 specific brochures were distributed till September 2005 and monitoring and evaluation of all activities had been conducted.

At the other side in period 2004-2005 6 pregnant women who were already known that they were HIV positive and who decided to born a baby were on HAART protocol and had the planned cesarien sectio on delivery time so at this moment we have 6 HIV negative children borned by HIV positive mothers.

➤ ***Blood safety***

All the blood units are voluntary donated and mandatory screened for HIV since 1987 and the costs of testing are fully covered by public sources (USD 2,3 millions in 2005, Ministry of Health).

In order to monitor the results of the undertaken activities in the period 2003-2005, and in response to the UNGASS obligations, Serbia selected the 7 indicators for countries with low epidemic (as suggested in the Revised Monitoring Framework promoted by UNAIDS in July 2005) to report against:

1. Government funding for HIV/AIDS
2. Government HIV/AIDS policy development and implementation status: National Composite Policy Index - NCPI
3. Most-at-risk populations: HIV testing
4. Condom use among sex workers
5. Condom use among men who have sex with men
6. Safe injecting and sexual practices among injecting drug users
7. Reduction in HIV prevalence among most-at-risk populations (look at page 10).

The data for the some core UNGASS indicators were extracted from the questionnaires, while the some of the indicators will be available in May 2006 (HIV prevalence in IDUs, CSWs, condom use and HIV testing among IDUs and CSWs in capital city). Also we will have some qualitative analysis on behaviour practice and other risk factors at the same time for these MARPs as a data on needs of PLWHA.

As this is the very first Behavioural Study conducted among the hard to reach population, not much comparison can be made with the existing information based on anecdotal reports.

➤ **Most-at-risk populations: HIV testing**

HIV testing among most at risk groups is a real challenge. Even if outreach interventions were developed in order to target such populations (IDUs, CSWs, MSM) the number addressing VCT centers is still very low. The development of new VCT centres in the framework of the Global Fund Programme in Serbia, increased the accessibility of the service, but didn't change in a significant way the number of tests reported among these populations. This is the result of the fact that people avoid to identify themselves as belonging to one of those MARPs.

The outreach interventions developed by different NGOs had as a secondary 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 or even the tests result.

IDUs

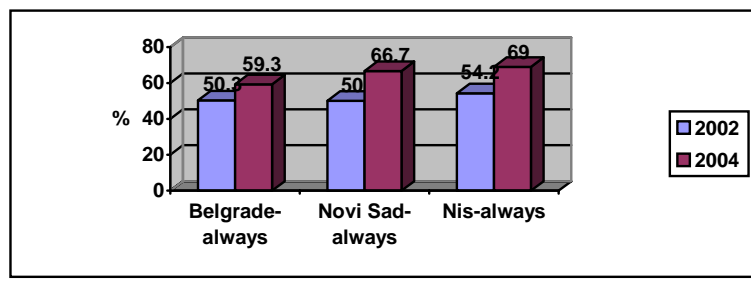
Based on data obtained from NGO Veza, the only NGO at this moment which work Harm Reduction Programme among IDUs by outreach activities and partly in Drop in center in Belgrade, 570 clients were reached by preventive programmes in 2005 versus 464 in 2004 and 329 in 2003, and among them 326 new clients in 2005 (309 in 2004 and 274 in 2003). In 2005 242.761 needles and 105.457 syringes were distributed (more than doubled versus 2003) and around 6000 condoms.

Based on results of questionnaires filled by 229 IDUs in 2004 and 2005 almost 80% of respondents were tested for HIV (32% were tested and know the result of testing in the previous 3 months). 14 respondents gave the information that their results were HIV positive (7,6%) (Annual report Harm Reduction Pilot Programme, NGO Veza, 2004,2005).

➤ **Condom use among MSM**

The rate of use of condoms among young MSM is slightly better in 2004 versus to 2002 in all three surveyed towns.

Figure 5. The frequency of use of condoms for anal sex in 2002 and in 2004 among young MSM



