

# Country progress report - Montenegro

Global AIDS Monitoring 2019





# Contents

- I. Overall - Fast-track targets
- II. HIV testing and treatment cascade - Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020
- III. Prevention of mother-to-child transmission - Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018
- IV. HIV prevention; Key populations - Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners
- V. Gender; Stigma and discrimination - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020
- VI. Knowledge of HIV and access to sexual reproductive health services - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year
- VII. Social protection - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020
- VIII. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020
- IX. HIV expenditure - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers
- X. Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights
- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

# Overall

## Fast-track targets

### Progress summary

Montenegro introduced HIV and AIDS programme in 1985. The National AIDS Committee (NAC) was established in 2001 under the auspices of the then Ministry of Health, Labour and Social Welfare (MoHLSW) (now it is Ministry of Health – MoH) to provide overall coordination of a multi-sectoral response. There is political will to address AIDS comprehensively and in accordance with the United Nations Joint Programme on AIDS (UNAIDS) guidelines.

The HIV/AIDS epidemic in Montenegro began in 1989 when there was reported a first case of AIDS. Montenegro is a low HIV prevalence country. The registered HIV prevalence rate in Montenegro is 0.03%, with growing trends, especially among men having sex with men.

Since the beginning of epidemic in 1989 until the end of 2018, there were registered a total of 277 HIV infected people, out of which 136 people at the time of detection of infection were in stadium of AIDS (49% of all HIV-positive registered persons), and 141 were either in the asymptomatic phase or in symptomatic non-AIDS stage of HIV infection. In the same period, 56 people were reported as AIDS deceased. Significantly higher number of infected people was reported among males (242 persons).

Most HIV infections are diagnosed at age 20-39 years (78%). There were five people aged below 20, 6% were older than 49. The largest number of infections (92%) was detected in age belonging to the working and reproductive age of 15-49 years.

The trend of the average age distribution in detecting HIV infection shows that there is a slight increase, but still maintained between 30 and 35 years of age. The leading method of transmission of HIV in Montenegro's transmission through sexual contact (88%). This way of transmission is the most common and since the beginning of the epidemic maintains an increasing trend. Unlike sexual transmission, HIV infections through blood, be it injecting drug users or people who received infected blood through transfusions in health care institutions, remains fairly rare. Analysis of the distribution of HIV infection compared to groups at risk indicates that mostly exposed to HIV infection are people belonging to population of men who have sex with men (57%), followed by sailors (10%), while a large percentage of tourist workers (12%) probably reflects the large population of these workers in Montenegro (over 13,000), rather than their risky behavior.

At the end of 2018, there were 161 people on ART. The treat all strategy is adopted and treatment for PLHIV is covered 100% by the State.

Key preventive interventions among most at risk populations in the public sector have become sustainable (the government took over the responsibility for many expenses of the HIV response, including the full funding for expanded antiretroviral therapy, opioid substitution therapy, and center-based voluntary counselling and testing). Furthermore, the Government responded positively to the challenges regarding the sustainability of the preventive services within NGO sector by firstly allocating 100,000€ (in 2016 and 2017) a year, and then increasing domestic annual investments up to approximately 218,000 Euros in 2018.

# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

National HIV/AIDS Strategy 2015-2020 was created by the Ministry of Health (MH) in close cooperation with NAC and CCM. The strategy builds on the strengths and successes of the previous national strategies (2005-2009; 2010-2014) and also addresses weaknesses identified during the implementation of the previous strategy. The objective of the National HIV/AIDS Strategy is: "Montenegro is a country with low growth rate of HIV infection and universal multi-sector approach to the prevention, treatment and support of persons living with HIV".

National HIV/AIDS Strategy 2015-2020 is based on comprehensive approach and inter-sector cooperation and recognizes five strategic programme areas of priority for action: Stigma and discrimination; Prevention; Treatment, care and support; Supervision and monitoring; Coordination and partnership. Programme areas are focused on the creation of safe and supporting environment, HIV prevention among most-at-risk persons, institutions and general population and provision of accessible and equal treatment, care and support for all persons living with HIV.

