

Republic of Serbia

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

Reporting period: January 2008 – December 2009

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Status at a glance

Strategic, Policy, and Programmatic Framework

The last available official census data (2002) for Serbia excluding Kosovo puts the population total at 7.498.001. Around 20% of population is under 15 years.

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 and revised in 2008. NAC is the governmental multisectorial body with Minister of Health as the Chairman and comprises of 21 members, including representatives from the Ministries of Health, Interior Affair, Justice, Education, Labour and Social Policy, as well as representatives from Regional Government; local health authorities, Red Cross of Serbia, NGOs; PLHIV; academic institutions; public medical institutions/organizations, media and also observers from UN agencies (WHO, UNAIDS, UNICEF, UNDP).

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

Taking as the underlying principle that the PLHIV will play a key role in developing the policy and planning the support and protection programme, and that young people will play a key role in the prevention as well, and having in mind that the national response to the HIV/AIDS will take a multidimensional approach and including the social and economic factors, discriminations, social marginalisation and sexual differences the National strategy was designed as a framework to guide development, implementation, monitoring, and evaluation of HIV/AIDS-focused programmes and activities in the national context¹. The general goal is the prevention of HIV infection and STIs, as well as the provision of treatment, care and support to the PLHIV.

The main components of the National Strategy are:

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

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

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

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

1. The Government fully covers the costs of blood screening, prevention and partially costs for VCCT. That amount is covered through Central Government contribution through the MoH budget of «common services». In 2008 and 2009, total of **98,539,996 RSD** is allocated for voluntary blood donation promotion, education, media campaigns, etc. to the Institute for transfusion of Serbia, Institute for transfusion in Vojvodina and Nis and to Red Cross of Serbia. Additionally, from the “common services” allocation, total of **2,863,708 RSD** was allocated to the Institute for students health care in Belgrade for VCCT costs in 2008 and 2009. Also, from the same source of budget of Ministry of Health prevention of HIV infection implemented by district IPHs is covered.
2. Additional input to the Central Government contribution is the «postal stamp for fight HIV/AIDS». The sum of **32,202,817 RSD** collected in such way in 2008 and 2009 was allocated for procurement of the ART that are not on the list of drugs covered by the National Health Insurance Fund.
3. The National Health Insurance Fund covered ART treatment in 2007, 2008 and 2009 with **1,032,311,427 RSD** for 2281 patients seen for care.

In addition, the local and municipal health authorities are increasingly committing resources for implementation of local health programs implemented both by local health institutions and NGOs. It is assumed that this trend will continue and that the additional funds will be available to NGOs from local health budgets in the course of the programme implementation. For example Belgrade Health Secretariat delivered approx. **2,000,000RSD** for prevention of HIV/AIDS in the period 2008-2009.

In 2007, the Round six GFATM approved the grant of **9,500.000 €** for implementation of the Coordinated Country Proposal titled “Scaling up the National HIV/AIDS Response by Decentralizing the Delivery of Key Services” for the period 2007-2012. PR of GFATM R6 HIV/AIDS grant is Serbian Ministry of Health.

In 2008, the Round eight GFATM approved the grant for the period 2009-2014. PRs of GFATM R8 HIV/AIDS grant are Serbian Ministry of Health and NGO Youth of JAZAS.

In 2008 Ministry of Health reported that **1,398,925 €** was expended within GFATM HIV programmes versus **1,787,030 €** in 2009 in the delivery areas of prevention, treatment, trainings, programme management, stimulation for staff, empowerment of community, and for surveys.

Youth of JAZAZ reported total spending of **336,312€** within GFATM R8 HIV programme in 2009, as well as **487,557 €** in 2008-2009 within Project Participation of PLHIV in Serbian Society funded by EU, and approx. **2,219,000 RSD** within Project Youth for Health funded by Ministry of youth and sport of Republic of Serbia.

The overall goal of the HIV/AIDS Programme supported by GFATM R6 is to halt the spread of HIV among all vulnerable groups and to provide care, support and treatment to PLHIV.