Source: RAR II on HIV among young MSM, NGO SPY, 2004

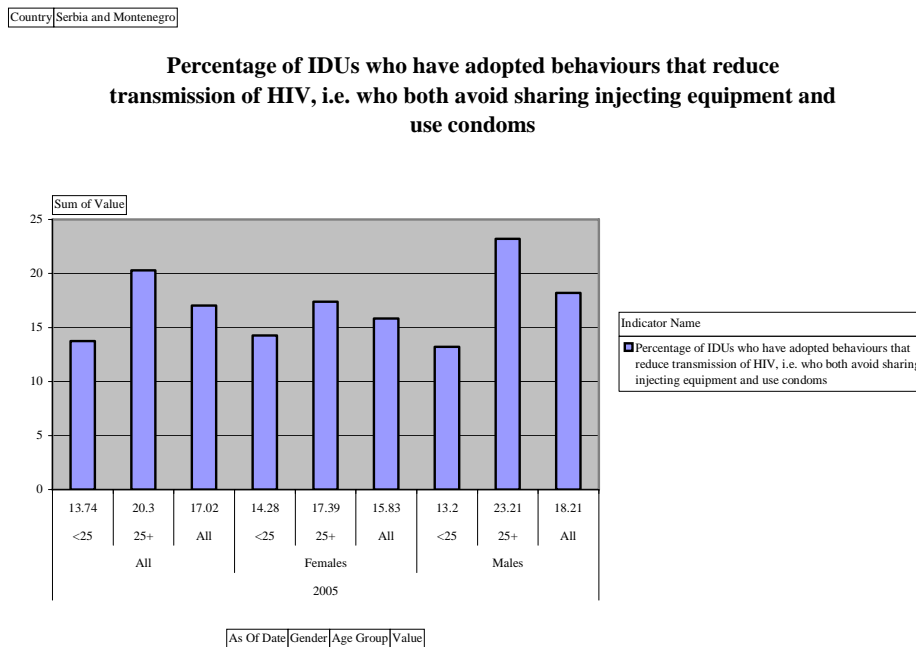
Note: The percentages, as presented in the graph, are related to the percent of answers marked as "I ALWAYS use condoms".

9000 MSM were reached with outreach preventive programmes (peer and pair education, counselling, condom and lubricants distribution) in 2005 versus 2800 in 2004. There is no valid estimation of the size of this population except WHO recommendation that 2-5% of male population aged 15-49 could be consider as MSM (36.000 – 91.000).

➤ **Injecting drug users : safe injecting and sexual practies**

The situation becomes even worse when referring to the IDUs. A behavioural sentinel survey was conducted from September to November 2005 in Belgrade, including 431 street IDUs who were injected drug in a previous month, but the questionnaire was fully respond by 390. The results of the study showed that only 17% of the sample had avoided sharing injecting equipment and used a condom at last sexual contact with the partner.

Figure 6.



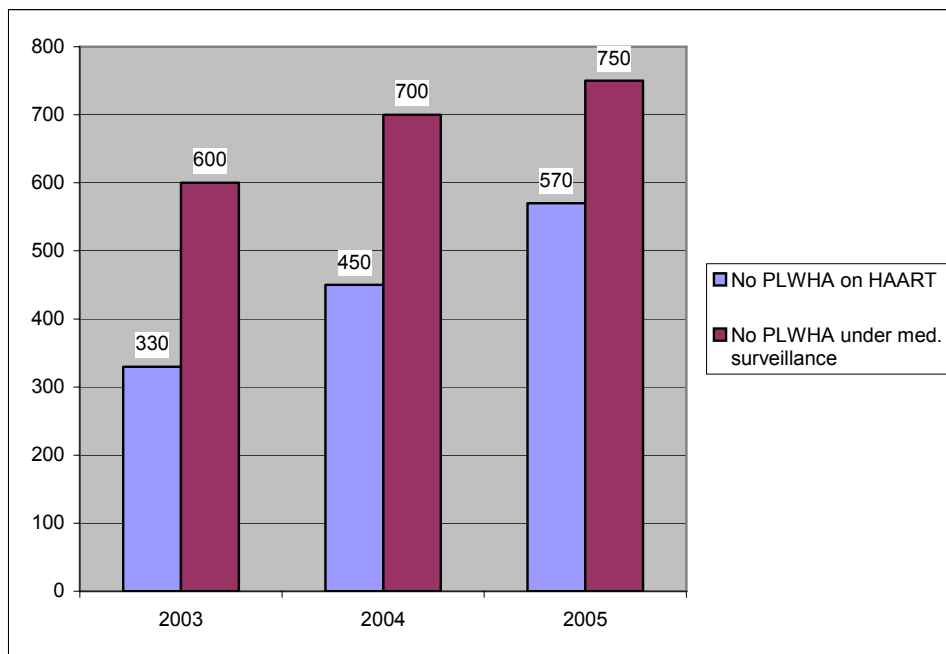
➤ **Prevention activities among CSWs, testing and condom use**

Stigma to which CSWs are exposed and the illegal status of prostitution result in a still low access to 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 the group. The data about HIV prevalence and behavioral patterns among this MARP in Belgrade will be available in May 2006. At this moment we have only data that 300 CSWs were outreached by preventive programmes conducted by NGO JAZAS in Belgrade and another 100 in Kragujevac by NGO SAFE in 2005. Additionally, based on results of questionnaires filled by 101 street CSWs in 2005 36 (32%) of respondents were tested for HIV, and out of 93 who answered on that question 82% stated that used a condom at last sexual intercourse with client (Need assessment survey among CSW in Belgrade, NGO JAZAS, 2005).