ART treatment for PLHIV in Montenegro is covered 100% by the State. The treat all strategy is adopted and ART can be introduced to every person diagnosed with HIV who is insured at the National Health Insurance Fund (according to the Law on Health Insurance, it covers vast majority of population – therefore, ART is free of charge for patients and fully covered by the National Health Insurance Fund). EACS guidelines for treatment and care are used in Montenegro, but it is planned to develop the National Guidelines for the HIV/AIDS treatment and care. CD4 count and HIV RNA PCR are performed in the reference laboratory of the Institute of Public Health in Podgorica and it is available for all people on ART.

## **Policy questions (2018)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is mandatory before marriage**

No

**b) Is mandatory to obtain a work or residence permit**

No

**c) Is mandatory for certain groups**

Yes

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; treat all regardless of CD4 count; ART is available only in Clinic for Infectious Diseases in Clinical Center of Montenegro and Treat all practice is fully implemented

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

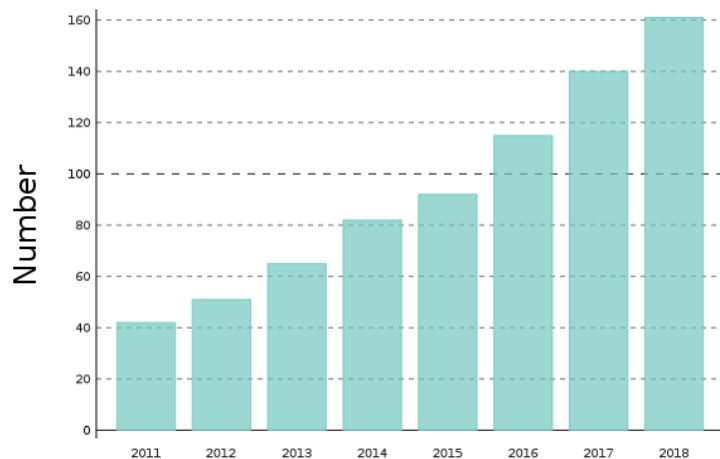
No policy on viral load testing

**b) For children**

No policy on viral load testing

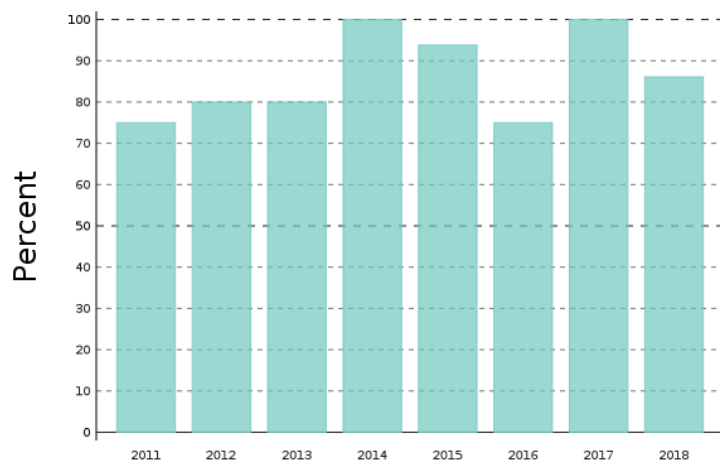
## 1.2 People living with HIV on antiretroviral therapy, Montenegro (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



