

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

- 1) **Country**  
Serbia (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**  
Danijela Simic
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- 7) **Date of submission:**  
Please enter in DD/MM/YYYY format  
31/03/2010

#### Page 3

- 8) **Describe the process used for NCPI data gathering and validation:**  
On the final workshop with key stakeholders from governmental institutions and civil society organizations including representatives from UN agencies and from network of PLHIV we made desk review of relevant documents and data related to the current epidemiological situation and to the progress on HIV response in the period 2008-2009 and through discussion and broad

participatory approach we validate and agreed on the NCPI responses.

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

There were not crucial disagreements and if there were some they are resolved through broad consultations with key people most knowledgeable about the specific issue or by having insight in relevant documents or papers.

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

Data are pretty good quality but potential bias could be related to rating specific progress due to subjective perception of scaling the progress.

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11) **NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Institute of Public Health of Serbia	Danijela Simic/National Coordinator for HIV/AIDS	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Education	Jasenska Protic	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of labour and Social Policy	Jadranka Gvozdenovic / NAC members	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of Defence	Vesna Suljagic,	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Health	Farida Bassioni/M&E Officer Gf HIV project	A. I, A. II, A. III, A. IV, A. V
Respondent 6	Special hospital for Drug Dependence Diseases	Jasna Daragan/Director	A.I, A.II, A.III, A.IV, A.V
Respondent 7	National HIV/AIDS Office	Sladjana Baros/M&E Officer	A. I, A. II, A. III, A. IV, A. V
Respondent 8	Institut of Public Health of Vojvodina	Smiljana Rajcevic	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Health	Ivana Mistic / Assistent of Minister of Health	A. I, A. II, A. III, A. IV, A. V
Respondent 10	Clinical Center of Serbia	Djordje Jevtovic / Head of HIV Department, NAC member	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Clinical Center of Vojvodina	Snezana Brkic / Head of HIV Department	A. I, A. II, A. III, A. IV, A. V
Respondent 12	Clinic for Gynegology and Obstretics	Spaso Andjelic / NAC member	A.I, A.II, A.III, A.IV, A.V

Respondent 13	Institute of Public Health of Serbia	Mima Gajic / National Health Account	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Institute for Trasfusion of Serbia	Milica Jovicic / NAC member	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Red Cross of Serbia	Biljana Cvetkovic / NAC member	A.I, A.II, A.III, A.IV, A.V
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

/

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UN TG on HIV/AIDS	Miljana Grbic.HIV/AIDS Advisor	B.I, B.II, B.III, B.IV

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	WHO	Melita Vujnovic	B.I, B.II, B.III, B.IV
Respondent 3	Youth of JAZAS	Momcilo Janjic/M&E Officer	B. I, B. II, B. III, B. IV
Respondent 4	Youth of JAZAS	Dejana Rankovic	B.I, B.II, B.III, B.IV
Respondent		Mada Misa / representative of DUUV	

Respondent 5	Q club	nada ilic./representative of PLHIV in NAC	B.I, B.II, B.III, B.IV
Respondent 6	AID +	Nevena Ciric/representatives of PLHIV	B.I, B.II, B.III, B.IV
Respondent 7	NGO JAZAS	Dragan Ilic/member of NAC	B.I, B.II, B.III, B.IV
Respondent 8	UN TG on HIV/AIDS	Milos Stojanovic	B.I, B.II, B.III, B.IV
Respondent 9	UNFPA	Marija Rakovic	B.I, B.II, B.III, B.IV
Respondent 10	NGO Prevent	Vladimir Salbut	B.I, B.II, B.III, B.IV
Respondent 11	UNICEF	Jelena Zajeganovic / Officer for Adolescent's Health	B.I, B.II, B.III, B.IV
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

16) **If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

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17)

**Part A, Section 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 (0)**

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**18) Part A, Section I: STRATEGIC PLAN**

**Question 1 (continued)**

**Period covered:**

2008-2009

**19)**

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

5

**20)**

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	No
Transportation	No	
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	Yes	No

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**21) Part A, Section I: STRATEGIC PLAN**

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Justice, prisoners, children

**22)**

**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?**

Specific programme on HIV/AIDS among military is funding by DHAPP and implemented by Military Medical Academy. Social Programme for HIV/AIDS is integral part of comprehensive social policy. UN agencies supported analyses of existing Laws and Legislation related to HIV/AIDS, education

programmes as well as strengthening human resources. GF HIV projects implemented by MoH and NGO Youth of JAZAS scale up many preventive activities implemented out of health facilities.

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23)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

24)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

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25)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2004

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26)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

IDUs, MSM, SW, prisoners, young Roma, institutionalized children without parental care, PLHIV, pregnant women, young people, MARA, health workers, journalist, social workers, prison staff, uniformed persons (police, military) etc.