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

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

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

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

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

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

This project proposal tends to build on so-far achieved results and activities initiated in the R6 HIV project (SER-607-G03-H), such as: NEP and MMT programs for IDU, out-reach activities and counseling among FSW, out-reach activities and counseling among MSM population, out-reach activities and peer education among Roma youth, HIV comprehensive activities and VCT in prisons, Health Life Skills Based Education among institutionalized children, psychosocial and other means of support to PLHIV, etc.

GFATM R8 HIV project tends to build on so-far achieved results and activities initiated in the R6 HIV project such as: NEP and MMT programs for IDU, out-reach activities and counseling among SW, out-reach activities and counseling among MSM population, out-reach activities and peer education among Roma youth, HIV comprehensive activities and VCT in prisons, Health Life Skills Based Education among institutionalized children, psychosocial and other means of support to PLHIV, etc.

The new services that will be provided to groups at risk for HIV and that are not provided within the 6th round of the GFATM grant are: drop-in centres for IDUs, CSW, MSM and MARA; distribution of lubricants for MSM; sensitization trainings for police, social workers and medical staff on how to provide services to most-at-risk groups; training of VCT staff in positive prevention; establishment of the system of surveillance of resistance to ART; training of medical doctors in ART prescribing; training of social workers in provision of the legal support to PLWHA; procurement of STIs tests in order to establish STI surveillance system; reduction of stigma by carrying out de-stigmatization mass-media campaigns; training of judges, public prosecutors and lawyers in HIV/AIDS and gender-related discrimination; strengthening the M&E system by employing two staff in the national AIDS office; participation of civil society representatives in international meetings and

conferences. A gap analysis of the HIV programmatic responses is also planned to be carried out within this proposal, and will feed into development of The National HIV/AIDS strategy 2010 – 2015.

Specific preventive programmes among military force implemented by Military Medical Academy in Belgrade was funded by DHAPP with approx. **100,000 US\$** spented in 2008.

UN Agencies support for HIV/AIDS related activities in period 2008-2009 were app **US\$ 1,131,000.**

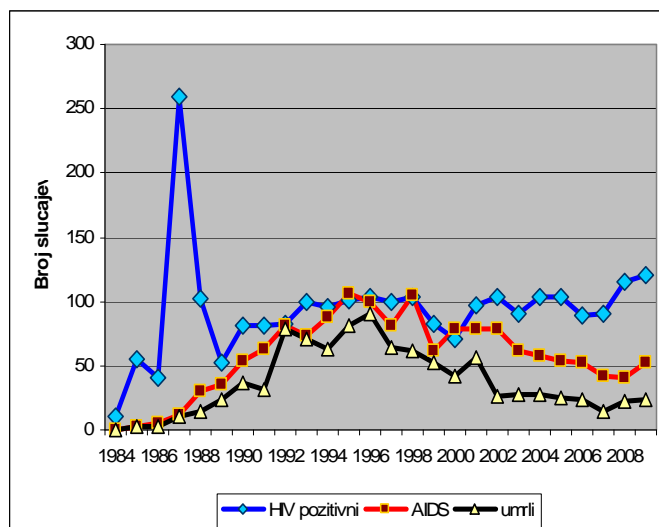
Overview of the HIV/AIDS epidemic

➤ **Epidemiological Overview**

The first AIDS cases were registered in 1985. According to current data released by the Institute for Public Health of Serbia “Dr Milan Jovanovic Batut” (the National Institution that has the mandate for surveillance and monitoring and evaluation of the national HIV response, and is going to host the CRIS at central level in national HIV/AIDS Office) the cumulative number of HIV/AIDS cases reported till 31st December 2009 was 2440, of whom 1490 developed AIDS and 1042 HIV infected people died, so at the end of 2009 around 1400 PLHIV are officialy registred in Serbia.

In the period 2008-2009, 236 newly diagnosed HIV positive persons and 90 new AIDS cases were registered (38 in 2008 and 52 in 2009) while in the same period 47 persons died from AIDS related conditions (22 in 2008 and 25 in 2009). The decreasing trend of AIDS cases and AIDS related deaths in the last ten years is mainly the result of the introduction of HAART which is fully covered by Republican Health Insurance Fund since 1997. Based on the official data there were around 1400 people infected with HIV for whom there is no information that they are dead at the end of 2009 in Republic of Serbia, so the notified HIV prevalence in population 15-49 is 0,03% and the estimated HIV prevalence is less than 0,1%.