## 1.3 Retention on antiretroviral therapy at 12 months, Montenegro (2011-2018)

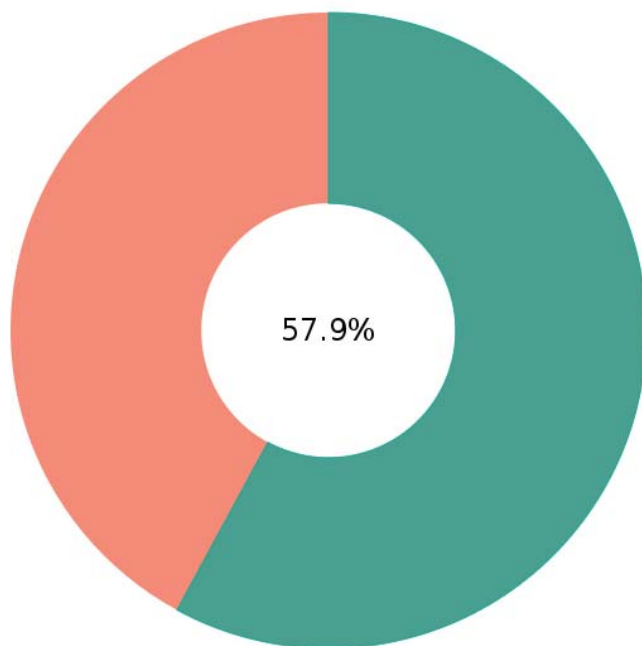
Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting





## 1.5 Late HIV diagnosis, Montenegro (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm<sup>3</sup> during the reporting period



# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

ART treatment for PLHIV in Montenegro is covered 100% by the State, and it is available and accessible to all children in need. Officially, there are currently no registered children under 15 living with HIV in Montenegro. However, PMTCT component of the national response to HIV/AIDS requires significant improvement, especially in terms of sensibility and capacity of gynecologists and health system in general to tackle this issue.

## **Policy questions (2018)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

No

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Other - There are no National guidelines. EACS guidelines are used in Montenegro; Other - Treat all policy is implemented in Montenegro. There is only one treatment site in Montenegro (Clinic for Infectious Diseases of Clinical Center of Montenegro).

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

According to the data from Institute of Public Health of Montenegro, the HIV prevalence rate in Montenegro is 0.03%, with growing trends in the last two years with significant progressions, especially among men having sex with men. Key preventive interventions among most at risk populations in the public sector have become sustainable (the government took over the responsibility for many expenses of the HIV response, including the full funding for expanded antiretroviral therapy, opioid substitution therapy, and center-based voluntary counselling and testing). Furthermore, the Government responded positively to the challenges regarding the sustainability of the preventive services with NGO sector. Namely, in 2016 and 2017, the Government have committed 100.000€ annually for preventive services of NGOs for most at risk populations but this amount proved to be insufficient. Therefore, the Government have committed an increase of funding in 2018, providing approximately 218.000€ for this purpose, which was a significant increase. Condom campaigns are not being implemented due to lack of funds, thus the level and frequency of usage of condoms is considered rather low. There are no combination prevention options, including pre-exposure prophylaxis and voluntary medical male circumcision, but there are efforts to scale up the national dialogue on PrEP in the upcoming period. There is no particular prevention programme for transgender people and clients of sex workers, as well as prevention programme for migrants.

## **Policy questions: Key populations (2018)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Selling sexual services is criminalized, Buying sexual services is criminalized, Profiting from organizing and/or managing sexual services is criminalized

#### **Men who have sex with men**

No specific legislation

### **Is drug use or possession for personal use an offence in your country?**

The law allows possession of a certain amount of drugs, Drug use or consumption is specified as a non-criminal offence, Possession of drugs for personal use is specified as a non-criminal offence

### **Legal protections for key populations**

#### **Transgender people**

Constitutional prohibition of discrimination based on sex, Constitutional prohibition of discrimination based on gender diversity, Constitutional prohibition of discrimination based on any grounds, Prohibitions of discrimination in employment based on gender diversity

#### **Sex workers**

Constitutional prohibition of discrimination based on occupation, Constitutional prohibition of discrimination based on any grounds