27)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

28)

**1.7 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?	No
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

29)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

30)

**Part A, Section I: STRATEGIC PLAN****Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Through broad consultations and many round tables with representatives from different sectors in society, including PLHIV, faith-based organization, ministries, civil society throughout the country.

31)

**1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes (0)

32)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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33)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

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34)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	N/A
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	N/A

35)

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

<b>HIV-related area included in development plan(s)</b>	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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36)

**Part A, Section I: STRATEGIC PLAN**

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

No (0)

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37)

**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 (0)

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38)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	No

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39)

**Part A, Section I: STRATEGIC PLAN**

**Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Testing is mandatory for police and peacekeepers. Military is in transition process and all policy documents are in process of development.

40)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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41)

**Part A, Section I: STRATEGIC PLAN****5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: children related to thir health status	Yes

42)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Counselor in Belgrade with regional assistants should be collecting all cases related to discrimination and transfer then to the justice system in place.

43)

**Briefly comment on the degree to which these laws are currently implemented:**

The Anti-Discriminatory Law is adoped at the end of 2009.

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44)

**Part A, Section I: STRATEGIC PLAN****6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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45)

**Part A, Section I: STRATEGIC PLAN****6.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No

c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	No

46)

**IF YES, briefly describe the content of these laws, regulations or policies:**

-Demanding criteria for inclusion of IDUs on MMT -prescribing methadone for IDUs on primary health level - ciurrently, methadone is only drug for substitution purposes among IDUs, but the national guidelines for substitution therapy recognised other drugs.

47)

**Briefly comment on how they pose barriers:**

/

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48)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

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49)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

50)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

### Page 25

51)

**Part A, Section I: STRATEGIC PLAN**

**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

52)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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53)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

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

Yes (0)

54)

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

Yes (0)

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55)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (b) (continued)**

**IF YES, for which population groups?**

IDUs, SW, MSM, prisoners, children without parental care, young Roma, PLHIV, pregnant women, young people.

56)

**Briefly explain how this information is used:**

For planning the future activities based on evidence.

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57) **Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

Yes (0)

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58)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

regional, district, local

59)

**Briefly explain how this information is used:**

for better planning of future investments

60)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

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61)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

62)

**Since 2007, what have been key achievements in this area:**

Scaling-up activities related to HIV prevention, treatment, care and support of PLHIV, empowerment of PLHIV, health system strengthening, strengthening M&amp;E system at national level etc

63)

**What are remaining challenges in this area:**

Sector wide approach (integration of HIV specific issues in different national plans and programmes), greater involvement of local community in HIV response in the area of HIV prevention.

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64)

**Part A, Section II: POLITICAL SUPPORT****1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

65)

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

Yes (0)

**Page 32**

66)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2002

67)

**2.2 IF YES, who is the Chair?**

Name	Tomica Milosavljevic, MD, PhD,
Position/title	Minister of Health

68)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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69)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

21

70)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

6

71)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

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72)

**Part A, Section II: POLITICAL SUPPORT**

**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 (0)**

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73)

**Part A, Section II: POLITICAL SUPPORT**

**Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Through planning and implementing campaigns, regular meeting, report to Government

74)

**Briefly describe the main challenges:**

Inclusion of private sector in implementation of HIV programme.

75)

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

Please enter the rounded percentage (0-100)

10

76)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	No

77)

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

Yes (0)

**Page 36**

78)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

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79)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

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

We are in the process of reviewing national strategy .

80)

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

/

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81)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

82)

**Since 2007, what have been key achievements in this area:**

Campaign related to reduction of stigma and discrimination Integration representatives of other ministries and institutions as members of NAC Support of Ministry of Justice, Ministry of Labour and Social Policy Ministry of Internal Affairs and Ministry of Health in implementation of different HIV programmes

83)

**What are remaining challenges in this area:**

Sustaining sector wide approach in supporting HIV programmes

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84)

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

Yes (0)

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85)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)

- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

86) In addition to the above mentioned, please specify other key messages explicitly promoted:

Greater acceptance of different sexual orientation

87)

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

Yes (0)

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88)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

89)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
secondary schools? Yes  
teacher training? Yes

90)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

91)

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

Yes (0)

92)

**3. Does the country have a policy or strategy to promote information, education and**

**communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

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93)

**3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?**

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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94) **Part A, III. PREVENTION**

**Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

MARA, institutionalized children without parental care, young Roma

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95)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

9 (9)

96)

**Since 2007, what have been key achievements in this area:**

Implementation of HIV programmes for prisoners, MARA, children without parental care, young Roma Scaling-up existing prevention programmes for defined MARPs (IDUs, SW, MSM)

97)

