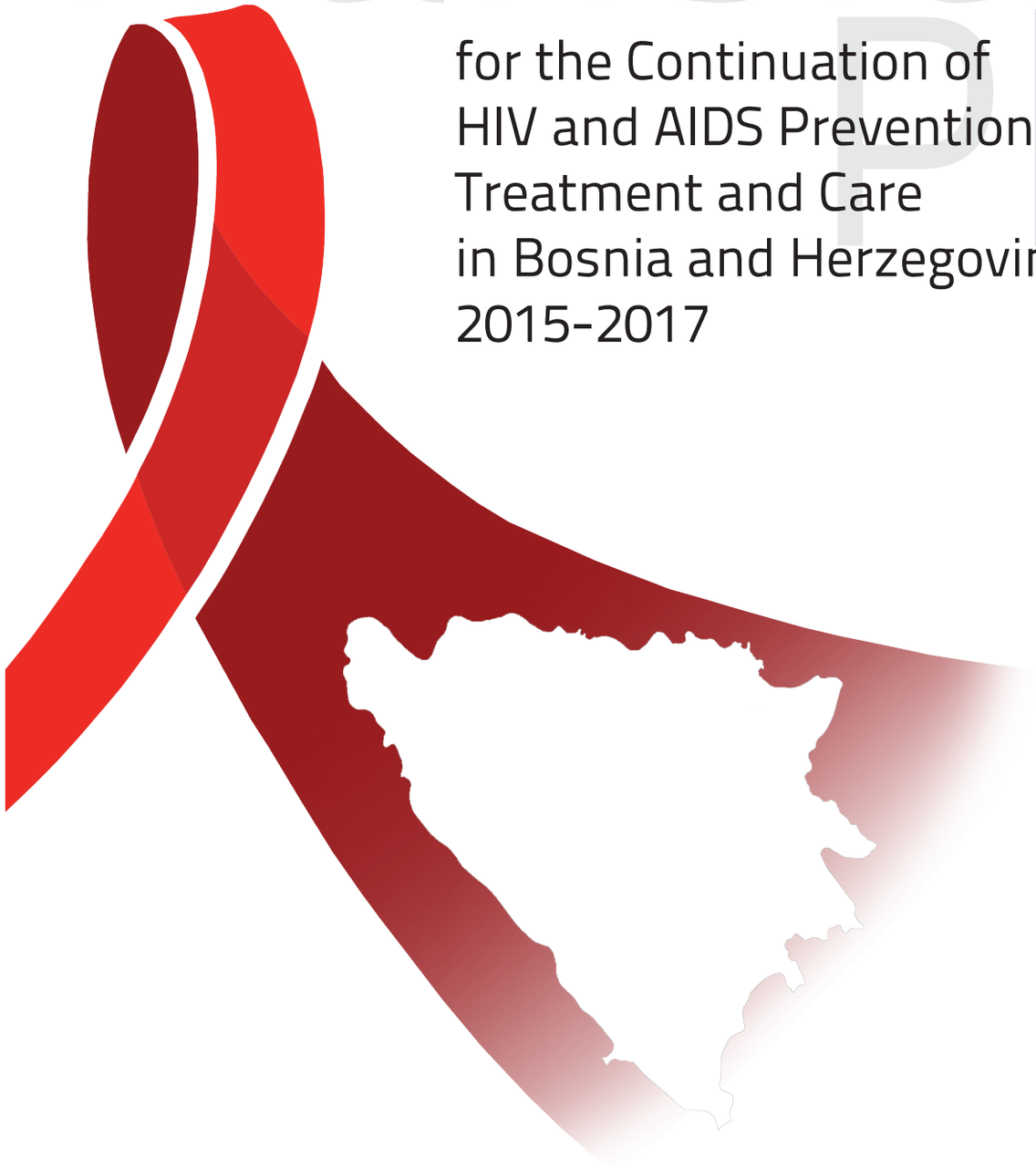
Transition Plan

for the Continuation of
HIV and AIDS Prevention,
Treatment and Care
in Bosnia and Herzegovina
2015-2017



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for the Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina 2015-2017

Bosnia and Herzegovina

September 2015

This document serves as a working paper of Country Coordinating Mechanism (CCM).

FOREWORD

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CCM Secretariat and UNDP Program Management Unit provided a full scope of technical support to the CCM Working Group during a yearlong TP developing process.

Table of Contents

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CHI	Compulsory health insurance
CSO	Civil Society Organization
EP	Extension Plan
GDP	Gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counselling and testing
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HR	Harm reduction
IPTCS	Integrated Prevention, Treatment, Care and Support
KAP	Key at risk population
MoCA	Ministry of Civil Affairs
MoF	Ministry of Finance
FMoH	Ministry of Health of Federation BIH
MoHSW RS	Ministry of Health and Social Welfare of Republika Srpska
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	Sterile needle and syringe programmes
LFA	Local Fund Agent
OI	Opportunistic infections
OST	Opioid substitution therapy
PLWHA	People living with HIV AIDS
PLWH	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PR	Principal Recipient
PSM	Procurement and supply management
PWID	People who inject drugs
SR	Sub-recipient
STI	Sexually transmitted infection
SRH	Sexually reproductive health
SW	Sex worker
TB	Tuberculosis
TP	Transition Plan
UN	United Nations
UNDP	United Nations Development Programme
USD	United States dollar
VCCT	Voluntary Confidential Counselling and Testing
WB	World Bank
WHO	World Health Organisation

Introduction

This document presents an analysis of the past decade's HIV response in Bosnia and Herzegovina (BiH) encompassing current activities and future prospects for the fight against this disease. Efforts include various and ongoing programme-associated activities, such as Opioid Substitution Treatment (OST), Harm Reduction (HR) and Voluntary Confidential Counselling and Testing (VCCT).

Being a country of low HIV prevalence, BiH has not exceeded 0.5 % cases in any of the key affected populations (KAPS), with the general population being below 0.1%. The year of 1986 marked the first recorded HIV positive case in BiH, and to follow through 2014, there have been a total of 266 HIV registered cases.

According to the Constitution of Bosnia and Herzegovina, which is an integral part of the General Framework Agreement for Peace in Bosnia and Herzegovina (Annex III), Bosnia and Herzegovina is a democratic state with its internal structure modified as provided herein and with its present internationally recognized borders. Bosnia and Herzegovina consists of the two Entities, the Federation of Bosnia and Herzegovina and the Republika Srpska (hereinafter "the Entities"). (Article I of the Constitution of Bosnia and Herzegovina). Responsibilities of Bosnia and Herzegovina are set forth in the Article II of the Constitution of Bosnia and Herzegovina and they include: foreign policy, foreign trade policy, customs policy, monetary policy as provided for in the Article VII, finances of the institutions and for the international obligations of Bosnia and Herzegovina, immigration, refugee and asylum regulations, international and inter-entity criminal law enforcement, including relations with Interpol, establishment and operation of common and international communication facilities, regulation of inter-entity transportation, air traffic control.

According to the Constitution of the Federation of Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina is one of the two entities composing the State of Bosnia and Herzegovina, and has all powers, competence and responsibilities which do not, according to the Constitution of Bosnia and Herzegovina, fall within the exclusive competence of the institutions of Bosnia and Herzegovina. The Federation of BiH consists of federal units (cantons).

According to the Constitution of the Republika Srpska, the Republika Srpska is a territorially unified, indivisible and inalienable constitutional and legal entity, which performs individually its constitutional, legislative, executive and judicial functions. All state functions and competences belong to Republika Srpska except for those which, according to the Constitution of Bosnia and Herzegovina, fall within exclusive competence of the institutions of BiH.

Public health sector in BiH is organized by means of the same model, thus in the Republika Srpska it falls under the competencies of the Public Health Institute, together with 5 regional centres, and in the Federation of BiH, in addition to the Federal Public Health Institute, there are also ten cantonal public health institutes, while the Brčko District has the Sub-department for Public Health.

The financing of the health system, in the Republika Srpska, is the responsibility of Health Insurance Fund of Republika Srpska, in Federation of BiH financing of health care falls under the competencies of the cantonal funds (ten), as well as joint Federal Health Insurance and Reinsurance Fund, whereas Brčko District also has its own Health Insurance Fund of Brčko District of BiH.

Since 2003, the Ministry of Civil Affairs of BiH is responsible for overall coordination of the health sector in BIH, as well as issues related to the international obligations of BiH, European integrations and international cooperation in the field of health.

The National Advisory Board for Combating HIV/AIDS in Bosnia and Herzegovina (NAB) is chaired by the Ministry of Civil Affairs (MoCA) and was established in early 2002, with the task of developing a strategy, and further develop the planning and implementation processes in this field. NAB is comprised of representatives from different ministries, the civil society, and international organizations. Federation of Bosnia and Herzegovina, Republika Srpska and the Brčko District have HIV and AIDS National Coordinators. A Strategy to Prevent and Combat HIV/AIDS in Bosnia and Herzegovina 2004-2009 was adopted by BIH Council of Ministers in February 2004) was followed by the Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina 2011-16 (BIH CoM 2011)[1].

The key vision of the both strategies was for BiH to become the country in which the incidence, or total number of new HIV infections, would decrease, along with the incentive to transform into an environment which will enable a long, high quality and healthy life for all persons living with HIV.

Target groups toward which the current strategy focused its activities included: general population, key populations at higher risk of HIV infection (MSM, SWs and their clients, asylum seekers, refugees, mobile populations, persons injecting drugs, prisoners, young people and people living at or below the poverty line), as well as the populations at higher occupational risk of exposure to HIV (employees of medical institutions getting in contact with bodily fluids, police officers, soldiers, fire fighters, members of rescue services, members of associations and foundations providing damage reduction services, etc.).

Responses to HIV in the previous period in BiH included:

1. Prevention and care services offered to key populations through NGOs, especially those provided through DICs, gatekeepers from target populations and outreach workers;
2. Provision of rapid testing and inclusion of the newly-diagnosed PLHIV to treatment centres;
3. Provision of ART and OI treatment for PLHIV;
4. Strengthened liaison between HIV and TB Programmes, and mainstream testing and treatment and/or referral for Hepatitis B and C;
5. Provision of OST and expanded work with PWID;
6. Reduction of HIV/AIDS related stigma and discrimination;
7. Further development of skills and technical capacity for effective service management and programme delivery.

1 http://www.vijeceministara.gov.ba/saopstenja/saopstenja/default.aspx?id=11807&langTag=hr-HR

The Strategy takes into account the specificities of the HIV epidemic in BiH and ensures the important role of civil society and communities in the multisectoral response to HIV in the country.

Since 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has been financially supporting the implementation of two projects related to the HIV AIDS prevention in BIH (app. 40 mill. USD[2] in total); namely Coordinated National Response to HIV/AIDS and Tuberculosis in a War-torn and Highly Stigmatized Setting' (Phase I, November 2006 – October 2008; and Phase II, November 2008 – October 2011), and Scaling Up Universal Access for Most at Risk Populations in Bosnia and Herzegovina (Phase I: December 2010 - November 2012; Phase II: December 2012 - November 2015). The current HIV Project in BiH funded by the GFATM is in accordance with Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina 2011-2016 and directly addresses the Millennium Development Goal Number Six which deals with combating HIV/AIDS. The GFATM financial contribution accounts for approximately 30 to 35 per cent of the overall cost to the HIV programme in BiH and the fight against this disease (2006-2015[3]).

The current HIV Project in Bosnia and Herzegovina, with financial and technical support of GFATM Rd9 funds was more specifically focused on the key populations: PWID, MSM and SWs and their clients, Roma and mobile population, and through the period of Phase II, **the** aim was to **address** the factors underlying the late diagnosis of HIV, with the introduction of mobile VCT services.

As stated in Independent Evaluation Report[4] the HIV Programmes in BiH has become an unprecedented case of consensus building, bringing together and promoting collaboration among government sector and civil society from across the Federation of BiH, Republika Srpska and Brčko District via the platform of NAB and the CCM. The HIV Programmes has provided a unique opportunity to create a system of anonymous and free-of-charge services bridging most hidden KAPs with the public health system. Stigma and discrimination towards most at risk populations is being addressed and attitudes are very slowly beginning to change.

Behavioural and biological surveillance studies (hereinafter BBSS)[5] conducted in 2012 amongst PWID, MSM and SW revealed a HIV prevalence rate of 2.7% among PWID, 1.2% amongst MSM and 0.5% amongst SW. These behavioural trends show that the percentage of people who inject drugs, and whom reported the usage of sterile injecting equipment the last time they injected was 27% in 2008, 79 % in 2010 and 91% in 2012; the percentage of female and male sex workers reporting the use of a condom during penetrative sex with their most recent client was 75.6% in 2008, 87.7% in 2010 and 88% in 2012; the percentage of men who reported the use of a condom the last time they had anal sex with a male partner was 49.2% in 2008, 63.7% in 2010 and 66.7% in 2012.

The Global State of Harm Reduction 2014 report[6] suggests that an extensive success in harm reduction activities with the most significant increases in NSP observed in Bosnia and Herzegovina, Croatia and the Ukraine is evident. There has been a three-fold increase in the number of PWID

2 http://portfolio.theglobalfund.org/en/Country/Index/BIH

3 UNDP HIV AIDS Project PMU Reports on Country Contribution in Respond to HIV in BiH

4 APMG, Independent Evaluation of HIV Programmes in BiH, 2013

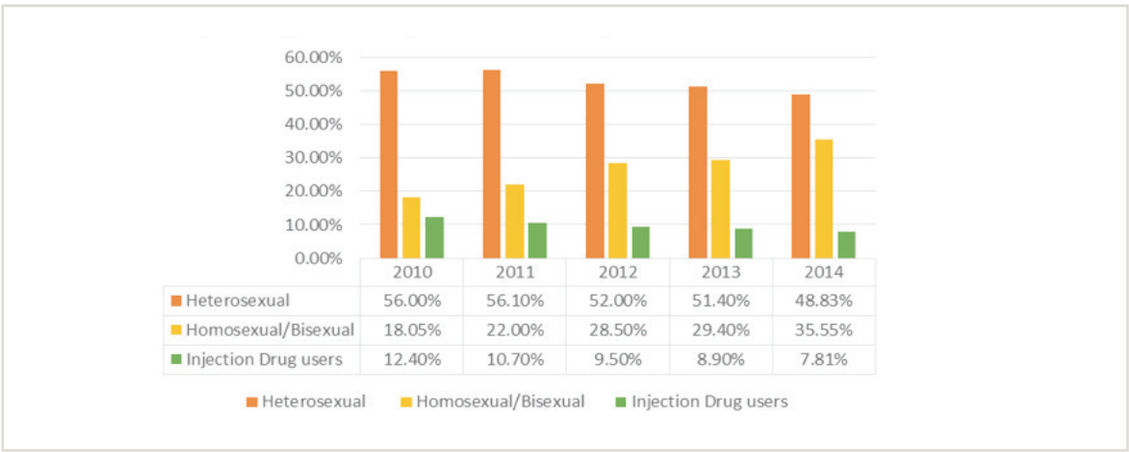
5 Behavioural and Biological Surveillance Study among Injection Drug Users in Bosnia and Herzegovina, 2012: A Respondent-Driven Sampling Survey and Research on risk behaviour in relation to HIV/STI prevalence among groups exposed to higher risk (MSM and SW) in BiH,2012

6 The Global State of Harm Reduction 2014

enrolled in an OST programme (up to 49% for the period 2007-2014), while the number of KAP receiving post-test counselling has shown a substantial increase. The number of PWID receiving post-test counselling in 2014 increased by 821% compared to 2012 and MSM increased to 165%, while SW increased 13 fold in comparison to 2012[7].