#### **Men who have sex with men**

Constitutional prohibition of discrimination based on sexual orientation, Constitutional prohibition of discrimination based on sex, Constitutional prohibition of discrimination based on any grounds, Prohibition of discrimination in employment based on sexual orientation

#### **People who inject drugs**

No

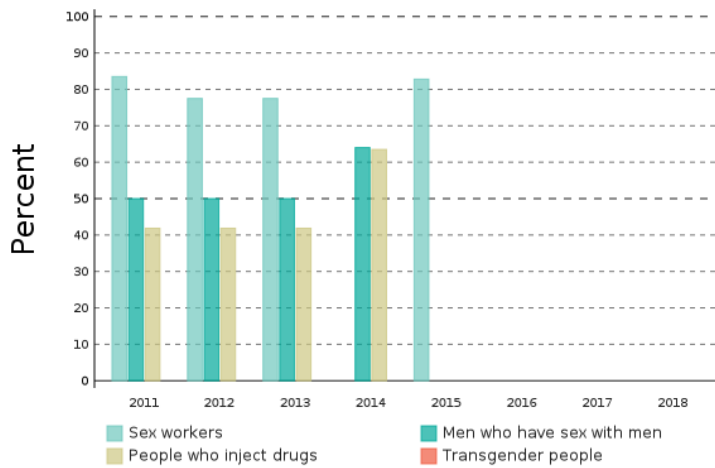
## Policy questions: PrEP (2018)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

No, guidelines have not been developed

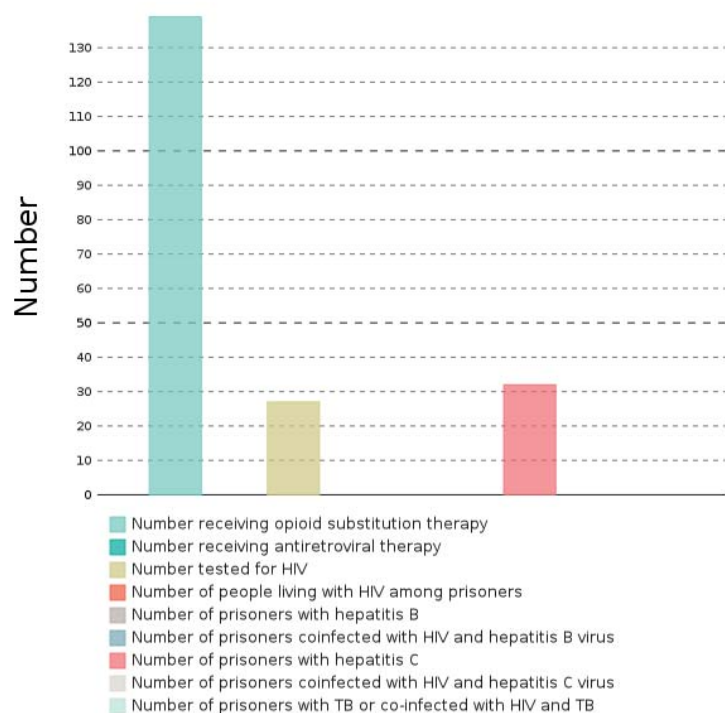
## 3.6 Condom use among key populations, Montenegro (2011-2018)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



### 3.13 HIV prevention programmes in prisons, Montenegro (2018)

#### HIV prevention and treatment programmes offered to prisoners while detained



# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

The first and the most significant law in the area of gender equality is the Law on Gender Equality adopted by the Parliament of Montenegro on 24 July 2007. The state guarantees equality of man and woman and develops the policy of equal opportunities. Constitutional Parliament of Montenegro, on 22 October 2007, adopted the first Constitution which, among others, stipulates the obligations of the State and guarantees fundamental human rights and freedoms, prohibits discrimination on any grounds and guarantees gender equality.

The main obstacle in the access to comprehensive interventions in the area of HIV prevention are stigma and discrimination towards the majority of most at HIV risk populations.