Figure 1. Newly diagnosed HIV cases, AIDS cases and AIDS related deaths by year of diagnosis, 1985-2009

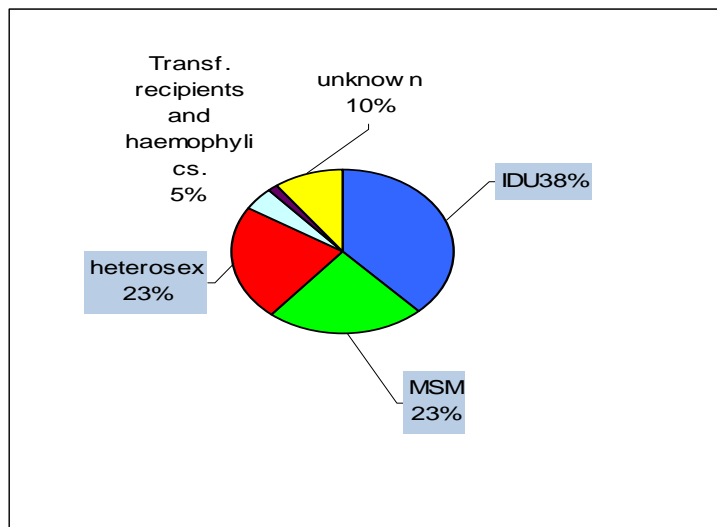


Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2010

Majority of the people newly diagnosed with HIV in the previous years were diagnosed at the clinical stadium of AIDS (more than 70%), but in a recent years that trend is changing (less than one third in 2008 and 2009 versus 53% in 2003). The possible explanation for this trend could be higher promotion of friendly and high professional VCCT services at IPHs in majority of districts via mass media and campaigns which resulted in reduction of stigma and discrimination associated with the HIV testing. The second reason could be increasing number of free of charge confidential or anonymous HIV testing with counseling services during the whole year.

Out of the total of 1490 reported AIDS cases in a period 1985 -2009, three quarters are males; three quarters lived in Belgrade, 38% are IDUs and one half are aged 30-39, followed by age group 40-49.

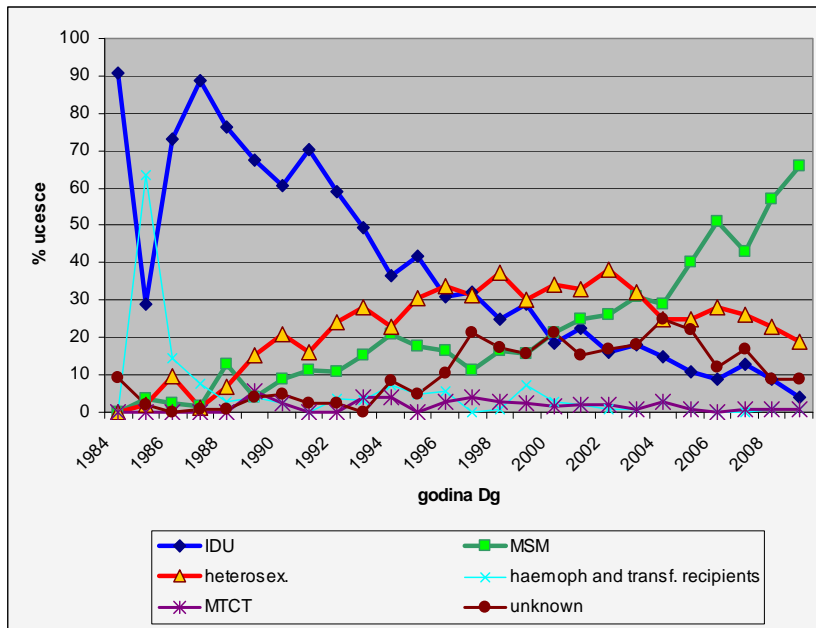
Figure 2. Reported mode of transmission among registred HIV cases in Serbia, 1985-2009



Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2010

In recent years increasing trend of reported sexual transmission was notified among newly diagnosed HIV cases (86% in 2009 versus 27% in 1991) and decreasing trend of newly diagnosed HIV cases among IDUs (4% in 2009 versus 70% in 1991). Additionally, percentage of newly diagnosed HIV cases among MSM is tripled in 2009 related to those registred in 2000 (66% versus 21%), so the predominant mode of HIV infection is unprotected sexual intercourse between men in recent few years.