Monitoring and Evaluation data for the period 2010-2014 shows that the most frequent HIV transmission route is sexual transmission (see Graph 1). More specifically, as illustrated by this graph, the highest percentage of transmission lies within the heterosexual category, with homosexual/bisexual percentages in the middle and PWID in the most bottom quartile of percentages. Also depicted is a slight but gradual decline in prevalent cases from 2010 to 2015 amongst the heterosexual and PWID population, and conversely and incline in homosexual/bisexual cases. In recent years, the MSM population is accounted for the largest share of HIV AIDS cases diagnosed in BiH, by the presumed route of transmission. Prevalent cases (PLWH) increased steadily. This increase reflects both the rise in the number of HIV diagnoses and the decrease in HIV-related deaths since the introduction of antiretroviral therapies.

Graph 1. People living with HIV (prevalence cases by route of transmission)



As presented in one of the previous paragraphs, various BBSS and similar studies have shown a huge success rate in controlling the prevalence of HIV, especially within the context of testing for HIV and in monitoring behavioural trends amongst the Key Affected Populations (KAP): MSM, SW and PWID.

Consequently, it is in the best interests of the country to secure the continuation of these results. This is to be achieved through various advocacy activities as envisaged by Advocacy Plan[8], both with decision makers and the general public.

The main task of the Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina 2015-2017 (hereinafter TP) is to clearly determine key stakeholder activities for the mobilization and effective use of available financial resources

7 APMG, Bosnia and Herzegovina HIV Strategic Investment Framework and Roadmap to Transition and Sustainability, 2014 <http://ccmbih.org/publikacije-2/>

8 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

in support of prevention, treatment and care in the realization of both short and long-term objectives of HIV programmes in BiH.

Currently, BiH is categorized as an upper middle-income country[9] with a low prevalence rate of HIV, and therefore, in theory, it should be able to finance its own HIV programme.

This TP is the first concrete attempt at establishing a clear vision of what will happen in the future without GFATM support.

Investment options in the aforementioned document provide several strategic directions for the country and suggest that a combination of Anti-Retroviral (ART) and Opportunistic Infection (OI) treatment for PLHIV with scaled-up outreach and other HIV prevention services for KAP are the most cost-effective approaches for controlling the epidemic in the future.

9 <http://www.worldbank.org/content/dam/Worldbank/document/eca/BH-Snapshot.pdf>

Section 1: Key Challenges and Opportunities

The overall complexity of the administrative system in BiH presents a considerable challenge to service delivery, in terms of standardising guidelines and protocols to ensure the sustainability of HIV programmes in BiH. The variation in the regulatory framework between Federation BIH, Republika Srpska and Brcko District presents a big challenge for the HIV programmes in BiH. One example is the introduction of OST in prison settings: it has been successfully introduced in the FBiH, where the Ministry of Justice of FBiH has committed to supporting this activity by all means, while the Ministry of Justice in Republika Srpska has not endorsed OST activity in prisons as of yet.

Perhaps one of the biggest obstacles to the future of the HIV Programmes in BiH is the prevailing and ever strong stigma and discrimination against KAP -particularly MSM and PWID- amongst the general public and health care workers. This prejudice is also fuelled by religious beliefs, coupled with the conservative and patriarchal nature of society in BiH[10].

The pace of economic growth slowed down in 2014 and continuous rainfall in spring led to the worst flooding ever recorded in BiH since recordkeeping began more than a century ago. These May 2014 floods were estimated to have caused around **2.9 billion** USD in damage and losses, which is the equivalent of nearly **15 percent of GDP in 2014[11].**

As a result of this natural disaster, many activities related to the response to HIV and AIDS were affected. One such example is an OST centre with circa 400 beneficiaries in Sarajevo that received financial support for its work regularly from the cantonal government over the period 2002-2013. Despite the fact that this activity was originally budgeted and endorsed by the cantonal government, there was no available funding for it in 2014.

This lack of financial resources is evident when analysing the FBiH Health Insurance and Reinsurance Fund (Solidarity Fund) reports. This fund surmounts many of the difficulties caused by disparate and unequal inflows of revenues; however, the collection of funds is low and the movement of funds and patients restricted.

One of the important challenges in Federation of BiH is the increasingly large share of people who

10 APMG, Bosnia and Herzegovina HIV Strategic Investment Framework and Roadmap to Transition and Sustainability, 2014 <http://ccmbih.org/publikacije-2/>

11 <http://www.worldbank.org/content/dam/Worldbank/document/eca/BH-Snapshot.pdf>

are not covered by health insurance. This is especially the case amongst the unemployed, whose number continues to grow: currently youth unemployment is approximately 60%[12].

Total health expenditure in Bosnia and Herzegovina is now estimated to be around 10.9 per cent of GDP (rising from 7.1 percent in 2000 and 9.4 per cent in 2006), this is a level similar to that in the EU15 countries but higher than in many of the neighbouring countries[13].

On the other hand, in this decade of comprehensive GFATM financial support to BiH for fighting HIV AIDS, other regular donor agencies, who would otherwise have financed part of these health related activities, focused their attention on other social and health related issues. In 2015-2016 this Transition Plan envisages that an extension[14] of the existing GFATM Rd9 programme will cover the most important activities, such as providing HR services like OST and NSP Programme and VCCT (which is also in line with recommendations stated in Independent Evaluation of HIV Programme in BiH Report), as well as purchasing health products and pharmaceuticals. As per the Transition Plan, the BiH stakeholders should also implement the Advocacy Plan[15] aimed at bringing back donor agencies to support part of the programme presented in this TP, to cover those areas without secured funding.

There are still some constraints associated with the procurement and reporting systems of the country; the BiH Law on Public Procurement is not fully aligned with those in the EU[16]. This Law, for example, allows big postponements for the procurement of various health products/works as bidders can officially raise objections to any component of the bidding process and the resolution of any dispute can last for more than six months. Due to the multi-layer structure of the country, additional effort is required to improve the recording and reporting systems in the health sector; this is especially relevant considering the international obligations of BiH concerning reporting on HIV[17].

12 http://www.mladi.gov.ba/index.php?option=com_content&task=view&id=46&lang=hr

13 <http://www.worldbank.org/content/dam/Worldbank/document/eca/BH-Snapshot.pdf>

14 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

15 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

16 http://www.javnenabavke.ba/vijesti/2008/Komparativni_prikaz_DirektivaEU_i_ZJNBiH.pdf

17 Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina 2011 – 2016, pp. 37-40.

Section 2: Overview of HIV Programmes Activities in BiH

The overall objective of BIH HIV programme (HIV programme in Federation of Bosnia and Herzegovina, HIV programme of Republika Srpska, and HIV Programme of Brčko District) in transition period should be focused on the availability of **health and preventive services in the field of HIV AIDS. This is particularly the case for the high-risk population groups as defined** by the existing programmes for HIV AIDS, if being possible, in the manner provided for the period 2006-2015. However, due to various financial constraints, the CCM Working Group for the preparation of the TP has identified priority areas for intervention; these will be described in more detail in Section 4 of this document.

In reference to a number of documents that evaluated the HIV programmes in BiH over the last decade, it seems that enabling the continuation of cooperation between government sector and CSO/NGO in the prevention and response to HIV will be one of the crucial elements of any future HIV strategic planning in the country.

Efficient HIV treatment and care for PLWHA is a key prevention strategy. In Federation of BiH, Republika Srpska and Brčko District BiH, the treatment costs and procurement of ART are **borne** by the health insurance funds. Three referent centres **based** in Banja Luka, Sarajevo and Tuzla (University Clinical Centre of Republika Srpska, University Clinical Centre Sarajevo and University Clinical Centre Tuzla) have provided treatment services for AIDS patients for the last three decades with full coverage of ART by health insurance funds.

While it is expected that the finance and support of the timely diagnosis and adequate treatment of HIV AIDS will be continued, together with continuous supply of ARV therapy (e.g. in 2014 VCCT was supported by the FBiH Health Insurance Fund to the amount of 79,072 EUR and in the FBiH funding for ARV treatment has been secured to the amount of 188,092 EUR, while in Republika Srpska in 2013 ARV treatment was financed by the Health Insurance Fund of Republika Srpska to the amount of 135,067 EUR and VCCT cost 202,414 EUR[18]) it is obvious that additional fundraising should be performed. This will ensure continuous outreach work, especially for PWID, as well as funds for needle exchange programmes and prolonging the efforts of mobile teams for VCCT.

CSOs provide continuous psycho-social support to empower PLWHA in order to improve their life conditions and to develop relationships with the HIV positive community, along with their close

18 Country Contribution for 2013 and 2013, UNDP BiH HIV AIDS Project.

social circles and within the larger community. For the last nine years those activities were largely financially supported through GFATM grants.

One of the identified strategic goals for 2011-2016 is to reduce the level of stigma and discrimination associated with HIV AIDS. In the Advocacy Plan[19] it is envisaged that this activity could be addressed further by utilising resources already secured in the Transition/ Extension Work Plan, Budget[20] & Country Contribution.

The implementation of GFATM Rd5 and Rd9 grants received the highest ratings (A1: exceeding expectations) and almost all programme targets were exceeded. In both grant rounds the United Nations Development Programme (UNDP) was nominated as the Primary Recipient (PR) by the stakeholders in Bosnia and Herzegovina. The effective HIV prevention services for KAP, including a needle and syringe exchange programme (NSEP) and opioid substitution therapy (OST), through a network of governmentally funded centres, drop-in centres (DIC) and outreach work, the provision of condoms and other SRH services, including diagnosis of sexually transmitted infections (STI), Hepatitis B (HBV) and C (HCV) as well as referral for treatment were successfully introduced in Bosnia and Herzegovina.

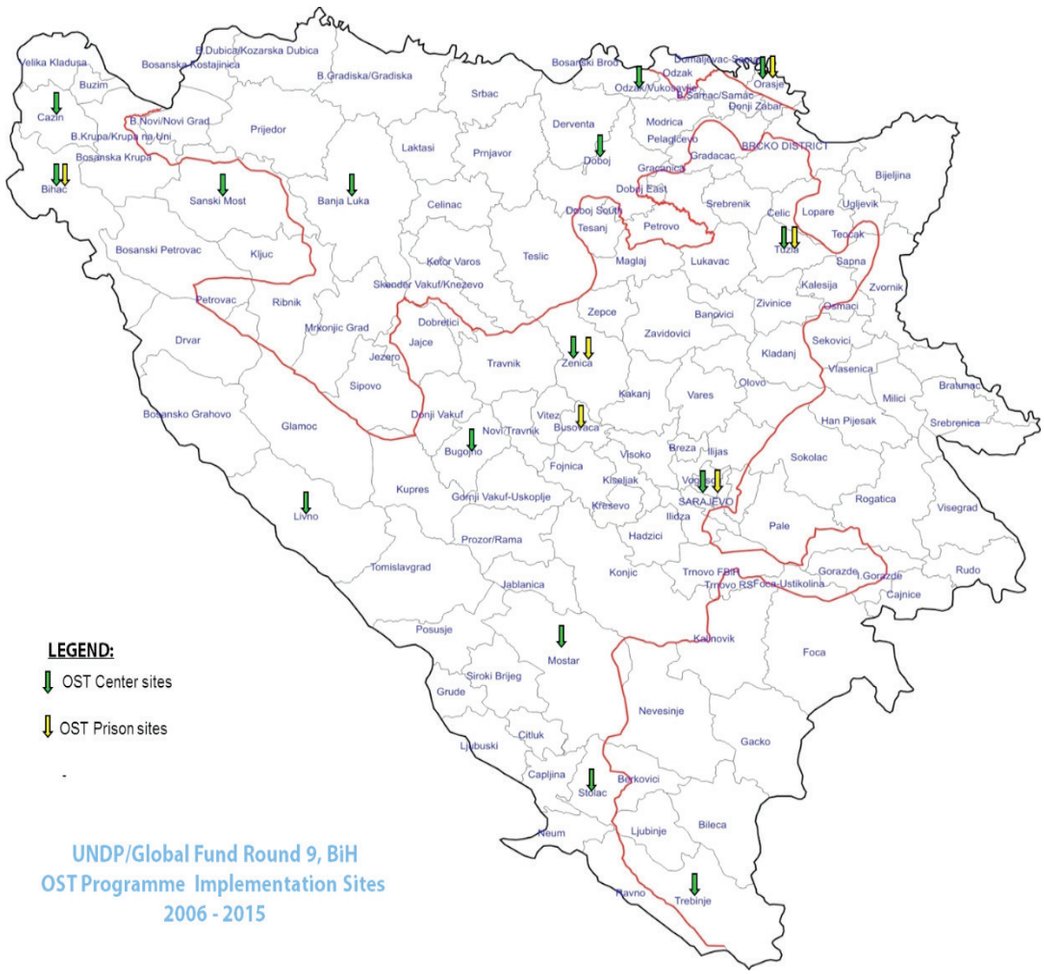
These services are delivered through close and fruitful cooperation between government and the civil society sector[21]. During the second half of 2014, the total number of PWID clients reached through the minimum package of services was 5,394, out of which 3,350 were retained clients and 2,044 were unique clients when compared to previous reporting periods. It is evident from this data that 12 current SR are successfully maintaining contact with 62% of their regular clients. In 2006, there were 3 OST centres functioning in BiH, versus the ten that exist now. The implementers of HIV programmes in Bosnia and Herzegovina have been approached by five additional mental health centres interested in enrolling in the network of HR sites in BiH, and therefore the total number of OST centres in BiH could amount to15 by the end of 2015 (see Image 1 below) .