**What are remaining challenges in this area:**

Further scaling-up preventive services for MARPs and other vulnerable groups, Strengthening different sectors and improvement of coordination and collaboration between different sectors  
Sustainability of programmes which is working

**Page 45**

98)

**Part A, III. PREVENTION**

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

Yes (0)

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99)

**Part A, III. PREVENTION**

**Question 4 (continued)**

**IF YES, how were these specific needs determined?**

Through exchanging of key information between different stakeholders and by analyzing of current situation through surveys and other surveillance and programmatic data

100)

**4.1 To what extent has HIV prevention been implemented?**

	The majority of people in need have access
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections	Agree

prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	N/A
Other: prisoners, Roma Youth, Institutionalized Children, Military and Police Force	Agree

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101)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

9 (9)

102)

**Since 2007, what have been key achievements in this area:**

Scaling-up preventive programmes for MARPs, MARA and other vulnerable population groups  
Reduction of stigma and discrimination against MARPs and PLHIV  
Development and improvement of National Strategy against drugs

103)

**What are remaining challenges in this area:**

Sustainability and wider sector approach  
Greater access to HIV preventive programmes for pregnant women, scaling-up education of health care workers  
Development and integration of HIV policy in workplace  
Development and implementation of gender policy in different sectors  
Integration of LSBE in school curriculum  
Introduction of Quality assurance programmes  
Improvement of monitoring and evaluation system

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104)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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105)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

106)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

107)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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108)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Through broad consultative process with key stakeholders including PLHIV and based on routine programme data, needs assessment, BSS, analysis of availability of ART, UN analysis for procurement and pricing of ARV drugs

109)

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

<b>The majority of people in need have access</b>	
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems	Don't agree

through the workplace

Don't agree

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

Don't agree

Other: please specify

N/A

### Page 51

110)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

111)

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

Yes (0)

### Page 52

112)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

**Question 4 (continued)**

**IF YES, for which commodities?:**

ART drugs and substitution drugs

### Page 53

113)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

114)

**Since 2007, what have been key achievements in this area:**

Decentralization of ART treatment health facilities Scaling-up care and support of PLHIV Planning and management for drugs and tests procurement improved

115)

**What are remaining challenges in this area:**

Development of HIV testing strategy for TB patients, Scaling-up and make sustain testing on

resistence in accordance with national reccomendations

**Page 54**

116)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

N/A (0)

**Page 57**

117)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes (0)

**Page 58**

118)

**1.1 IF YES, years covered:**

**Please enter the start year in yyyy format below**

2006

119)

**1.1 IF YES, years covered:**

**Please enter the end year in yyyy format below**

2010

120)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

121)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

122)

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

Yes, most partners (0)

**Page 60**

123)

**Part A, Section V: MONITORING AND EVALUATION****2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

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124)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

125)

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

Yes (0)

**Page 62**

126)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

1

127)

**3.2 IF YES, has full funding been secured?**

Yes (0)

128)

**3.3 IF YES, are M&E expenditures being monitored?**

No (0)

**Page 64**

129)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

130)

**Part A, Section V: MONITORING AND EVALUATION**

**Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

Every two years, through discussion with key stakeholders from governmental and civil sector including representatives of MARPs and network of PLHIV

131)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

132)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	No
Elsewhere? Institute of Public Health of Serbia/National HIV/AIDS Office)	Yes

133)

**Number of permanent staff:**

Please enter an integer greater than or equal to 0

2

134)

**Number of temporary staff:**

Please enter an integer greater than or equal to 0

3

**Page 67**

135)

**Part A, Section V: MONITORING AND EVALUATION****Question 5.2 (continued)****Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Head/National Coordinator	Full time	2006
Permanent staff 2	M&E Officer	Full time	2006
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

136)

**Please describe the details of all the temporary staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Gender Officer	Full time	2009
Temporary staff 2	Training and CB Officer	Full time	2009
Temporary staff 3	IT Officer	Full time	2010
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			

Temporary staff 14  
Temporary staff 15

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137)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

No (0)

**Page 69**

138)

**What are the major challenges?**

Revision of Law related to Evidence in Health System Motivation of NGOs and civil society organizations to report programme or survey data to National HIV/AIDS Office

**Page 70**

139)

**Part A, Section V: MONITORING AND EVALUATION**

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

Yes, meets regularly (0)

140)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**141) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

**IF YES, briefly describe who the representatives from civil society are and what their role is:**

NGOs implemented preventive and support programmes, including representatives of PLHIV network and faith based organizations have actively role evaluation of programmes implemented and in decision making, and in developmnet of all M&E documents

142)

**7. Is there a central national database with HIV- related data?**

Yes (0)

### Page 72

143)

#### Part A, Section V: MONITORING AND EVALUATION

##### 7.1 IF YES , briefly describe the national database and who manages it:

Currently we used CRIS database which is managed by M&E Officer in NHAO.