Figure 3. Newly diagnosed HIV cases by reported mode of transmission and by year of diagnosis in Serbia, 1984-2009



Source: IPH of Serbia “ Dr Milan Jovanovic Batut”, 2010

A great effort was made to promote and expand VCCT services and in an addition to the ongoing VCCT programmes under the implementation framework of the GF HIV Programme, more than 10,000 clients were voluntary counseled and tested at Public Health Institutions in 2009.

First phase of Ministry of Health/GFATM 6th round HIV Programme started in June 2007 and last for two years. Currently, Ministry of Health (MoH) implemnted second phase of GFATM R6 HIV programme as well as first phase of GFATM R8 HIV programme together with PR2-NGO Youth of JAZAS. In 2008 seven baseline bio-behavioral surveillance surveys among defined MARPs and among PLHIV is realized by IPH of serbia in partnership with MoH, academic institutions, UNICEF and NGOs. Currently, seven repeated bio-behavioral surveillance surveys are ongoing (among IDUs, CSWs, MSM, young Roma, PLHIV, prison inmates and institutionalized children and children without parental care) within MoH HIV Programme and they are implemented by Institute of Public Health of Serbia. Additionally, KAPB study among health workers is finished and the results will be presented soon.

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

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

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

In the last national survey the median age at the first sexual intercourse among young women and men aged 15-24 was 17 years. First sexual intercourse in age less than 15 is reported by 2.3% respondents aged 15-24 (3.5% males versus 1% females). Also, 26% of young people aged 15-24 reported having more than one sexual partner in the last 12 months and 75% of young women and men aged 15-24 reported using condom during the last sexual intercourse with non-regular partner among those who have had more than one sexual partner in the last 12 months. Among respondents aged 15-49 5.9% reported having sex with more than one non-regular partner in the last 12 months (10.5% males versus 1.4% females). Among those respondents who had sex with more than one non-regular partner in the last 12 months 69.4% reported using condom during the last sex (70.6% males versus 61.1% females) (*Source: Health Survey in Population of Serbia, Ministry of Health, 2006*).

Impact indicators

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

Injecting drug users, men having sex with men, sex workers

In 2008, within the GFATM R6 HIV Programme implemented by MoH, integrated bio-behavioral survey among street IDUs aged 15 and more who injected drugs in the last month were conducted by IPH of Serbia in Belgrade, Novi Sad and Nis with support of UNICEF and in partnership with local NGO (320 respondents per city). Respondent Driven Sampling (RDS) methodology was successfully implemented. The results showed that estimated HIV prevalence in population of IDUs aged 18 and more produced by RDSAT was highest in Belgrade (3.7% versus 1.6% in Nis and 0.8% in Novi Sad) while the estimated prevalence of hepatitis C was 69.4% in Belgrade versus 49.7% in Nis and 44.9% in Novi Sad (*Source: Estimation of HIV and hepatitis C prevalence, risk behavior and risk factors among injecting drug users in Belgrade, Novi Sad and Nis, MoH, 2008*).

Estimated size of IDUs population in Serbia are around 18.000 based on multiplier methodology and expert opinion (*IPH of Serbia, 2008*).

Bio-behavioral survey among MSM aged 15 to 59 who have anal sex with male partner in the last 6 months showed that HIV prevalence was 6.1% (CI 95% 2,8-9,4) among surveyed MSM aged 18 and more in Belgrade versus 2.4% (CI 95% 0,3-4,5) in Novi Sad (*MoH, 2008*).