19 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

20 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

21 APMG, Bosnia and Herzegovina HIV Strategic Investment Framework and Roadmap to Transition and Sustainability, 2014 <http://ccmbih.org/publikacije-2/>

Image 1 UNDP/Global Fund Round 9, BiH OST Programme Implementation Sites 2006-2015



Furthermore, HIV preventive services were delivered to 1,659 SW clients reached during the period of July-December 2014; 1,264 were retained clients and 395 were unique clients in comparison to the period January-June 2014. Therefore, it is evident that during the second half of 2014, the specialised CSOs/NGOs enrolled in the HIV programmes in BiH successfully maintained contact with 76% of their regular clients. They also conducted visits to outreach locations and introduced new activities such as 'in-house theatres' in drop-in centres. Concurrently 3,154 MSM clients were reached rendering various HIV prevention activities, out of which 1,493 were retained clients and 1,661 were unique clients when compared to the first half of 2014. HIV preventive services were provided to 2,148 inmates (imprisoned in 6 correctional institutions in the Federation of BiH and 6 in Republika Srpska) during the period July-December 2014, which present an increase of 15% compared to achievements in 2013.

In the second half of 2014, HIV and AIDS preventive activities for Roma, migrants, and returnees were conducted in continuity without any major difficulties and resulted in the provision of HIV preventive activities for 10,090 beneficiaries from vulnerable groups (5,098 Roma and 4,992

migrants and returnees). There has been an evident and steady increase in the coverage, especially since the last quarter of 2013. This significant increase is attributed to the greater outreach efforts made through the VCCT mobile teams and by improved networking between existing VCCTs and the NGO sector.

As of December 2014, the total number of HIV testing and counselling sessions, including the provision of results services, was provided to a total of 3,102 clients (1,709 PWID, 1,071 MSM, 322 SW, 97 TB patients and 3,634 others). The total annual number of KAP post-tested in 2014 was 5,744 (3,394 PWID, 1,751 MSM and 599 SW, 191 TB and 6,642 others). A total of 114 patients were reported to be on ART during the second half of 2014, which when compared to the previous six-month period represents an increase of 12 patients (the Infectious Diseases Clinic in Sarajevo reported 63 patients on ART, the Infectious Diseases Clinic in Banja Luka reported 38 patients on ART, while the Infectious Diseases Clinic in Tuzla reported 13 patients on ART). The number of adults and children enrolled in HIV care who had their TB status assessed and recorded during their last visit was 100%.

In light of the financial constraints that will surface after GFATM funding ceases in the present capacities, the CCM WG for Transition Plan has introduced a number of possible changes to the programme objectives. Bearing in mind that in 2016, should the TP be accepted by the GFATM, available external sources of funding would be less than half that of the previous five years. At the same time, they are introducing priority setting as the part of the HIV programme implementation aimed at a ***realistic yet optimised scenario. Prioritisation in accordance with various financial constraints*** will be further elaborated in Section 4 of this report.

Section 3: Sources of HIV Programs Financing in Bosnia and Herzegovina and GAP Analysis

A discussion on financing system of Federation of Bosnia and Hercegovina and of Republika Srpska follows[22].

The Federation of Bosnia and Herzegovina

Fundraising and Resource Pooling

The current health insurance contribution rate is 16.5% of the gross salary (compared to 14.5% in 1991 and 30.0% in 1997, due to the decline in the number of insured persons in relation to the total population). Funds for healthcare are derived mainly from payroll contributions in addition to a small portion of taxes on other personal income, the cantonal and municipal budgets, international donations and other sources. According to the 1997 Law on Health Insurance, insurance is "obligatory in the territory of the Canton" (Article 1)[23].

Entitlement to health insurance is for "employees and other persons executing specific activities or having specific characteristics". Family members of an insured person are subsequently insured. Contribution rates and methods of calculating and paying contributions for compulsory health insurance are determined by the Federal Ministry of Finance and by the Law on Contributions. The cantonal insurance institutes can determine their own rates, as legislated by the legal cantonal body, but the rates must be equal or below the rates set by the Law on Contributions. The current average contribution rate of 16.5% of gross salary consists of 12.5% paid by the employee and 4% by the employer.

Every year each canton is requested to prepare and submit a compulsory insurance scheme financial plan (income and expenditure) to its cantonal minister of health for approval. In case that expenditure exceeds the planned income, the cantonal and municipal budgets must cover the

22 <https://advokat-prnjavorac.com/zakoni/Zakon-o-zdravstvenom-osiguranju-FBiH.pdf>

23 HiT 2002 was used for the text as a source for this part of the document, but due to the outdated figures the reference for the 2012 figures is from the Agency for the Improvement of Foreign Investment in BiH (Agencije za unapređenje stranih investicija u BiH) <http://www.fipa.gov.ba/informacije/poslovanje/doprinosi/default.aspx?id=90&langTag=hr-HR>

gap. All ten cantonal health insurance funds then administer their money and allocate resources to the providers. Compulsory reinsurance is foreseen as covering specific circumstances during natural disasters and global epidemics. To that end, the funds are not expected to be collected as reinsurance contributions by the reinsurance institutes, but to be administered and kept within the Federation of Bosnia and Herzegovina Insurance Institute. Cantons may also autonomously introduce the so-called "extended health insurance" in order to extend coverage for services not covered under the compulsory health insurance schemes. Although the evidence is only anecdotal, it is widely assumed that there is a substantial practice of underreporting wages, which negatively affects both insurance contributions and fiscal accounts. The shortage of cantonal funds combined with the uneven population distribution among the cantons means that the amount of risk pooled is often too small.

Republika Srpska

Law on Health Insurance stipulates that all citizens of Republika Srpska are covered with compulsory health insurance. The principle of obligations implies that all citizens must be registered for health insurance on one of the grounds prescribed by the Act. Execution of the right to compulsory health insurance is conditioned by the payment of contributions for health insurance, except for children under the age 15, and pregnant women and mothers of children under one year of age. These categories of citizens, provided that they are registered for the health insurance, are enabled the right to compulsory health insurance even when contributions are not paid. Base and the contribution rate for mandatory health insurance are regulated by the Law on Contribution. Compulsory Health Insurance is implemented by the Health Insurance Fund of the Republika Srpska, guided by the principles of solidarity, mutuality and equality.

The rights from the compulsory health insurance are regulated by the Law on Health Insurance and general acts of the Health Insurance Fund. The package of compulsory health insurance is consisted of health care and the right to salary compensation during temporary inability to work (sick leave). All rights under the compulsory health insurance are available to all insured persons under equal conditions and do not depend on the amount of contributions paid for health insurance.

Part of the compulsory health insurance is fully financed by the Health Insurance Fund of the Republika Srpska, and for the other part, the insured persons are participating in the cost (co-payments). Participation is necessary because funds from the health insurance contribution are not sufficient to cover all rights, however there is exemption of certain categories of insured persons from co-payments. Over 50 percent of the insured persons in the Republika Srpska are exempted of co-payments on some basis.

Key Enabling Factors and Potential Challenges to Transition

Certain general threats or potential risks to the implementation of HIV preventive activities were considered, analysed and successfully elaborated in the Phase II Project Document "Scaling up Universal Access for the Most at Risk Populations in Bosnia and Herzegovina The Project Document was signed between the UNDP (as a Primary Recipient of GFATM Funds in BiH) and the Council of Ministers of BiH in October 2013. The primary goal of this document is to ensure the effective and efficient project implementation. As such, the document offers a profound insight into project activities (which are included in this Transition Plan in a prioritised manner and elaborated on in more detail in the Extension Plan[24] as an integral part of the TP). It also identifies a list of possible risks (such as a highly stigmatised beneficiary population and the organization of health systems in Bosnia and Herzegovina) that may occur during implementation of the HIV preventive activities and suggests activities to be undertaken in the next period, as explained in the text below.

Needle exchange programs in BiH

One of the issues that might pose a problem to implementation of this Transition Plan is the blurred status of **the needle exchange programs in BiH** and consequently the need to improve the legislation in that area. Although a needle exchange programme is de facto already taking place in BiH, and for the last eight years has been in full agreement with the relevant authorities, the status of the implementers is not fully defined within the relevant legislation. However, it is important to emphasise that, at the level of the FBiH, the Harm Reduction Policy for Drug Use in the FBiH (hereinafter Policy[25]) was adopted at the 112th session of the Government of the FBiH.

The Policy recognizes four specific goals:

1. Promoting and facilitating referral of drug addicts towards institutes for substance abuse or mental health centers in the community,
2. Increasing public awareness of the principles of harm reduction, its policies and programs,
3. Better coordinating of the cantonal and local harm reduction programs in the territory of FBiH,
4. Reducing stigma and discrimination towards people who abuse narcotic drugs.

Figure 1 Goals of Harm Reduction Policy for Drug Use in the FBiH

The general goal of this policy is to reduce the rate of health impairment amongst PWID, while also reducing the possibility of blood transmitted infections through non-sterile injecting equipment sharing in FBiH.

Stigma and discrimination

Another potential problem for the implementation of HIV preventive activities from 2015 onward is the fact that **the target beneficiaries of this programme belong to a population that is still highly stigmatised in BiH** society today, including HIV positive people, drug users, men having sex with men and Roma. Consequently, much prejudice remains amongst the general public with respect to activities aimed at assisting and benefiting these populations. Various advocacy

24 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

25 Politika za smanjenje štete (harm reduction) iz oblasti ovisnosti u Federaciji Bosne i Hercegovine, 2014

activities within the HIV programme should be aimed at creating an enabling environment in which these activities will not be disputed but rather positively accepted by most of the BiH population and the general attitude towards groups currently stigmatised, lastingly improved.

There are three key measures in concurrence with implementing activities for the execution of anti-stigma and anti-discrimination goals foreseen in the Advocacy Plan[26].

1. Improvement of stigma and discrimination related research with the aim to improve the programme of prevention.
2. Motivation and encouragement of decision-makers aimed at gaining their support in the realisation of activities.
3. Improvement of the approach towards prevention of stigma and discrimination amongst all stakeholders within the process.

M&E

Monitoring and Evaluation Units currently based in Federation of Bosnia and Herzegovina and Republika Srpska public health institutes together with the Sector for Health of the Ministry of Civil Affairs of BiH, were tasked with setting up a system to ensure the collection of relevant monitoring and evaluation data;

In order to maintain the flow of data related to HIV and AIDS in Bosnia and Herzegovina, it is of the great importance to secure a minimal additional funding to maintain the existing M&E software (currently financed by the GFATM, approximately 500 EUR per year) once GFATM funding is no longer available. Furthermore, all relevant stakeholders should secure funding for Human Resources to keep the M&E software functional and in full capacity in order to serve its purpose.

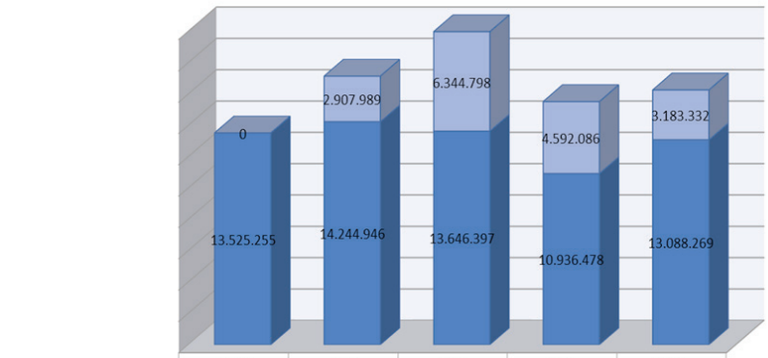
GFATM Funding vs. Country Contribution (2010-2014)

Despite the various financial constraints, the GFATM requires each country, receiving its support as Primary Recipient, to agree to present country co-financing for HIV prevention, treatment and care as part of the total cost of the national disease programmes. Grants obtained by the BiH CCM in Rd5 were in total 10,870,928 USD[27] for the grant period 1 Nov 2006 to 31 Oct 2011. Under the Rd9, an additional 21,827,664.22 EUR[28] was signed for the implementation period 1 Dec 2010 to 30 Nov 2015. Throughout this period, from 2006 onward, the country succeeded in providing evidence of contribution higher than 65 % of the overall cost of the project in BiH.

Despite the financial constraints mentioned, the country has succeeded in making a contribution higher than 65 % to the overall cost of the funds supported by HIV project in BiH. Graph 2, presents the BiH part of financial expenditures for HIV for the 2010-2014; the figures are based on the data submitted to GFATM/LFA that present the country contribution for HIV response and the usage of GF funding for the stated period.

26 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view
27 <http://portfolio.theglobalfund.org/en/Grant/Index/BIH-506-G01-H>
28 <file:///C:/Users/adrinic/Downloads/BiH-910-G03-H_GA_1_en.pdf>

Graph 2 Availability of financial recources 2010-2014 in EUR



	2010	2011	2012	2013	2014 * Estimate figure
GF Cash Outflow by GF Rd9	0	2.907.989	6.344.798	4.592.086	3.183.332
BIH Investment	13.525.255	14.244.946	13.646.397	10.936.478	13.088.269

National Health Account

Bosnia and Herzegovina is applying National Health Accounts since 2008 IPA Project Public Health Reform I and II which is finalized with Report of National Health Accounts for Bosnia and Herzegovina for the period 2009-2011.

During the Phase II of GFATM funded HIV Project the work on HIV/AIDS and tuberculosis sub-accounts was conducted and results can be found in the Report available in the Department for Health of Ministry of Civil Affairs (Health Information Systems). The methodology used for the National Health Accounts sub account for HIV/AIDS and tuberculosis strongly relies on the achievements and work within IPA Project Public Health Reform II in Bosnia and Herzegovina, National Health Accounts for Bosnia and Herzegovina.

Within the framework of the work on HIV/AIDS and tuberculosis sub-accounts the NHA Working Group was established on the basis of the nominations of the relevant MoHs. The SHA 2011 framework already adopted by the Council of Ministers of Bosnia and Herzegovina was used for the development of HIV/AIDS sub/accounts. Discussions on the methodology for the creation of the sub-accounts including the sub-account boundaries and the key data requirements took part during the meetings organized within the work on HIV/AIDS sub/accounts and decision on the methodology to be used by consensus of all participants.