144)

##### 7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

### Page 73

145)

##### 7.3 Is there a functional\* Health Information System?

At national level	Yes
At subnational level	No

### Page 74

146)

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

Yes (0)

147)

##### 9. To what extent are M&E data used

##### 9.1 in developing / revising the national AIDS strategy?:

4 (4)

148)

##### Provide a specific example:

Results for biobehavioral surveillance surveys at defined MARPs and among PLHIV as well as different programme data have been analysed and used for planning specific activities.

149)

**What are the main challenges, if any?**

development of integrated guidelines or analysis, quality control and strategy for dissemination and use of data.

**Page 75****150) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

1 (1)

151)

**Provide a specific example:**

/

152)

**What are the main challenges, if any?**

integration of NASA in monitoring system at national level

**Page 76**

153)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

2 (2)

154)

**Provide a specific example:**

/

155)

**What are the main challenges, if any?**

/

**Page 77****156) Part A, Section V: MONITORING AND EVALUATION**

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

**Page 78****157) Part A, Section V: MONITORING AND EVALUATION**

**For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at national level (0)

at service delivery level (0)

158)

**10.1 In the last year, was training in M&E conducted**

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

**Page 79****159) Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)**

**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

10

**160) Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

113

**Page 80**

161)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****162) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)**

**IF YES, describe what types of activities:**

study visits,

**Page 82****163) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)**

**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

9 (9)

**164)**

**Since 2007, what have been key achievements in this area:**

National MESS workshop Instalation of CRIS software to different staakeholders M&E Trainings\\  
Realization of seven baseline surveys among defined MARPs and among PLHIV

**165)**

**What are remaining challenges in this area:**

Revision of M&E system and plan, haarmonisation of indicators at national level, improvement pf reporting, dissemination and using of different data, integration of quality assurance system in M&E plan, making reestimation of size of defined MARPs at local at national level etc...

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**166)**

**Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84**

**167)**

**Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

Law on the prohibition of discrimination Health protection Law Regulations foe enforcemnet of health insurance law Constitution of Republic of Serbia

**168)**

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

169)

**Part B, Section I. HUMAN RIGHTS**

**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: children	Yes

170)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Existing of Ombudsman Office Court Confidant for access to information Commissioner for the protection of equality

171)

**Briefly describe the content of these laws:**

Women-Constitution Young people-Family Law MSM- Antidiscriminatory Law Prison inmates-Law for enforcement of prison sanction Migrant/mobile population- Asylum Law, Constitution etc Children- article 22. Health Insurance Law, Health Protection Law, Personal data Protection Law, Family Law

172)

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

For the reason of complicated formal procedures status of patient must be defined in order to accomplish his/her rights

**Page 86**

173)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and**

**other vulnerable subpopulations?**

Yes (0)

**Page 87**

174)

**Part B, Section I. HUMAN RIGHTS****3.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: PLHIV	Yes

175)

**IF YES, briefly describe the content of these laws, regulations or policies:**

Health Insurance Law (part related to confidentiality and VCT) Crime Law, article 250/part4

176)

**Briefly comment on how they pose barriers:**

-Crime Law influence prevention by its definition and accomplishments to patients rights on health  
 -"In order to provide full protection of PLHIV it is necessary to apply the rules contained in the Health Care Law and professional codes of conduct in conjunction. It is necessary to introduce stronger guarantees for respect and protection of the privacy of HIV infected persons in compliance with relevant regulations and professional codes of conduct, primarily those which pertain to the procedures implemented by medical staff and management of medical documentation (page 26 HIV/AIDS Laegislative)

**Page 88****177) Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

**Page 89**

178)

**Part B, Section I. HUMAN RIGHTS**

**Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Human rights were and are the crucial incorporative aspect of HIV preventive efforts in Serbia. It has been mentioned in actual National HIV/AIDS Strategy 2005-2010 and indirectly was elaborated in other strategies endorsed (Youth strategy and Strategy for fight against drugs).

179)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

**Page 90**

180)

**Part B, Section I. HUMAN RIGHTS****Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

Ombudsman formal procedure Patient rights protector in health facilities Commissioner for the protection of equality (Additional info are available in 2009 Country Report on Human Rights Practices)

181)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

182)

**Part B, Section I. HUMAN RIGHTS****Question 6 (continued)**

**IF YES, describe some examples:**

PLHIV representatives are members of NAC, CCM and they are involved in all consultative processes for formalization and monitoring of current and future programmes related to HIV.

183)

**7. Does the country have a policy of free services for the following:**

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

**Page 92**

184)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

VCT on HIV is not included in Republic health insurance fund plans and other regulations and financing thus compromising the sustainability issues.

185)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

186)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

187)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

**Page 94**

188)