➤ **HIV treatment: antiretroviral combination therapy**

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 developed in line with WHO and international recommendations. The entire cost of the HAART treatment is covered by public sources (*USD3,6 million in 2005, Republican Health Insurance Fund*). Bellow are presented data provided by Center for HIV/AIDS at the Institute for Infectious and Tropical Diseases, the only place in Serbia and Monenegro for treatment and follow up of PLWHA, on the number of PLWHA on HAART, as well as total number of HIV positive people under medical surveillance. It shows significant increase in the number of people on HAART in the last 3 years.

Figure 7. PLWHA on HAART and under medical surveillance in Serbia , 2003-2005



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

Limited information on behavioural patterns, and not having an overall National Monitoring and Evaluation framework that will assure collection and analysis of all available data was one of the major challenges. Thus the UN TG on HIV/AIDS used UNAIDS PAF funds to initiate the establishment of the National Monitoring and Evaluation System as of November 2004.

Introduction of the Second generation of surveillance was a special challenge that the country had to face with order to provide comprehensive behavioural data supported

by biological data that will offer a better insight in the status of the epidemic, especially among hard to reach population.

A combined Behavioural/Serological study was conducted among hard to reach population in the period September – November 2005, and the collected data will serve as the baseline for future comparison of the prevention activities and monitoring of the national responses.

The period 2003 – 2005 witnessed important progresses made in the area of HIV/AIDS in Serbia. Political commitment was strong and resulted in new and modern legislation. The strong partnership of GOs and NGOs acting to implement the new national strategy was successful. Major prevention interventions were expanded to national level and access to services and programmes for risk groups was improved. A major role was played by the significant Global Fund contribution to the strategy implementation, almost exclusively for prevention interventions and the important public contribution dedicated to treatment, care and social support.

For the next period of the strategy implementation the major challenge will be to maintain and expand prevention interventions already developed and to maintain the universal access to treatment and care. This will require an increased contribution from the public 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 have to be implemented together with a revision of legislation to encourage programmes were 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 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 informal), and assessment of the community and health services provided to especially young people (UNICEF)
- Efforts to strengthen HIV/AIDS/STI surveillance and support the surveillance capacity building (UN TG, WHO)
- Assessment and response of the People Living with HIV/AIDS 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

Though Serbia is considered to have low HIV prevalence, the country is affected by many factors which mean that it may be vulnerable to an HIV/AIDS epidemic, particularly among most vulnerable sub-populations. Efforts are being made to prevent this happening, based on a National strategy for the period 2005-2010. This response is financed from a number of different sources, including funds from government and international donors. The most significant donor-supported program is that financed by the Global Fund, which began in November 2003.

Concerning monitoring and evaluation of the national response, there have been a number of initiatives under the umbrella of the UN TG on HIV/AIDS and GF supported programme:

- The national strategy includes some M&E elements, including a range of different indicators.
- In 2003, a country report was produced outlining progress made in monitoring the declaration of commitment made at UNGASS in 2001.
- The Global Fund-supported programme has developed a framework for monitoring and evaluating the activities it supports, including the development of operational guidelines for M&E within the programme
- In November 2004 a National M&E working group was established
- In January 2005 the first draft of national M&E indicators and plan was designed and formally approved by all stakeholders and integrated into National Strategy Document.
- The revision and finalisation of comprehensive and fully operational Monitoring & Evaluation System and Plan on national response to HIV/AIDS in Serbia were started in November 2005 with expectation to be approved by NAC till March 2006.

Guiding principles followed in developing the M&E plan were that it should be based on the National strategy, incorporate required indicators for key donor-funded programs and allow reporting on international agreements (e.g. Declaration of commitment for UNGASS). In practice, UN agencies support the establishment of operational HIV/AIDS Secretariat within RIPH “Batut” in order to obtain better collecting of different data based on many activities, programmes, projects and researches in order to help the NAC in better planning future actions and activities in national response to HIV/AIDS epidemic. A clear list of:

- Data flows for each service area and the national response as a whole
- M&E roles and responsibilities for the national response allocated
- Funds available and required for M&E activities, should also be provided.

The Republican Institute for Public Health is the institution that has the overall mandate in collecting all available M&E data (using CRIS) and reporting to all national and international stakeholders.

Annex 1: Consultation/preparation process for this national report

The report was prepared by the Nacional Multisectorial AIDS Commission and Ministry of Health in close collaboration with the Republican Institute for Public Health, National M&E working group, civil society and UN TG on HIV/AIDS. The draft report was presented and broadly discussed on a joint meeting with core national and international stakeholders on January 30, 2006.