The main obstacles to use the newest NHA methodology were identified:

- lack of official adoption of the Health Accounts Production Tool (HAPT) methodology by relevant government bodies
- Protocol on Cooperation in the Matters Related to the International Reporting Obligations of Bosnia and Herzegovina in the Health Sector signed in February 2014, establishing clear reporting method including communication channels

- lack of relevant training on Health Accounts Production Tool (HAPT) of staff in charge for collection and compilation of data
- finalized processes on data aggregation for the previous years including 2012, and difficulties to disaggregate data at this point of time in line with the requirements of Health Accounts Production Tool (HAPT)

Aforementioned obstacles should be overcome in order to apply the NHA tools including HAPT and HAAT. During the Transition Period support will be given to continued effort to incorporate new NHA tools in the work of NHA. It is important to mention that this does not represent the approach to be used only for the purpose of NHA exercise within GF HIV/AIDS Project, but should be continued through strong support provided by WHO in terms of expertise and know-how.

Complete Funding Picture for 2015-2017

The goal of the Transition is to maintain the continuation of prioritised HIV related programme activities after the ending of GFATM grant in an attempt to close the gap between the realistic resource requirements and finances available. This document clearly demonstrates that the basic condition for financial sustainability of the future HIV response in Bosnia and Herzegovina is a reduction of expenses for various services provided to beneficiaries.

As presented in the "Strategic Investment Framework for the Fight Against HIV/AIDS with Focus on Sustainability in Federation of Bosnia and Herzegovina"[29] financial resources needed to secure all activities currently funded by GFATM in Federation of Bosnia and Herzegovina are as follows:

- Sarajevo Canton - cca. 0, 5 mil. EUR
- Tuzla Canton - cca. 0, 45 mil. EUR
- Zenica-Doboj Canton - cca. 0, 4 mil. EUR
- Herzegovina-Neretva Canton - cca. 0,3 mil. EUR
- Una-Sana Canton - cca. 0,2 mil. EUR
- Other cantons - cca. 0,15 mil. EUR
- Total: cca. 2 mill. EUR

Offering financially efficient packages will be more relevant to attracting both domestic and international donors. It is expected that a gap will remain when projecting future HIV related activities due to the difficulty of obtaining long-term commitments from both domestic and international sources.

The attached Transition/Extension Work Plan & Budget[30] states that 3,187,081 EUR would be sufficient to fully cover the various programme activities aimed at preserving HIV prevalence below 0.01 in the general population and 0.05 for KAP. This amount covers the activities currently

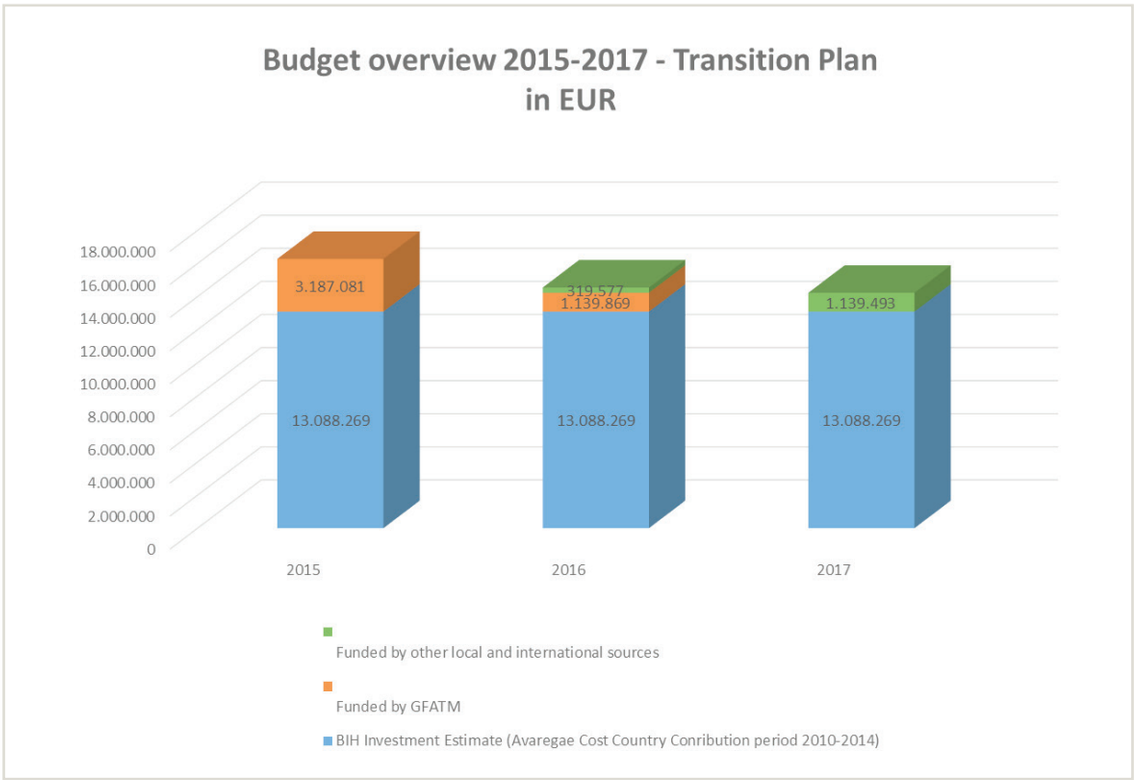
29 <http://www.zzjzfbih.ba/obavijest/>

30 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

financed by GFATM, while overall BiH investment in HIV prevention treatment and care has been enlarged by 13 million EUR on average per year for the last three years. The Transition Plan identifies a financial gap of approximately 319,577 EUR in 2016. This is because the country contribution will probably remain at the same level and savings from the Rd9 HIV Grant will cover only basic and prioritised activities up to an amount of 1,139,896 EUR.

As this document provides a transition plan to respond to HIV and AIDS in the period 2015-2017, it is assumed that strong and well-planned advocacy activities will be conducted in order for the country to be able to provide an additional 1,139,493 EUR for prioritized programmatic activities and for the procurement of pharmaceuticals, health products and commodities in 2017, excluding PR management costs. This would secure the sustainability of prioritised programme activities with reduced financing to the amount of approximately 2,047,588 EUR (2015-2017).

Graph 3 Budget overview 2015-2017 - Transition Plan in EUR



Financing an Efficient Package when Faced with Budget Constraints after GFATM funding

In order to successfully address the issues of the transition phase and sustainability of HIV/AIDS prevention programmes in Bosnia and Herzegovina, a reduction of approximately 20% of the existing GF budget (period July 2014 - November 2015) has been made. The reduction approach is based on financing an effective package of services (evidence-based response) that is crucial to minimizing the spread of HIV amongst key at-risk populations. The methodology for the Extension Plan budget[31] covering the period 1 July 2014 to 31 December 2016 has obtained the most realistic costs based on estimated expenditures targeted at ensuring the provision of a minimum service package to beneficiaries/KAP. To this end, all budget categories and costs were revised by reducing the unit cost for human resources, planning and administration, overheads and procurement prices. The obtained results enabled an extension for the implementation of prioritised programme activities up until 30 September 2016 and a close-out period until 31 December 2016. This approach of effective package financing allows for additional time to ensure a gradual transition for priority programme activities, thus minimising any transition gaps in responding HIV and AIDS in BiH.

31 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Calculation of Extension Cost and Sources for Period 2015-2016

In terms of cash funds availability UNDP HIV/AIDS PMU calculated fund needs for 2015 & 2016 based on Progress Update (PU) covering period 1st January 2015- 30 June 2015 to be submitted to GFATM on 15th August 2015. As per PR Cash reconciliation, PR Cash balance as of 30 June 2015 amounts to EUR 2,366,432, out of this amount commitments for the reporting period represent EUR 354,144. Thus available cash funds as of 30 June 2015 amount to EUR 2,012,288.

PR needs (as per Reprogrammed budget for period 01 July 2015- 30 November 2015) are **EUR 1,113,205**. Extension Budget[32] covering period 01 December 2015- 30 September 2016 is EUR **1,362,976**. Hence total funds needed to cover last semester of 2015 and extension period amount to **EUR 2,476,181**. Difference between needed funds and available cash will be covered by the undisbursed funds from Phase II EUR 451,381. Potential shortage of EUR -12,512 will be covered by SR Cash balance as of 30 June 2015 in total amount EUR 175,955. Out this amount EUR 131,962 represents PHI FBiH Cash balance, that should be considered as commitment for period Jan-June 2015, thus the expenditure are not recorded in ATLAS system. The rest of SR Cash balance is EUR 43,993 will cover potential shortage of funds needed in amount of EUR -12, 512as well as 6 months close out activities. Detailed calculation is a part of TP budget document[33].

Here, UNDP HIV/AIDS PMU would like to underline a fact of significant negative impact that USD-EUR exchange rate has for the implementation of activities (Grant agreement was signed in EUR currency but UNDP operates in USD).

For your easy reference in the Progress update covering period Jan-Jun 2015 UNDP HIV/AIDS PMU have reported EUR 52,847 on net exchange rate losses. However, this fluctuation on exchange rate might have effect on cash availability and programme implementation.

32 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

33 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Section 4: Sustainable HIV Transition Plan, Actions, Financing and Indicators

The primary goal of this section is to provide a rational and practical approach to sustainable transition and financing of the HIV response. It should assist the country with further strategic planning in the area of HIV AIDS in BiH, and in practical steps to reduce dependency on external resources by focusing on investments with the highest effectiveness and cost-efficiency. At the same time, the overall aim is to achieve universal coverage of HIV prevention, treatment, care and support services, taking into account the needs and vulnerabilities of the key affected populations.

Realistic yet Optimised Scenario Prioritised in Accordance with the Various Financial Constraints

This scenario envisages optimised efficiency under the current available funds in order to gain value for money while continuing to meet the prioritised programme objectives and maintain maximum coverage of effective HIV prevention and care amongst the KAP.

Improved efficiency within the prevention, treatment and care programme components, synchronously with the reallocation of financial means for administrative and management costs encompass the plan to extend the programme activities up until the end of 2016. This has been done by using already identified budget reallocations from the Rd9 HIV programme budget (for the year 2014/2015). The ultimate intent is to further secure the continuation of prioritised activities in 2016 and to ensure a smooth transition with the financial support provided by GFATM to other available donors. An integral part of this scenario is the Transition/ Extension Work Plan, Budget[34] & Country Contribution.

The Incentive Scheme has been agreed upon by all key stakeholders of HIV AIDS programme while financing was provided by GFATM. It envisages payment of salary incentives to the medical staff of the relevant health institutions which are directly linked to HIV/AIDS programme activities in BiH in the following areas:

34 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

1) HIV/AIDS National Coordinators in Federation of BiH, and Programme HIV Coordinator in Republika Srpska,
2) MoCA HIV/AIDS Coordinators ,
3) Resource Centres Staff including M&E Units in Federation of BiH and Republika Srpska,
4) Methadone Center Staff in Federation of BiH and Republika Srpska,
5) VCT Centres staff in Federation of BiH and Republika Srpska.

The incentives are paid on a results-based system and do not duplicate the regular activities implemented by their current job description

It is important to note these incentives have been phasing down/decreasing since 2013 with the ultimate aim to cease by 2015. The incentives provided to any individual within the period 2013-2015 did not exceed the percentage of the salary that was agreed by Global Fund. In this period, most partners have committed themselves to continuing rendering services that were supported by GFATM from 2006 until 2016, without additional incentives and as part of their regular work. In most cases, those incentives were covering additional costs of various monitoring, evaluation and reporting activities towards GFATM/LFA/PR which would not be necessary once country ownership of programs amounted to 100 % or so (as it is considered to be part of a long-term sustainability strategy). In present TORs of these stakeholders, it is envisaged to perform, monitor, and report such activities without additional financial incentives.

The quality of provision of OST and VCCT services to KAPs depends on the adequate number of health professionals, their performance, conditions in the work premises where health services are provided, and availability of equipment and drugs. Implementation of activities under the HIV/AIDS programme depends on timely and adequate employment, training, professional development and management of facilities which provide services under the HIV/AIDS programme. It is expected that the use of project resources will reduce the costs and increase the quality of health services under the HIV/AIDS programme. Accordingly, the health professionals on the OST activities in institutes for treatment of drug addiction and in the mental health centers in Federation BiH and Republika Srpska including the medical professionals providing VCCT services are envisage to receive incentives within extension period. The incentives provided to each individual is calculated in such a way, that the incentives to be paid during the extension period do not exceed the percentage of the salary that is paid in year 5.

CSO/SR-rendering services to various KAPs have been fully financed by GFATM grants (Rd5 and Rd9) for almost ten years and were involved in a number of capacity development activities dealing with administrative, programmatic as well as procurement activities, both in-country and abroad.

In the last decade, UNDP, as PR, has provided a vast number of specific trainings on program management, business administration, as well as on procurement. Capacity building has been established to support the CSO/SR procurement capacity. The PR also conducted ad hoc short-term training programs which have been followed up in situ by ongoing mentoring and support to procurement processes conducted by CSO Sub recipients. This approach maximized the opportunity for the sustained integration of procurement policies developed by CSOs under the

local legislation into practice through a number of cases where CSOs themselves have gained valuable experience in conducting procurement processes. The same approach was used in integrating supply chain and stock management practices into everyday operation modalities of civil society organization, in order to enable sustainability of existing HIV prevention services established under GF grant.

This surely allowed for most of them to seek various financial modalities. Thus, the TP predicts that most of the optimised (although already reduced) activities will still be available for KAPs in BiH after the Extension Period[35].

Main priorities in response to HIV and AIDS in BiH

The TP which includes the proposal for the extension of GFATM-funded activities outlines the main priorities in response to HIV and AIDS in BiH. These priority activities for the extension period are determined based on the epidemiological situation in the country, analysis of the transmission routes, and the results of BBSS research; as such:

A. Harm reduction activities for PWID in the context of HIV epidemic

B. HIV prevention activities for MSM

C. HIV prevention activities for prisoners

D. VCCT mobile activities (IPTCS)

E. Psychological and social support for PLWHA

F. Advocacy activities to secure sustainability of the aforementioned optimised interventions

Activities listed A to F are also part of the Independent Evaluation recommendations.

A. Harm Reduction Activities for People who Inject Drugs (PWID) in the context of the HIV epidemic

PWID

In BiH, four NGOs (PROI, Viktorija, Margina and Poenta) are engaged in providing a needle/syringe programme to PWIDs. PWIDs are reached through outreach activities (within a minimum of 28 locations) and drop-in centres (11). Through their activities outreach workers and secondary mediators (gatekeepers and peer educators) provide a minimum package of services (provision of needles and syringes, provision of condoms, provision of IEC material, counselling) to each client.