The government has to intensify efforts to raise public awareness about the dangers of HIV and AIDS, especially among women and children.

States are required to ensure that programs to combat HIV / AIDS receive special place and a special attention when it comes to women's rights, and to take consider the special vulnerability of women and susceptibility to HIV infections because of their reproductive role and their subordinate status.

## Policy questions (2018)

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

No

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

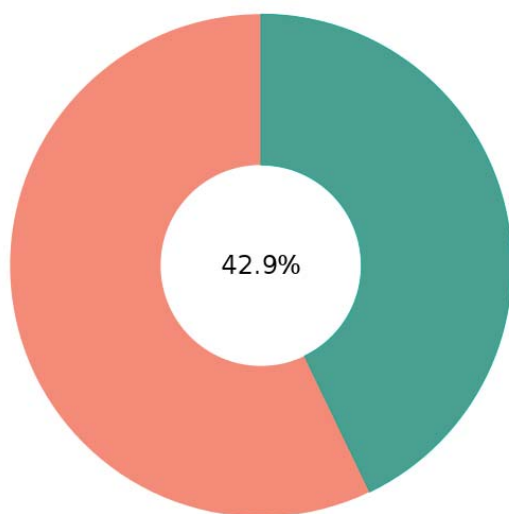
General criminal laws prohibiting violence

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exist but are not consistently implemented

## Percentage of Global AIDS Monitoring indicators with data disaggregated by gender





# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Civil society, public health institutions and other relevant stakeholders are organizing workshops and lectures in schools and universities to complement to the existing efforts of Ministry of Education through school subject Healthy lifestyles, which is covering a rather wide range of health related topics and which is currently optional subject in elementary and secondary schools. There is no sexual education in schools as separate subject, and there are some initiatives from NGOs to either establish sexual education or make Healthy lifestyles a mandatory subject.

## **Policy questions (2018)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

No

**b) Secondary school**

No

**c) Teacher training**

No

# Social protection

## **Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

### **Progress summary**

Social protection is not well developed to HIV infected persons. There is no social worker within the HIV treatment center. Civil society organizations provide some psychosocial support for PLHIV, MSM, PWID and SWs.

People living in poverty are often marginalized and excluded from participation in various activities (economic, cultural and social) that are the norm for other people, and their access to fundamental human rights can be limited.

Some of these groups are particularly relevant to HIV transmission, such as the socially excluded young people who are considered particularly vulnerable to practicing risky behavior related to HIV. Although no research has shown a clear link between poverty and HIV (as drivers of the epidemic), it should be emphasized that the causes of social exclusion are not based always and only in the economic sphere, but in a very strong sociological factors that often include stigmatization and discrimination especially of vulnerable groups of society. Men and women with HIV often lose their jobs or cannot keep their jobs when AIDS begins to develop.

### **Policy questions (2018)**

**Does the country have an approved social protection strategy, policy or framework?**

Yes, and it is being implemented

**a) Does it refer to HIV?**

No

**b) Does it recognize people living with HIV as key beneficiaries?**

No

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize children affected by HIV as key beneficiaries?**

No

**f) Does it recognize families affected by HIV as key beneficiaries?**

No

**g) Does it address the issue of unpaid care work in the context of HIV?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Fear of stigma and discrimination; People living with HIV, key populations and/or people affected by HIV are covered by another programme

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Progress summary**

The majority of services targeting most at risk populations are NGO-led services in Montenegro. There is an increase of support from state authorities to these services, but still there is room for improvements, especially regarding the support from the local authorities and private sector.

In 2016 and 2017, the Government have committed 100.000€ annually for preventive services of NGOs for most at risk populations but this amount proved to be insufficient. Therefore, the Government have committed an increase of funding in 2018, providing approximately 218.000€ for this purpose, which was a significant increase.