Bio-behavioral survey among SWs both sexes aged 15 and more who reported selling sex in the last 12 months conducted in Belgrade within Ministry of Health /GFATM HIV/AIDS Programme showed that the HIV prevalence among tested respondents aged 18 and more was 2.2% (CI 95% 0,5-4,9) .

National Response to the AIDS epidemic

The response to HIV/AIDS was one of the first areas where Government included the civil society since the very beginning of national efforts to combat the epidemic. The

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

As a result of the implementation of GFATM supported HIV Programme in R6 since 2007 and R8 since 2009 seven baseline surveillance surveys were conducted, many preventive activities in defined MARPs were scale-up as well as strengthening and supporting PLHIV. Also, broad education of MARPs, PLHIV on treatment literacy, and education of many professionals, as well as many media campaigns had been held related to different prevention and anti-stigma and anti-discrimination issues.

➤ **Blood safety**

All the blood units have been voluntary donated and mandatory screened for HIV since 1987 and the costs of testing as well as promotion of voluntary donations are fully covered by Ministry of Health. All donated blood units are screened using documented standard operating procedures while the participation in an EQA scheme is planned to start in 2010.

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

The number of preventive services given to IDUs, SWs, MSM and prisoners using VCT is still low, even though the outreach activities are scaled-up and very well developed. The development of new VCT centers in the framework of the Global Fund Round 6/MoH HIV Programme, increased the accessibility of the service, but didn't change in a significant way the number of reported people tested on HIV among these MARPs. This is mainly the result of the fact that people do not recognized the risk or avoid to identify themselves as belonging to one of those MARPs.

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

Community outreach needle exchange services were initiated during 2003 in Belgrade, January 2005 in Nis and late 2005 in Novi Sad, and recently in Kragujevac within MoH HIV Programme and programme data showed that at the end of 2009 2063 IDUs were reached with NEP. There is very good cooperation and partnership between these NGOs and local IPHs in providing VCT services for IDUs. Also, within the same MoH HIV programme methadone maintenance therapy is supported and at the end of 2009 MMT is available at 15 public health facilities in Serbia, and in 6 prisons additionally, reaching 1813 IDUs since June 2007 when the Programme started.

At the end of 2009 a total of 1720 SWs were reached by preventive programmes in 5 cities through outreach work since 2007. At the same period 22,286 MSM were reached with outreach preventive programmes (peer and pair education, counselling,

condom and lubricants distribution) and additionally 5022 MSM are reached on line via internet. (Source: *PIU GF HIV Programme, Ministry of Health, 2009*).

The last estimation of the size of MSM population is based on data from DHS conducted in 2006 by which around 2% of surveyed men aged 20 and more reported sexual intercourse with other men (minimum 36,000 MSM aged 15-49 in Serbia).

At the end of 2009 a total of 3836 prisoners (34% of whole population) were reached by some preventive service in 12 prisons in Serbia. In the same reporting period 1334 children without parental care (34% of whole population) were reached by life skills based education in 10 institutions as well as 15,500 young Roma through outreach preventive programmes. (Source: *PIU GF HIV Programme, Ministry of Health, 2009*).

Baseline IBBS results shows that in 2008 32% of surveyed SWs in Belgrade, 12% of IDUs population in Belgrade, and 12% of surveyed MSM in Belgrade have been reached by preventive activities. (GFATM R6/MoH HIV Programme, 2008).

➤ ***Testing rate in the last 12 months and condom use among MARPs***

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

Baseline IBBS results shows that in 2008 45% of surveyed SWs in Belgrade were reported that have been tested in the last 12 months and knows the result of testing, versus 22% of IDUs population in Belgrade, and 31% of surveyed MSM in Belgrade. (GFATM R6/MoH HIV Programme, 2008).

Baseline IBBS results shows that in 2008 91% of surveyed SWs in Belgrade were reported using condom with their most recent client, while 29% of IDUs population in Belgrade reported using condom the last time they have sex, and 67% of surveyed MSM in Belgrade reported using condom the last time they had anal sex with a male partner. (GFATM R6/MoH HIV Programme, 2008).