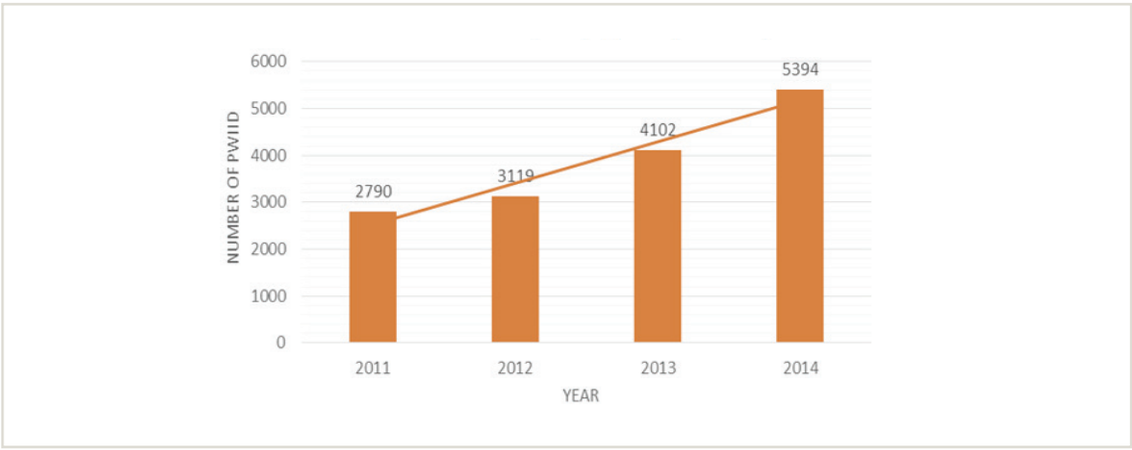
35 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Furthermore, beneficiaries are referred to additional services such as HIV/STIs, HCV testing, other specialists, OST centres, and psychosocial/legal assistance depending on the client's needs. The cost of procurement of harm reduction commodities with an average coverage of 130 needles/syringes per beneficiary for 2014 was 170,550 EUR, which was financed through GFATM support.

The data collected for the period 2010-2014 indicates a decrease in the number of HIV positive cases among PWIDs. An effective, evidence-based response is required to curtail the rapid spread of HIV amongst drug injecting populations, but also to prevent onward transmission to other populations (including regular sexual partners and sex workers) that would significantly expand the epidemic.

Graph 4 presents the number of PWID reached through the Needles and Syringes Programme (2011-2014).

Graph 4 Number of PWID reached by NSP Programme (2011-2014)



The Extension Plan[36] envisages that the coverage of PWID will remain at the same level as planned for 2015[37] (6,839 beneficiaries, which represents 54.7% of total coverage of the population concerned). Beneficiaries in need of these services should be referred to the existing organisations/public institutions that provide such services "free of charge" (services already available in public health and social institutions).

The methodology for the Extension Plan[38] budget for PWID includes (for the period 1 December 2015 to 30 September 2016) a scaling down of costs associated with the provision of social, medical and/or legal assistance for PWID in drop-in centres.

36 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

37 Rd9 Phase II Performance Framework

38 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Supply of needles and syringe and harm reduction materials will be ensured through GF financing until September 2016 with average coverage of 130 needles/syringes per beneficiary annually.

The cost of harm reduction materials for year 2016 is EUR 70,348.

Figure 2 Short info on supply of needles and syringes/costs

It is to be noted that a number of policy documents[39] have been adopted in order to facilitate this transition process. Within the above-mentioned timeframe, the HIV AIDS Rd9 Programme will (with the aid of the proposed Extension/ Transition WP and budget[40]) ensure the minimum distribution of service packages for PWID through specialised CSO's/SR's and optimised drop-in centres. It is envisaged that after September 2016, sufficient time will be given to CSO's/SR's dealing with PWID in order to sustain their activities through alternative funding. The existing drop-in centres that provide support for PWID are already enrolled in a process of certification as a prerequisite for obtaining government funding in 2016 and beyond.

The total reprogrammed budget for CSO/SR providing services to PWID for the period July 2014 to September 2016 amounts to 1,070,624 EUR, which represents a 13% increase compared to the approved budget (July 2014 to November 2015) for this activity.

Four CSO's/SR's that provide preventive services to PWID have already reprogrammed their activities and implemented the corresponding changes to their originally approved budgets in order to provide the minimum package of services per European standards. This activity has thus ensured transition period sustainability once GF funding ends. Based on a proposal from the HIV/ AIDS Working Group for Transition, the focus for reprogramming SR programme activities is given to the PWID component. Consequently, three out of four CSO/SR have adapted their programme activities for an additional ten months (mostly focusing on PWID component).

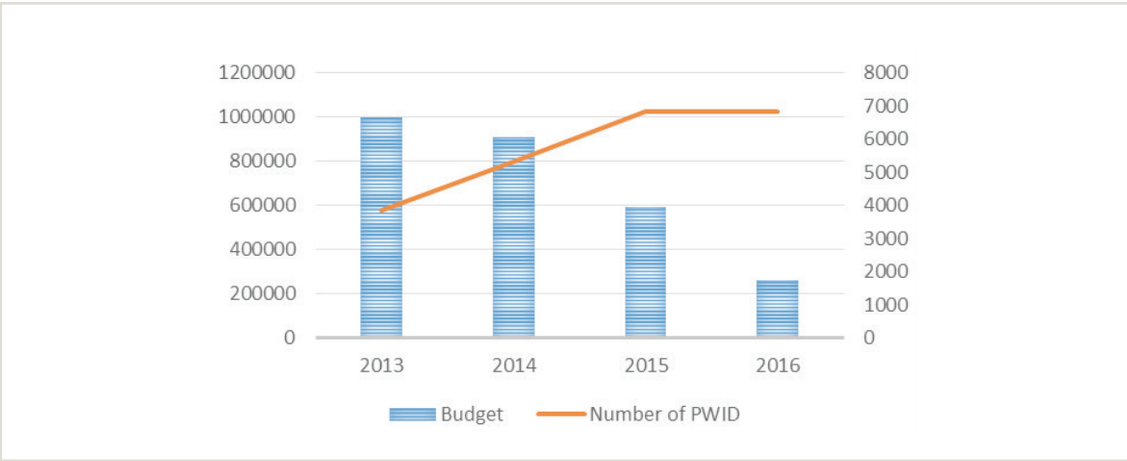
Graph 5 below demonstrates the relationship between budget amounts and number of PWID in the proposed Extension Plan[41] (2015-2016). The horizontal slope of Number of PWID indicates a stabilized trend. It illustrates that it will reach a peak total of about 7000 PWID in 2015, which will turn into an equilibrium condition through 2016. In correlation to the overall trend of Number of PWID the budget geared toward funding PWID services portrays a gradual but substantial decline in financial allocations over the span of 2013 to 2016, as a result of improved efficacy of implemented programme.

39 Action Plan for the fight against illicit drugs in Federation of Bosnia and Herzegovina 2012-2013; National Strategy for Monitoring of Narcotics, Prevention and Elimination of Drug Abuse in Bosnia and Herzegovina 2009-2013; National Action Plan to Combat Drug Abuse in Bosnia and Herzegovina, 2009-2013 Strategic Plan for Health Development in Federation of Bosnia and Herzegovina in the period from 2008 to 2018; Policy for harm reduction from drug use in FBiH, Government of FBiH, Official Gazette of FBiH 32/14 of 7 May 2014; Strategy for Monitoring of Opiate Drugs and Containment of Opiate Drugs Abuse in the Republic of Srpska for the period 2008 to 2012;Accreditation standards for drop-in centres in FBIH, Agency for Quality and Accreditation of Health Care in the Federation of Bosnia and Herzegovina (AKAZ), 2014

40 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

41 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Graph 5 PWID - Financing an Effective Package

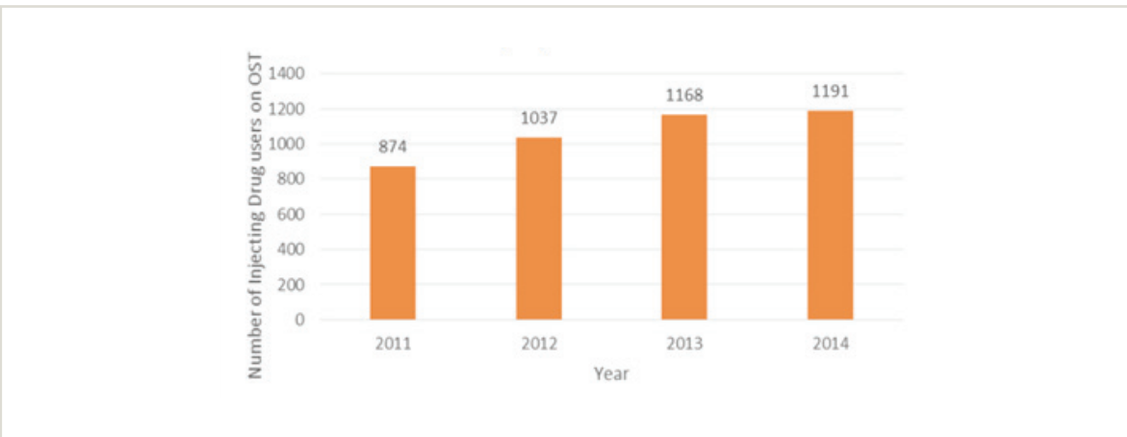


OST

The OST programme is one of the essential components of HIV prevention currently covering methadone/suboxone treatment for approximately 1,191 beneficiaries in nine centres throughout BiH (in comparison to 600 beneficiaries in three centres in 2006). It is expected that this number will rise gradually each year. In accordance with available data (2011-2014), on average, 95 additional people are introduced to OST treatment annually. In addition to the previously mentioned, OST treatment has been successfully introduced into 5 prison settings for approximately 50-70 beneficiaries.

Graph 6 depicts the number of Injection Drug Users on OST treatment between the period of 2011-2014.

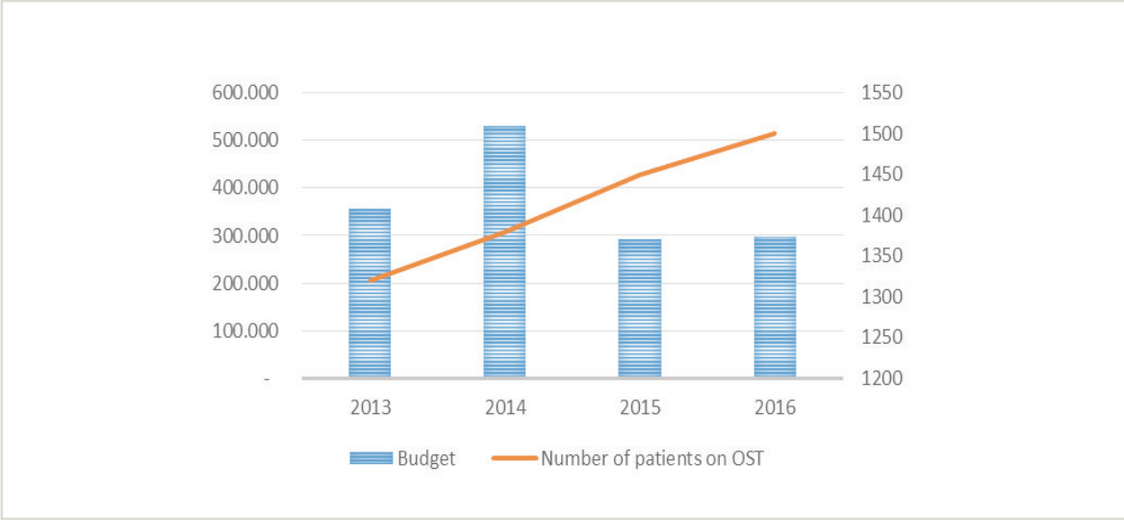
Graph 6 Number of Injecting Drug Users on Opioid Substitution Programme (OST) 2011-2014



In the proposed Transition/Extension Work Plan activities it is envisaged that the coverage of clients receiving OST treatment will follow the gradual increase. It is anticipated that, by the end of 2016, more than 1500 clients will be on continuous treatment for at least three months without any interruption, as stipulated by UNAIDS indicator definition.

Graph 7 provides a comparison between budget demands and availability by year, coupled with the number of patients on OST. The Number of Patients on OST depicts a positive, upward trend of OST accessibility each year. This progress can be attributed to effective procurement and usage of pharmaceuticals. We can also deduce from the graph's data nearly a two-fold reduction in programmed financial expenditures through 2016.

Graph 7 OST



A rough estimate of the total cost of specialised medical addiction treatment, social reintegration in therapeutic communities, and harm reduction (HR), amounts to approximately 9.2 million EUR annually in BiH. This TP shows that HR activities could be kept at the present level with only 25% of the above -mentioned figure needing to be raised, in addition to current government funding levels.

Since the public health systems in BiH often experience delays in procuring the necessary medicines and lack sufficient external financing, mitigating these bottlenecks remains essential if this activity is to be sustained. According to BiH HIV programme records, resources for the procurement of OST, for both methadone and naloxone buprenorphine, amount to approximately 250,000 EUR annually (the UNDP managed HIV programme has been exempted from customs and tax duties in line with the Decision of the Council of Ministers of BiH). Currently, OST centers and health insurance funds are conducting procurement of methadone and naloxone/buprenorphine treatment using local procurement processes, while GF funding is covering a portion of the total need of OST.

Subsequently, this trend should be completely reversed during 2015/2016 through strong advocacy activities, since methadone is on the Essential Medicines List in both Federation of

BiH and Republika Srpska. The TP / EP envisages that GF funding will cover 75-80 % of methadone needs in 2016, whereas the governments or other international funding sources would take over the complete financing of therapy in 2017.

Health insurance funds from Federation BIH currently cove roughly 65% of the cost of procurement for naloxone buprenorphine therapy. This figure only relates to the Federation of BiH and the cantonal health insurance funds, while naloxone buprenorphine therapy is not covered by Republika Srpska Health Insurance Fund, since it is not on the Essential Medicines List in Republika Srpska. This issue should also be addressed through advocacy activities, since the TP envisages that from 2017 onward these items are to be procured either through domestic or other international funding sources.

The uninterrupted supply of OST therapy to 15 centers included in the programme will be secured in the extension period until the end of 2016, with aim to leave sufficient time for the institutions to organize the procurement process and transition to other sources of financing.

In the Extension Plan funds for procurement of Opioid Substitution therapy are budgeted in amount of 208,882 EUR in 2015 and 238,022 EUR in 2016.

By the end of 2016 naloxone buprenorphine therapy will be covered by GF funds for 22% of the total needs and methadone for 78% of the total needs, while the remainder will be covered by government financing.