## **Policy questions (2018)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

50652

**b) Female condoms:**

0

**c) Lubricants:**

1992

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

## **Progress summary**

Government have committed over 200.000€ in 2018 for preventive services of NGOs for most at risk populations, which is a significant increase comparing to the previous years. The Government has committed to secure the minimum financing of 130.000€ annually for NGO-led preventive services, but we are witnessing a very positive trend of increased funding for this purpose. Government is fully covering ART and services inside the public health sector.

# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

There are some efforts on this, especially by HIV patients gathered in the Montenegrin HIV Foundation led by PLHIV in Montenegro. However, there are still no officially documented cases of violation of human rights of PLHIV in Montenegro, as these people are afraid of stigma and discrimination they could face.

## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, one-off activities

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

According to the Law on Patients Rights, every patient in Montenegro has a possibility to submit a complaint on any violation of their health related rights, including cases of HIV-related discrimination. They can do that by submitting a complaint to the ombudsperson within each public health institution, to the National Ombudsman or to the court.

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

Mechanisms are not sensitive to HIV

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

ART treatment for PLHIV in Montenegro is covered 100% by the State. Screening and treatment of other blood-borne infections (HBV and HCV) are well synchronized with the HIV treatment and follow up is being done routinely for all.

## **Policy questions (2018)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

Yes

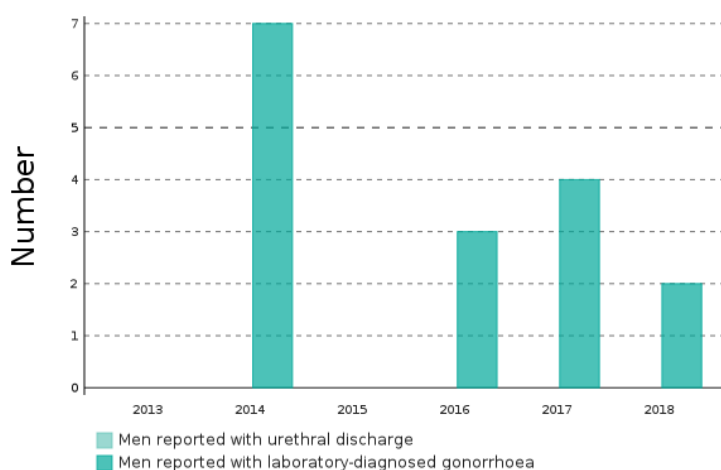
**What coinfection policies are in place in the country for adults, adolescents and children?**

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics
- Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics



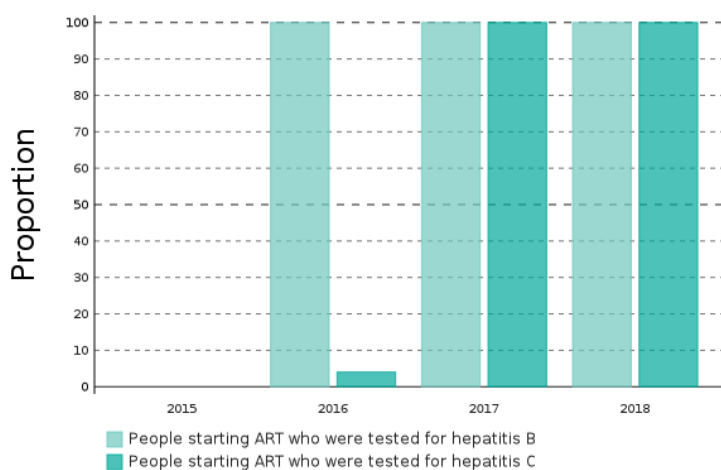
## 10.4/10.5 Sexually transmitted infections, Montenegro (2013-2018)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



## 10.6/10.8 Hepatitis testing, Montenegro (2015-2018)

Proportion of people starting antiretroviral therapy who were tested for hepatitis



## 10.7/10.9 HIV and Hepatitis B/C, Montenegro (2015-2018)

Proportion of people coinfecting with HIV and HBV/HCV receiving treatment