➤ ***HIV treatment: antiretroviral combination therapy***

Till the beginning of 2008 the ART was available only in Belgrade at Institute for Infectious Diseases in Clinical Centre of Serbia for all PLHIV in need. Since 2008 HIV/AIDS treatment is available through a very well organized system, with outpatient and inpatient services available at Clinical Centres in Belgrade, Novi Sad, Nis and recently at Clinical Centre in Kragujevac. The need for referral obtained by general practitioners in primary health facilities, and the need for clearance from the local Health Insurance Fund branch in locations outside of the Belgrade, Novi Sad, Nis and Kragujevac are barriers for some PLHIV to access treatment. Establishment of the new treatment sites is accompanied with comprehensive mapping of the medical and social professionals that will be part of the system for provision of comprehensive medical and psycho-social care and support. The stigma that is highly present in Serbia in general population, is present in the health sector as well. A HIV infected person who needs to come for check-up undergoes through a demanding administrative procedures that are handling referral papers with the full name and diagnosis of the patient. This compromises confidentiality and privacy and causes discrimination in the community.

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

The entire cost of the HAART treatment is covered by public sources (*Republican Health Insurance Fund*). Significant increase in the number of people on HAART in the period 2003- 2009 was observed.

Estimated number of PLHIV with advanced HIV infection in need for ART is overestimated using EPP and Spectrum model for countries with low level of HIV epidemic and with lack of routine screening data of some population group such as pregnant women, TB patients etc. It is important to procure and sustain diagnostic tests as well as tests for monitoring and evaluation of treatment and to implement palliative care and home based care for those in need.

Summary

In order to monitor the results of the undertaken activities *in the reporting period 2008-2009*, and in response to the *UNGASS Declaration of Commitment on HIV/AIDS*, Serbia selected **20 indicators** for reporting:

1. Government HIV/AIDS policy development and implementation status:
National Composite Policy Index - NCPI
2. Percentage of donated blood units screened for HIV in a quality-assured manner
3. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy*
4. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
5. Percentage of young women and men who have had sexual intercourse before the age of 15 plus Median age at the first sexual intercourse among young people aged 15-24
6. Percentage of adults aged 15-49 who have had sexual intercourse with more than one non-regular partner in the last 12 months
7. Percentage of adults aged 15-49 who had more than one non-regular partner in the last 12 months and who report the use of condom during their last sexual intercourse
8. Percentage of MARPs (IDUs, SWs, MSM) that have received an HIV test in the last 12 months and who know the results
9. Percentage of MARPs (IDUs, SWs, MSM) reached with HIV prevention programmes
10. Percentage of MARPs (IDUs, SWs, MSM) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
11. Percentage of female and male sex workers reporting the use of condom with their most recent client
12. Percentage of men reporting the use of condom the last time they had anal sex with a male partner

13. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected
14. Percentage of injecting drug users who report the use of condom at last sexual intercourse

More about impact and outcome indicators related to defined MARPs are given at pages 9-11 as well as in comments boxes for reported indicators.

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

Development of the new National HIV/AIDS Strategy in the period 2010-2015 as well as revision and improvement of the overall National M&E framework that will assure better collection of good quality data from different stakeholders and triangulation and improvement of data use for better planning and acting is one of the major challenges. The UN TG on HIV/AIDS / UNAIDS has supported defining and implementation of the National M&E System since November 2004.

Introduction of the Second generation of HIV/AIDS surveillance was a special challenge that the country is faced with in order to provide more comprehensive picture and to monitor trend of HIV and other STIs prevalence in defined most at risk population groups as well as to monitor key behavioral data that will offer a better insight in the status of the epidemic. Also, triangulation of repeated surveys data and programme data will enable comprehensive and sector wide approach in monitoring and evaluation of national response to HIV epidemic and better planning of preventive activities especially among defined hard to reach MARPs.

The period 2008–2009 witnessed important progresses made in the area of prevention of HIV and reduction the impact of HIV as well as reduction of stigma and discrimination in the whole society in Serbia. The strong partnership of governmental sector and civil society sector acting to implement the national strategy has been successful. Major prevention interventions have been expanded to national level with scaled-up access to services and programmes for most at risk population groups. Also, there is need for further strengthening the health system as well as to rise the level of comprehensive knowledge in different population group.