Figure 3 Plan for procurement of OST therapy (2016)

As noted in one of the previous paragraphs, approximately 1,150 drug users continuously on OST for at least three consecutive months, (methadone and naloxone-buprenorphine therapy) are provisioned to continue to receive treatment (procured by PR in 2015) during 2016. In 2016, a range of advocacy activities by key stakeholders and partners to the HIV programmes in BiH will approach various decision makers and government representatives to lobby for budget allocation from domestic sources, in order to sustain this activity in 2017. The UNDP will also invest additional effort in an attempt to secure alternative funding for OST treatment for 2017 and beyond.

Since one of the recommendation of Independent Evaluation of the HIV program in BIH refers to quality of OST, the PR has reprogrammed available funds in order to incorporate additional activity in terms purchase of urine screening tests for newly opened centers included in harm reduction program so as to ensure that recommendations and standards procedures for quality of OST are implemented accordingly.

As indicated in Guidelines for Treatment of Opiate Addiction in BiH, the quality of OST and program of opiate substitution is monitored through regular screening of beneficiaries on presence of drugs (psycho active substances) in urine. At the beginning of therapy screening is conducted more frequently (1 or 2 times a week) and at the later stage of treatment screening is done in average 1 or 2 times per month, although if there is suspicion on recidivistic behaviors, it could be done at any time (ad hoc).

The Transition Plan indicates a stabilized trend in the number of PWID throughout the whole period, as presented in the Table 1. It illustrates that it will reach at least 6839 PWID in 2015 via the minimum package of services, turning into an equilibrium condition throughout 2016 and 2017. This represents 54.7% of total coverage of the population concerned. It is envisaged that, by the end of 2017, more than 1500 clients will be on continuous treatment for at least three months without any interruption, as required by UNAIDS indicator definition. The Number of Patients on OST depicts a positive, upward trend of OST accessibility each year.

The budget portrays a gradual decline in funding over the span of 2015 to 2017 as a result of improved programme efficiency.

Table 1 TP plan targets versus budget (PWID)

Year	2015			2016			2017	
PWID	Global Fund		Funded by other local and international sources	Global Fund		Funded by other local and international sources	Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12/Q24	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets PWID Needle and syringe programme	6089	6839	0	6839	2720	4119	6839	
Targets PWID OST	1400	1450	0	1500		1525	1525	
Budget (EUR)	1.048.756		0	640.906		122.180	654.263	

In Table 2, the 2015 columns depict current GFATM funding for prevention activities for PWID and OST in the total amount of EUR 1,048,756. In 2016, the amount of EUR 640,906 represents the contribution of the GFATM obtained through the efficiency gains in Extension Period, and calculated gap in funding in the amount of EUR 122,180 to be secured through local and international sources by BiH authorities. In 2017's columns EUR 654,263 is the projected amount necessary to continue effectuating PWID and OST needs and operations.

Table 2 Resource Availability 2015-2017 (PWID)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
PWID	**1.048.756**	**0**	**640.906**	**122.180**	**0**	**654.263**
Communication Materials	3.335		-	-		-
Health Products and Health Equipment	77.880		7.490			7.490
Human Resources	439.533		232.846	101.969		307.858
Infrastructure and Other Equipment	-		-			-
Living Support to Clients/Target Population	7.579		31.373	-		-
Monitoring and Evaluation (M&E)	5.300		-	-		-
Overheads	205.274		81.949	15.296		46.752
Pharmaceutical Products (Medicines)	208.882		238.022			238.022
Planning and Administration	29.115		9.285	4.915		14.200
Procurement and Supply Management Costs (PSM)	59.098		39.941			39.941
Technical and Management Assistance	7.500		-	-		-
Training	5.259		-	-		-

It is important to note that in the Table 2 above, the alignment of funding providers reflects a big shift in 2017, as GFATM will no longer play a major role in the support of various PWID related activities. It will be the country's responsibility to seek new funding to fulfil coverage of OST and associated costs. At that moment local authorities will utilize existing Procurement, Supply and Storage systems and processes in BiH. Procurement and supply management in BiH is regulated by the State Level Law on Public Procurement. Actual procurement in Federation of Bosnia and Herzegovina is largely decentralized and it has been undertaken by health facilities directly or by canton/Entity level structures, while the supply of medical institutions in the Republika Srpska is centralized and it has been implemented by the Health Insurance Fund of Republika of Srpska. Procurement of necessary medicines for the implementation of the program of opioid substitution therapy will be conducted through health systems in Bosnia and Herzegovina in accordance with the proper procedures.

OST centres (Centres for addiction, Community Health centres/mental health centres and Clinical centres where OST is provided) will become responsible for procurement of therapy using local procurement processes. There are no legal barriers for acquisition of sensitive products (highly controlled drugs) as long as the procurement process is conducted in line with the Law on Public Procurement in BiH, Law on Medicines and Medical Devices BiH, and The Law on the Prevention and Suppression of Drug Abuse.

Advocacy activities for PWID and OST

The established system including outreach, drop-in centres for PWIDs, peer education, and needle and syringe programmes, is efficient in delivering positive results for HIV prevention in BiH. These positive results may only be preserved and improved by joint participation of all stakeholders, active involvement in the creation of political and strategic framework for drug control and harm reduction, along with the translation of this framework into workable legislative schemes. In order to execute a successful transition and ensure that the needed resources are fundraised, the Advocacy Plan[42] has been developed with a set of measures necessary to approach possible sources of domestic or international financing for HR and OST activities.

Key measures planned in Advocacy Plan[43] are listed below:

- Promotion of access to needle exchange programs, including prescription-free pharmacy in the areas not covered by CSOs/NGOs
- Promotion of good practices of Harm Reduction and accreditation of the organizations that provide harm reduction services and lobbying for the same or similar regulation and practices
- Mobilizing commitment within governments at all levels to progress the overall agenda regarding harm reduction for PWID and OST, and finding opportunities for their implementation

42 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view
43 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

- Lobbying for regulation and institutionalization of harm reduction activities in prisons for PWID and OST treatment in all prisons
- Lobbying for renewed drug strategies including the harm reduction goals and participation of the representative/s of KAPs organizations in the working group/s

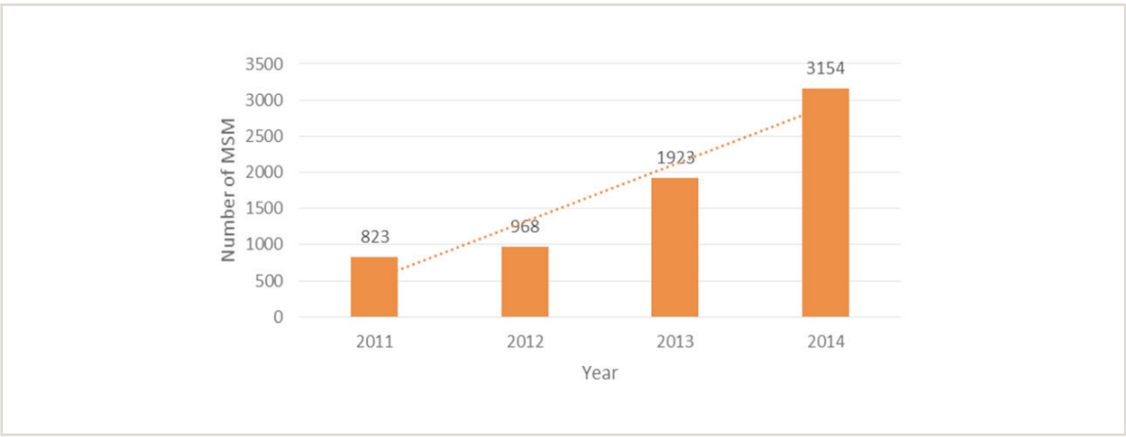
B. Men who have Sex with Men (MSM) in the Context of the HIV Epidemic

According to relevant data obtained from Public Health Institute of Federation of Bosnia and Herzegovina and Public Health Institute of Republika Srpska on HIV AIDS, during 2010-2014, it is evident that there was an increase in the number of HIV positive cases amongst the Men Who Have Sex with Men (MSM) population. In BiH, there are two NGOs/CSOs (AAA and Association XY) engaged in providing HIV prevention services to MSM. MSM are currently reached through at least nine outreach locations and four drop-in centres. These two NGOs/CSOs started their efforts by building trust and credibility among the MSMs in order to provide services to them. MSM are considered to be reached by HIV prevention programmes if they receive all elements of the minimal package of services. This minimal package of services is distributed via outreach activities, which include discussing HIV prevention, distribution of condoms and provision of IEC material, as well as distribution of vouchers for HIV free testing at the local VCT clinic. MSM can also receive the above mentioned services in established Drop-in Centres (DIC). Additional services may include relevant trainings and workshops, peer education presentations, psychological counselling, counselling provided by trained MSM counsellors, a help line, and internet outreach for information provision and referral cyber outreach work (e.g. Planet Romeo, a popular website for gay men).

Given the fact that MSM population in BiH is consider to be vulnerable, highly stigmatised and thus very hard to reach, the current HIV programmes recognize the recurring challenges in reaching this population, as well as maintaining the contacts with MSM clients (retention of old clients). In order to mitigate these challenges, new types of services have been introduced including social activities such as movie screenings, karaoke, social gathering, and in self-help groups etc.

Graph 8 presents the number of MSM reached by HIV preventive activities (2011-2014).

Graph 8 Number of Man who have sex with men reached with HIV prevention program (MSM) 2011-2014



The Extension Plan[44] envisages that the coverage of MSM will remain at the same level as planned for 2015[45] (4,326 beneficiaries, which represents 62.7 % of total coverage of the population concerned).

Once the programme closes, most of these clients in need of social, medical and/or legal assistance will be referred to other existing organisations/public institutions that provide the necessary services. The existing drop-in centres that provide support for MSM are to be enrolled in a process of certification in Federation of Bosnia and Herzegovina, so as to facilitate the process of transition to other possible sources of financing in 2016 and beyond. In parallel to the process described above, the CCM Working Group for Advocacy envisages various complementary activities for lobbying decision makers in order to secure the sustainability of these services as of June 2016 and beyond. This will prove to be the most challenging and vulnerable group in terms of attracting governmental backing to maintain basic support services in the future.

The methodology for the Extension Plan budget[46] for MSM includes (for the period 1 December 2015 to 30 June 2016) a scaling down of costs associated with the provision of social, medical and/or legal assistance for MSM in drop-in centres.

The total reprogrammed budget for the period July 2014 to June 2016 represents a two percent increase in comparison to the approved budget for July 2014 to November 2015 for this programme category. Two of the CSO's/SR's that provide services to MSM have optimised their programme activities within the originally approved budgets for an additional seven months, in order to ensure a smooth transition to sustainability (reliance on domestic funding).

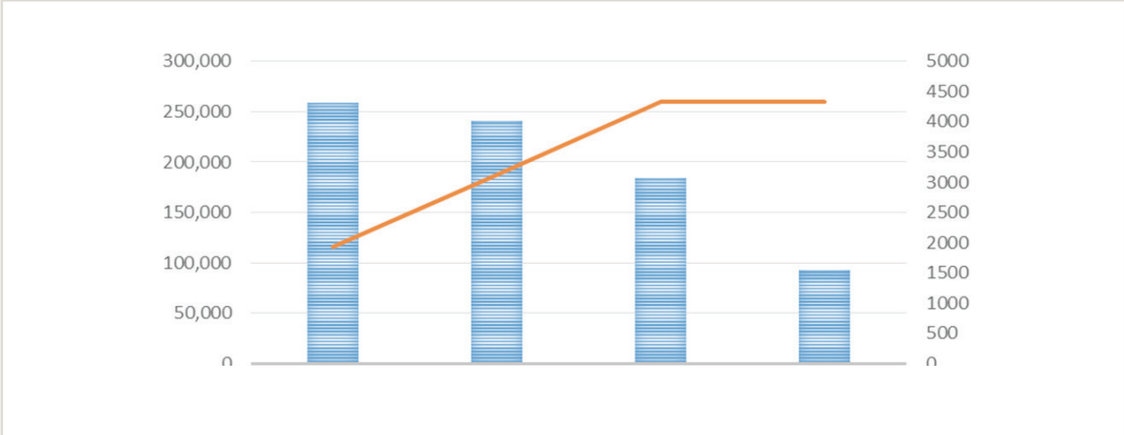
Graph 9 provides a comparison between budget demands and funds availability by year, coupled

44 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

45 Rd9 Phase II Performance Framework

46 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Graph 8 Number of Man who have sex with men reached with HIV prevention program (MSM) 2011-2014



with the number of MSM clients reached in the proposed Extension Plan[47] (2015-2016). The Number of MSM illustrates a stabilised trend in accessibility of services provided to them starting mid-2015. More specifically, the trend line depicts that about 4300 MSM will be reached in 2015, which will turn into an equilibrium condition through 2016. We can also deduce from the graph's data nearly a two-fold reduction in programmed financial expenditures through 2016.

The Transition Plan indicates a stabilized trend in the number of MSM throughout the whole period, as presented in the Table 3 below. It conveys that it will reach at least 4326 MSM in 2015 with minimum package of services, turning into an equilibrium condition through 2016 and 2017. This represents 62, 7% of total coverage of the population concerned.

The budget portrays a gradual decline in funding over the span of 2015 to 2017 as a result of improved programme efficiency.

Table 3 TP plan targets versus budget (MSM)

Year	2015			2016			2017	
MSM	Global Fund		Funded by other local and international sources	Global Fund	Funded by other local and international sources		Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets	3726	4326	0	4326	4326		4326	
Budget (EUR)		183.298	0	87.525	81.306		168.831	

47 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

Quantitative figures in Table 4's 2015 columns depict current GFATM funding for prevention activities for MSM in the amount of EUR 183,298. In 2016 the amount of EUR 87,525 represents the contribution of the GFATM obtained through the efficiency gains in during the Extension Period, and the calculated gap in funding (EUR 81,306) to be secured through local and international sources. In 2017's columns EUR 168,831 is the projected amount necessary to continue effectuating MSM related HIV preventive activities and operations.

Table 4 Resource Availability 2015-2017 (MSM)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
MSM	**183.298**	**0**	**87.525**	**81.306**	**0**	**168.831**
Communication Materials	2.738		-	-		-
Health Products and Health Equipment	16.637		6.219			6.219
Human Resources	126.240		67.620	67.620		135.240
Overheads	21.870		8.646	8.646		17.292
Planning and Administration	10.995		5.040	5.040		10.080
Technical and Management Assistance	-		-	-		-
Training	4.818		-	-		-

Advocacy activities for MSM

In order to enable a successful transition and ensure that the needed resources for HIV preventive activities for MSM are fundraised, an Advocacy Plan[48] has been developed with a set of necessary measures to approach possible sources of domestic or international financing.

Activities to be implemented by NGOs include training for MSM counsellors and development of their guidelines, and advocacy and HIV toolkits. They intend to ensure the sustainability of project activities by providing MSM with the skills and knowledge needed to represent the interests of the MSM population.

Stigmatization prevents access to this population in view of counselling and testing as they do not feel confident enough to reveal their sexual orientation in fear of family, professional, and overall rejection. Stigma on the side of professionals (health, social welfare, police etc.) dealing with MSM may lead to severe breaches of human rights and discrimination.

Key measures planned for HIV prevention services for MSMs are:

- The existing drop-in centres that provide support for MSM are to be enrolled in a process of certification in Federation of Bosnia and Herzegovina so as to facilitate the process of transition to other possible sources of financing in 2016 and beyond

48 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

- Continuation and expansion of promotion of safer sexual environments and sexual transmission of HIV and other STIs.
- Continuation of promotion of voluntary HIV counselling and testing
- Development of curriculum and capacity-building trainings about sexual orientation and gender identity and human rights for representatives of police and social workers and health workers.
- Development of system of focal points for MSM in the police (such as a LGBT focal point at Sarajevo Canton Police Administration).

Given the fact that MSM is the most difficult component to gain governmental support, one good example of external fundraising for this particular population at risk is the fact that UNDP is one of the proposed implementers of the regional project named "Being LGBT in Eastern Europe" covering Bosnia and Herzegovina, Macedonia (FYROM), Montenegro and Serbia. This project will be funded by USAID in amount of 600.000 USD. One of the project aims includes promotion of LGBT health and access to services both in the context of HIV and beyond, including human rights, stigma and discrimination.

C. HIV Prevention Activities for Prisoners

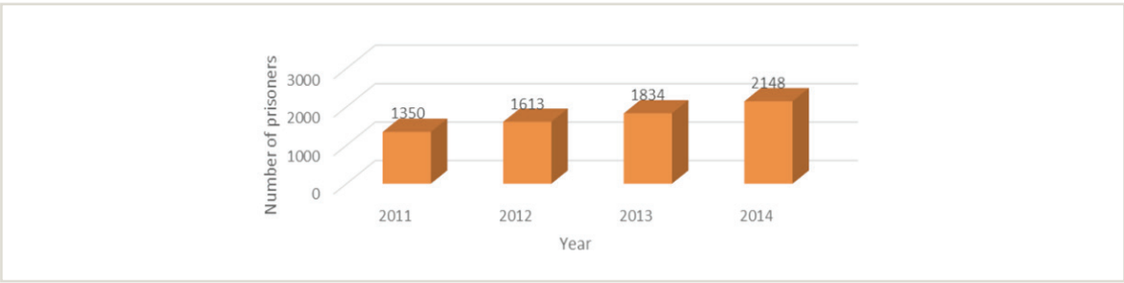
Activities on HIV prevention among prisoners are currently implemented in 12 prisons (6 Federation of BiH and 6 Republika Srpska) by three NGOs (Association XY, Viktorija and Margina). Two of these NGOs provide services to all prisoners in Federation BIH and Republika Srpska, and the third focuses on only four prisons, concentrating its activities specifically on the PWIDs imprisoned. Other just as important activities are based on reduction and the possibility to "lose" a client once he/she is back into community. HIV preventive activities for prisoners are based on peer education; prisoners are trained to implement project activities within the prison, informing and educating other prisoners about HIV, STI and blood borne infection. The inmates also have access to condoms, lubricants, and printed educational materials. Furthermore, the emphasis has been put on training for prisons' professional staff, on reducing risk among prison staff, and how to make prevention programmes more effective and sustainable by linking prisoners' vulnerability with the level of risk within the prison. PWIDs who are imprisoned are educated and referred to available services in the prison community

Drug use tends to be more dangerous inside than outside prisons because of the scarcity of drugs and sterile injecting equipment. As of 2014, the OST treatment has been introduced in the prisons in Federation BIH. The Ministry of Justice of FBiH has pledged to cover the financial cost of OST in prisons once GFATM funding ceases. The long-term sustainability of the OST program in FBiH was discussed with the FBiH Ministry of Justice, with a view to obtain funding commitment for the continuation of the program beyond Global Fund funding and develop a plan for further expansion of the OST program in the prisons. Considering the importance of ensuring adequate healthcare for inmates during their stay in prison and the benefits of providing OST therapy in prisons, focused Advocacy activities will be undertaken through the Transition Period in order to invest additional effort into this intervention.

Education on sexually transmitted diseases and information dissemination via various communication techniques will remain at a level consistent with the HIV programme implementation of 2012-2015. This is due to the fact that big number of the prison staff will have been trained to render such services beyond 2016.

Graph 10 depicts a steady increase in number of prisoners reached through HIV preventive activities (2011-2014).

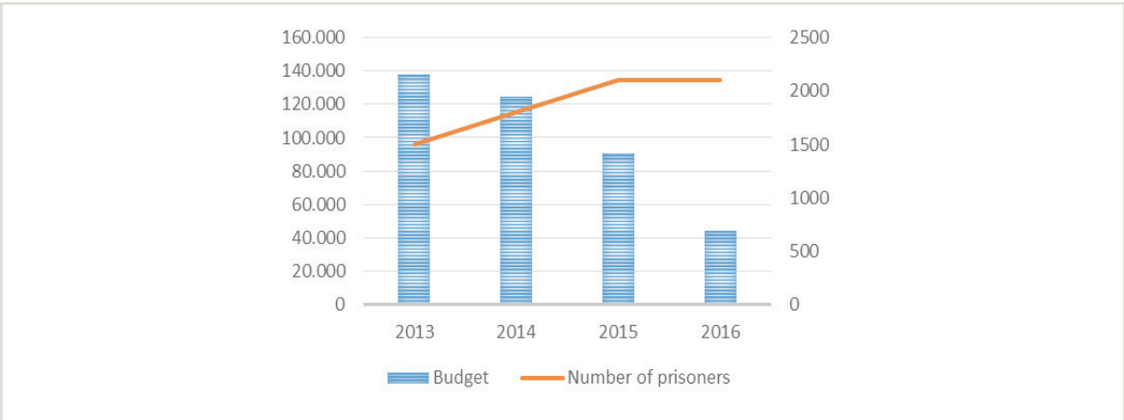
Graph 10 Number of Prisoners reached by HIV prevention program (2011-2014)



In the proposed Transition/Extension Work Plan activities, it is envisaged that by the end of 2016, at least 2100 prisoners will receive HIV AIDS preventive services with special attention to PWID population in prison settings. HIV AIDS services will contain minimal packet of services (provision of condom, IEC materials and educational sessions) including OST in prisons (FBiH).

Graph 11 demonstrates the relationship between budget amounts and number of prisoners in the proposed Extension Plan[49] (2015-2016). The horizontal slope of the Number of Prisoners indicates a stabilized trend. It illustrates that it will reach a peak in 2015, which will turn into an equilibrium condition through 2016. In correlation to the overall trend of Number of prisoners the budget geared toward funding prisoner's services portrays a gradual but substantial decline in financial allocations over the span of 2013 to 2016, as a result of improved efficacy of implemented programme.

Graph 11 Prisoners- Financing an Efficient Package



49 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

The total reprogrammed budget for the activities described above for the period July 2014 to September 2016, shows a 10% decrease compared to the originally approved budget. Three CSOs/SRs that provide services for the prisoner's component have reprogrammed their programme activities in order to ensure a smooth transition to sustainability.

The Transition Plan indicates a stabilized trend in the number of prisoners throughout the whole period, as presented in the table below 5. It illustrates that at least 2100 prisoners will be reached in 2015 with minimum package of services, turning into an equilibrium condition through 2016 and 2017. This represents maximum prison capacity in BiH. It is envisaged that, by the end of 2017, at least 2100 clients will receive minimal package of HIV AIDS services. The budget portrays a gradual decline in funding over the span of 2015 to 2017 as a result of improved programme efficiency.

Table 5 TP plan targets versus budget (Prisoners)

Year	2015			2016			2017	
Prisoners	Global Fund		Funded by other local and international sources	Global Fund		Funded by other local and international sources	Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets	1800	2100	0	2100	2100		2100	
Budget (EUR)		90.257	0	43.395	33.528		76.923	

Quantitative figures in Table 6 shows the investments in total of EUR 90,257 of GF for preventive activities targeting prisoners in 2015, and in 2016 the amount EUR 33,528 is to be funded either by local and/or international sources apart from GF funding in the amount of EUR 43,395. However, the year 2017 solely depicts the needed funds to be provided by other local and international sources in the amount of EUR 76,923 necessary for the continuation of prevention activities for prisoners.

Table 6 Resource Availability 2015-2017 (Prisoners)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
Prisoners	**90.257**	**0**	**43.395**	**33.528**	**0**	**76.923**
Communication Materials	672		-			-
Health Products and Health Equipment	604		302			302
Human Resources	71.400		30.600	30.600		61.200
Infrastructure and Other Equipment	-		-	-		-
Overheads	865		240	240		480
Planning and Administration	12.250		3.888	2.688		6.576
Procurement and Supply Management Costs (PSM)	-		8.365			8.365
Technical and Management Assistance	-		-	-		-
Training	4.466		-	-		-

Key activities planned in Advocacy Plan[50] for HIV prevention services for prisoners are:

- Advocacy for Improvement of curricula and methods for working with convicted persons
- Advocacy for development of strategy for re-socialisation and health care in the penal and correctional system in Federation of BiH and Republika Srpska
- Advocacy for Incorporating HIV prevention activities in the regular work plans of the Ministry of Justice BiH, Ministry of Justice Federation of BiH and Ministry of Justice Republika Srpska
- Signing Memorandum of cooperation between social welfare centers, health institutions, NGO and penal and correctional institutions at the local level
- Lobbying for introduction of OST treatment in prisons in Republika Srpska
- Advocacy activities for the continuation and sustainability of OST treatment in prison facilities in FBIH

D. VCCT mobile activities (IPTCS)

With the establishment of 20 operational VCCTs centres in BiH, a greater access to counselling and HIV testing services has been ensured, as well as geographic coverage that provides wider outreach to the population at increased risk of HIV infection. This also brought about an improvement in sensitizing the local community about the importance of testing and counselling, in order to have an adequate response to HIV. Nevertheless, an insufficient number of KAP as beneficiaries have been observed through the stationary VCCT centres.

Given the stigmatization and life habits of KAP, the introduction of mobile VCCT services has proven necessary, along with the need to increase the rate of testing, as recommended in the Evaluation of HIV Programme in BiH. Thus, at the moment VCCT services are not only provided

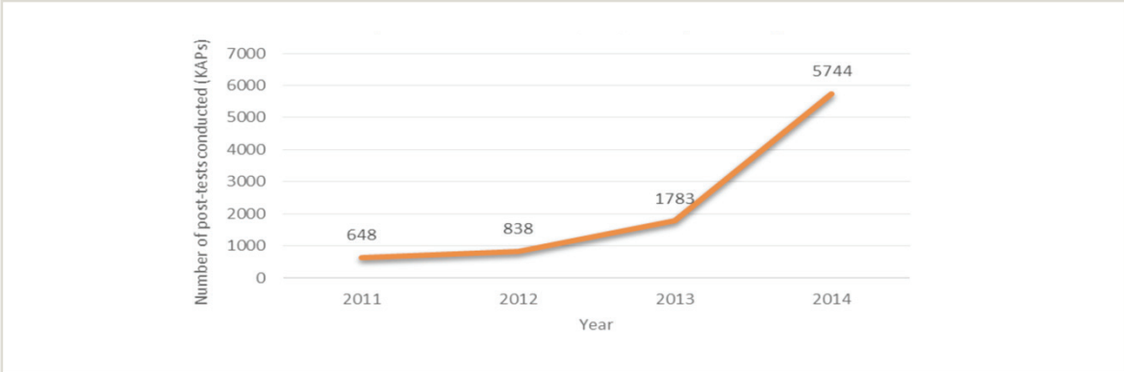
50 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

within public health care facilities, but in collaboration with CSO working with KAPS within the communities on local level testing has been performed on the field. There has been an evident improvement of service quality and increase in number through introduction of outreach and mobile testing for KAPS in the PWID Drop-in Centres (PWID DIC), MSM Drop-in Centres (MSM DIC), SW Drop-in Centres (SW DIC), Roma communities, prisons and other sites where the need for such services are recognized by the CSO sectors, communities and providers of VCCT services (Mobile team counsellors and VCCT counsellors).

Furthermore, mobile VCCT methodology is a cost-effective solution for gaining greater access to KAP populations, and obtaining the ultimate results upon successfully reaching out to them. This implemented practice will yield a long-term benefit for the entire HIV prevention programmes currently in place in Bosnia and Herzegovina.

Graph 12 presents the number of HIV testing and counselling sessions, including the provision of results provided to KAP (PWID, SW, and MSM) for the period 2011-2014.

Graph 12 Number of HIV testing and counselling sessions, including the provision of results provided to KAP (PWID, SW, and MSM) for the period 2011-2014



The Extension Plan[51] envisages that the 8,057 HIV testing and counselling sessions, including provision of results, will be provided to MARPs (PWID and MSM) by September 2016.

For those activities elaborated in detail in the Transition/ Extension Work Plan & Budget it is envisaged that the number of testing and counselling sessions for KAP will remain at the same level.

Once GF funding is no longer available, it is expected that the governments of Federation BiH, Republika Srpska and Brcko District will do their best to secure the necessary funding for the purchase of adequate tests.

Considering the sustainability and financing of mobile VCT teams and outreach work of VCT counsellors, health insurance funds should consider to fully cover the costs of Elisa tests and Combo tests. It is assumed that in 2016, the responsible institutions will contribute to covering the costs of the HIV rapid tests. These include OraQuick (uses oral fluid, and is more sensitive

51 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

than other tests), versus the low-priced Vikia rapid tests (use finger-stick capillary whole blood) both of which could be considered by health insurance funds. Still, the outreach work of VCT counsellors, transportation cost of mobile teams and other material costs need financial support, thus strong advocacy is needed to ensure funding of mobile VCT teams by the health insurance funds, international donors, and local budgets.