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

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

meaning that HIV specific issues need to be integrated in different national plans and programmes and to rise involvement of local community and private sector in response to HIV epidemic.

Also, we are planning to develop wider gender approach and to integrate gender policy in activities of different stakeholders.

Support required from country's development partners

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

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

Monitoring and evaluation environment

Strengthening of national M&E capacity, as well as providing training in 2nd generation HIV/AIDS Surveillance was the key activity supported by UNAIDS in Serbia over the last two years period. International experts and technical partners have been comprehensively trained over 10 people. Local trainings have been made available for selected number of national stakeholders and subrecipients of GF HIV programmes. As follow up to the participation in international training events, the national experts conducted a few of national meetings and trainings. The national workshops served as consultation forums where all relevant stakeholders participated in revision and harmonization of existing and defining new indicators and designing of functional M&E system on national level. With support of UNTG/UNAIDS, UA targets for 2010 related to prevention, treatment, care and support have been set and endorsed by NAC .

The M&E system and plan for monitoring the National response to HIV/AIDS in Serbia has been developed and delivered to the NAC for adoption in September 2006. Multi-agency M&E Toolkit was among few resource documents that was used for its

development. The plan provided sufficient basis for monitoring key indicators. In addition, the M&E system have been strengthened by established National HIV/AIDS Office in 2006, that has been tasked to act as the main point for collecting and collating data on program indicators at coverage and outcome/impact level. The National HIV/AIDS Office acts as M&E Unit supporting the monitoring of the National Programme implementation.

In 2006, the National HIV/AIDS Office was established as an operational body of the NAC. The Office has been established within the IPH of Serbia, with support from UNDP and UNAIDS. The office is continued to be funded by domestic sources from 2007/2008. The main functions of the national HIV/AIDS Office are: assistance to the NAC in overseeing implementation of the National HIV/AIDS Strategy; development and implementation of broad capacity building strategy based on continuous needs and resource assessment; development of M&E plan, and establishing reporting procedures and data flows within the programme, as well as, to provide regular reports based on collected and analyzed different data, establish and maintain data bases on program resources, service gaps and financial resources, to enable further strategic planning activities, ensure transparency of the program implementation, by establishing information exchange channels and networks, and dissemination of all relevant information to wide audiences, trainings of journalists and medical staff, capacity building of all relevant stakeholders regarding 2nd generation surveillance and M&E and budgetary-based programming and planning.

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

Ministry of Health/GFATM Programme as well as national outcome and impact indicators will be measured through bi-annual bio-behavioral surveys among defined most at risk populations, as recommended for low and concentrated epidemics. Baseline surveys for collection of these indicators were done in 2008 and second round of surveys is ongoing while the next two rounds are planned to be conducted in 2012 and 2014. Ministry of Health will support the implementation of these surveys.

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

In May 2009, the assessment of national M&E system was done with support of GFATM and as result the M&E system strengthening action plan was developed and endorsed by key stakeholders in country. The plan is related to development of revised costed M&E plan which would be base for development and implementation of new operational database at national level. Also it is planned to develop guidelines for quality control of data related to national set of indicators as well as for quality control of implemented activities in different delivery areas. And, the last it is planned to develop guidelines for estimation of size of defined MARPs as well as to provide updated suze estimation of MARPs at local and at national level.

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

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

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

Annex 1: Consultation/preparation process for this national report

The report was prepared by the National Multisectorial AIDS Commission and Ministry of Health in close collaboration with the Institute for Public Health of Serbia/National HIV/AIDS Office, National M&E WG, civil society and UN TG on HIV/AIDS based on the results of revision of core indicators in National M&E Plan and evaluation of implementation of National HIV/AIDS Strategy in the period 2005-2009 (meetings of National M&E WG and members of NAC in 2007 and 2009).

NCPI questionnaire was broadly discussed and fulfilled in a forum of different experts and key partners during the workshop held 11-12 March, 2010.

The draft report was discussed and adopted by key national and international stakeholders on 30 March, 2010.