The rapid tests for HIV and HCV will be procured to ensure highest possible rates of testing through VCT and mobile VCT services for key affected populations until September 2016. Total number of rapid HIV and HCV tests for 2015 is 17,450 tests for the cost of 95,732 EUR and for 2016 the projected number of tests is 11,700 for the cost of 60,728 EUR.

Figure 4 Short information on procurement and costs of HIV and HCV rapid tests (2015-2016)

It is important for this activity to endure, due to the fact that in the last eight years only **1.5%** of BiH population has been tested. It is also imperative that this service remains free-of-charge, confidential, and accessible for its clients. VCCT services are currently enrolled in a process of accreditation as a prerequisite for obtaining government funding in 2016 and beyond[52].

Since the mobile testing service is implemented through cooperation between VCCT centres and CSOs, it is requirement to ensure continuity of this cooperation with publicly defined responsibilities and roles. These efforts, thus far, and their results after the introduction of mobile teams for testing have yielded more than enough justification to expand the practice of mobile testing itself, using innovating methods of rapid HIV testing.

Based on the examples of good practice for a self-sustaining system in the developed countries, CSOs are the main intervention providers for reaching KAPs. For years, pharmaceutical companies across the globe have provided aid by means of HIV testing kit donations. These can be obtained on the simple basis of a request for a donation, or project proposal for HIV intervention among KAPs by CSOs in BiH. This practice has been in use for many years and should serve as an example as to how sustainable HIV testing among KAP could be ensured.

The total reprogrammed budget for the period July 2014 to June 2016 amounts to 695,905 EUR, which represents a 1% increase compared to the originally approved budget (July 2014 to November 2015). Three CSO/SR that provide services to PLWHA, IPTCTS, and PMTCT have reprogrammed their activities in order to ensure a smooth transition to sustainability.

Graph 13 demonstrates the relationship between budget amounts and number of VCT services in the proposed Extension Plan (2015-2016). The Number of VCT[53] services provided to KAPs shows an upward trend through mid-2015 followed by a downward movement into 2016. It illustrates that in 2015 , 9480 VCT services will be provided to KAPs while that number will insignificantly be reduced by September 2016 since only PWID and MSM will be populations which will receive VCT services through GFATM HIV prevention programme In correlation to the overall trend of Number of VCT services provided to KAPs the budget geared toward funding VCT services portrays a gradual but substantial decline in financial allocations over the span of 2013 to 2016, as a result of improved efficacy of implemented programme.

52 Accreditation standards for voluntary, confidential counseling and testing services (VCCT services), Agency for Quality and Accreditation of Health Care in the Federation of Bosnia and Herzegovina (AKAZ), 2014; Protocol for voluntary, confidential counseling and testing for HIV, 2013.

53 http://ccmbih.org/wp-content/uploads/2015/11/BIH-910-G03-H-HIV-AIDS-Project-Extension-Period-Main-docs.1.pdf

The Transition Plan indicates a stabilized trend in the number of VCT services provided to KAPs throughout the whole period, as presented in the Table 7 below. It illustrates that at least 9480 (PWID, MSM, SW) will receive VCT services in 2015, turning into an equilibrium condition through 2016 and 2017. It is envisaged that, by the end of 2017, at least 9480 (PWID, MSM and SW) will be receiving VCT services. The budget portrays a gradual decline in funding over the span of 2015 to 2017 as a result of improved programme efficiency.

Graph 13 VCT Services

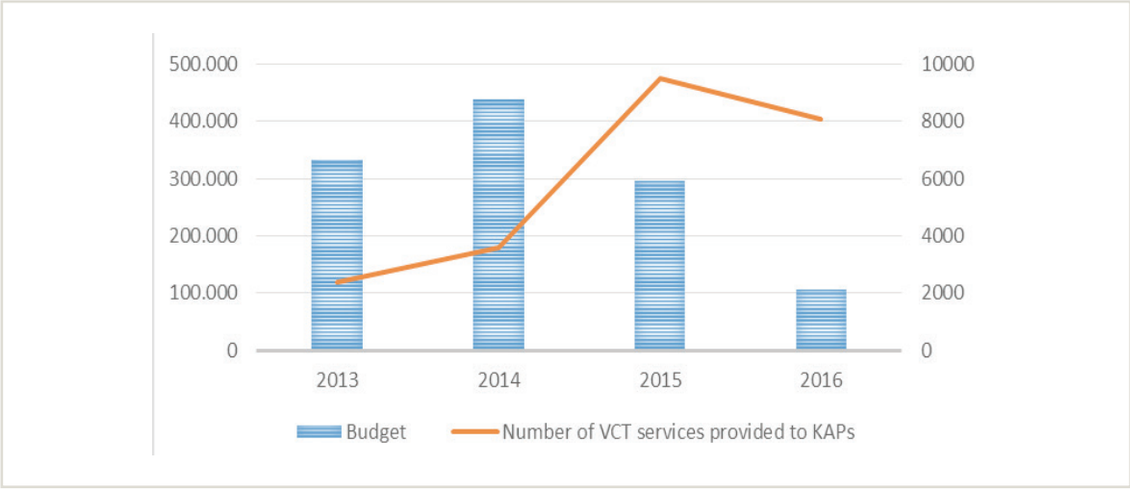


Table 7 TP plan targets versus budget (VCCT)

Year	2015			2016			2017	
VCCT	Global Fund		Funded by other local and international sources	Global Fund		Funded by other local and international sources	Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets	4266	9480	0	6157	8057	1423		9480
Budget (EUR)		300.640	0		102.583	20.252		114.835

Quantitative figures in Table 8 shows the investments in total of EUR 300,640 of GF for preventive activities targeting IPTCS in 2015, and in 2016 the amount EUR 20,252 is to be funded by other local and international sources apart from GF funding in the amount of EUR 102,583. However, the year 2017 solely depicts the needed funds to be secured by other local and international sources in the amount of EUR 114,835 that are necessary for the continuation of prevention activities for IPTCS.

Table 8 Resource Availability 2015-2017 (IPTCS Clinical Services)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
IPTCS Clinical Services	**300.640**	**0**	**102.583**	**20.252**	**0**	**114.835**
Communication Materials	8.434		-	-		-
Health Products and Health Equipment	132.756		61.771			61.771
Human Resources	123.456		36.752	16.992		46.544
Infrastructure and Other Equipment	1.782		-			-
Overheads	6.600		2.300	1.500		3.000
Pharmaceutical Products (Medicines)	1.470		-			-
Planning and Administration	5.810		1.760	1.760		3.520
Technical and Management Assistance	14.000		-	-		-
Training	6.332		-	-		-

E. PLWHA

Effective HIV treatment and care for PLWHA is a key prevention strategy. In BiH, treatment and care are provided free of charge to PLWHA, and in case one HIV + patient does not have health insurance there is a way within the system to immediately obtain it. Three health facilities based in Banja Luka, Sarajevo and Tuzla provide ART. Full coverage of ART is assured, including provision of resistance testing. Three NGOs- Partnerships in Health, AAA and APOHA- continue to work successfully with PLWHA. In order to fully address issues concerning treatment and care, Partnerships in Health has developed and implemented training methodology for health and non-health workers which includes an obligatory module to address stigma and discrimination towards PLWHA (as well as KAPs). AAA and APOHA provide continuous psycho-social support to empower PLWHA in order to improve their life conditions and to develop relationships with the HIV positive community, with their close social circles and within the larger community.

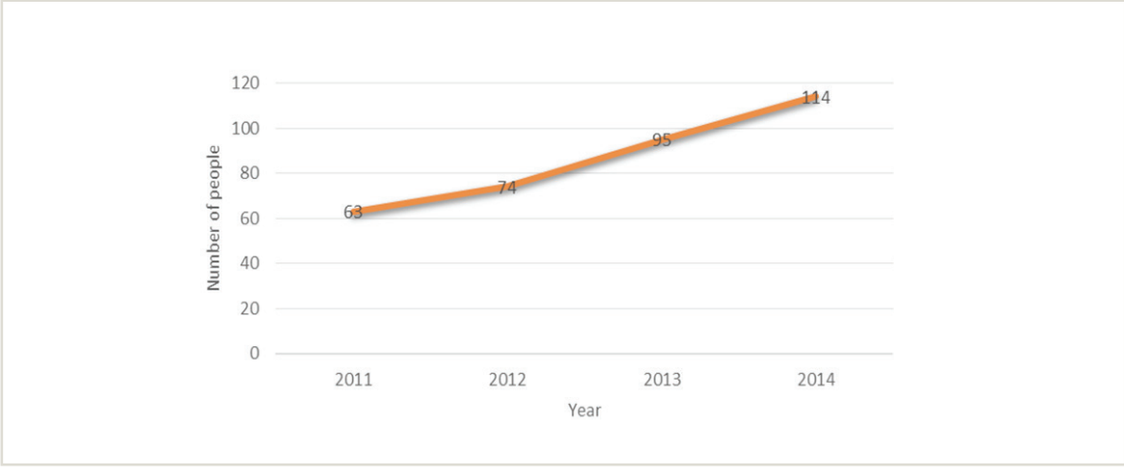
Based on the positive results of this program activity, the provision of food, hygiene, fire-wood and other needed items to the PLWHA will be continued. The needs are identified in collaboration with the HIV and AIDS clinicians and on the basis of the social status of the PLWHA. Considering the fact that the vast majority of the PLWHA fall into the marginalized and poor population, the living support which includes the provision of the above mentioned items, is of essential importance for this population. To guarantee transparency and coordination with the infectious diseases clinics, close consultations with medical professionals will be conducted during the implementation of the proposed activity. These activities would be conducted twice a year in order to meet the essential need of PLWHA.

Due to high stigma and discrimination within the social system, the PLWHA have difficulty accessing psychological support, social services, free legal advice, etc. it is assumed that a large percent of PLWHA in BiH are low or no income citizens, categorizing them as persons eligible for

social and welfare services. However, there exists an evident gap in service coverage to persons living with HIV in BiH. This gap directly affects quality of life of PLHIV and poses an obstacle to successful care of HIV.

Graph 14 presents the number of eligible adults and children currently receiving antiretroviral therapy (2011-2014).

Graph 14 Number of eligible adults and children currently receiving antiretroviral therapy (2011-2014)



The liaison between the TB and HIV programmes helps to address the growing rates of Hepatitis B and C in BiH. TB constitutes a major public health threat to the country and given its high incidence rate in BiH compared to other European countries, (BiH ranks second highest in the region) TB was given a particular focus within the HIV Programme (as well as being addressed through another GFATM grant covering TB directly under the Round 6). A greater cooperation between the infectious and pulmonary disease clinics has been promoted and the referral systems between these institutions enhanced. All PLWHA were screened for TB and TB prevention medication was provided when needed. A Diagnostic and Treatment Manual was developed.

Epidemiological projections affect many of the assumptions for planning purposes. The assumed trend forecast used for planning purposes is shown in Table 9.

Table 9 Trend Forecast of HIV and AIDS[54]

	2009	2010	2011	2012	2013	2014	2015	2016
HIV	163	179	197	217	239	263	289	318
AIDS	102	109	117	125	134	143	153	164

54 Sources: 2009 figures from "Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina 2011-2016", BIH Government. 2011 figures from "Report on the Epidemiological Surveillance of HIV/AIDS for 2011".

This trend forecast can be extrapolated for planning beyond 2016 as follows (Table 10):

Table 10 Assumed Incidence of HIV and AIDS

	2016-17	2017-18	2018-19
HIV	328	348	370
AIDS	170	180	190

The Transition Plan indicates necessary funds for PLWHA programme component. The budget portrays a gradual decline in funding over the span of 2015 to 2017 as a result of improved programme efficiency.

Quantitative figures in Table 11 shows the investments in total of EUR 276,047of GF for preventive activities targeting PLWHA in 2015, and in 2016 the amount EUR 73,875 is to be funded by other local and international sources apart from GF funding in the amount of EUR 62,311. However, the year 2017 solely depicts the needed funds to be funded by other local and international sources in the amount of EUR 124,641 that are necessary for the continuation of prevention activities for PLWHA.

Table 11 Resource Availability 2015-2017 (PLWHA)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
PLWHA	**276.047**	**0**	**73.875**	**62.311**	**0**	**124.641**
Communication Materials	7.550		2.050	2.050		4.100
Health Products and Health Equipment	40		20			20
Human Resources	126.000		40.200	40.200		80.400
Living Support to Clients/Target Population	62.824		9.038	9.038		18.077
Overheads	57.923		17.961	6.417		12.834
Planning and Administration	13.900		4.605	4.605		9.211
Training	7.810		-	-		-

Key recommendations identified for transition are:

- increase number of diversity among service providers;
- increase technical setting for PLWHA support and care in terms of health and social welfare;
- Increase number of CSO support and care to PLWHA;

Considering the fact that the waste majority of the PLWHA belongs to marginalized and poor population, the living support is of essential importance for this population.

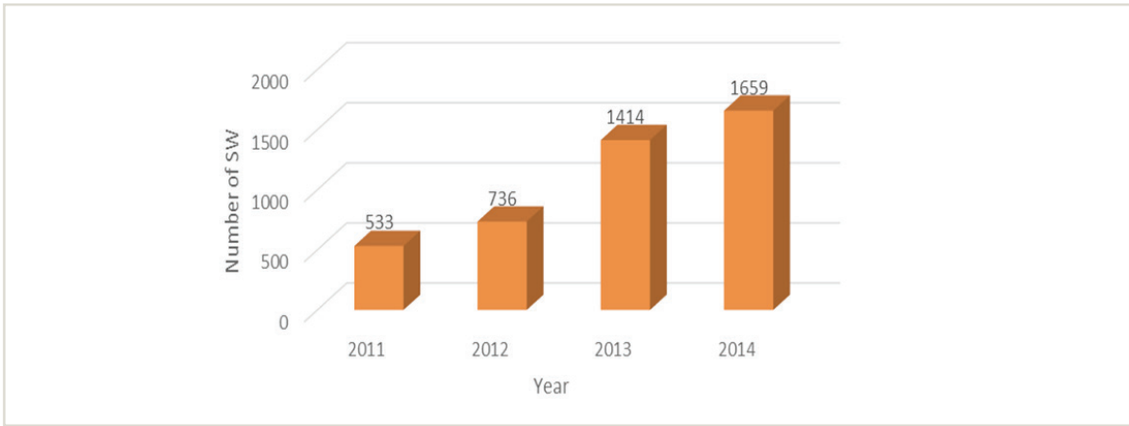
F. Sex workers (SW) in the Context of the HIV Epidemic

Currently, three CSOs/SRs are providing HIV preventive services in BiH to sex workers (SW), namely PROI, AAA and Margina. The package of services for SWs provided through outreach and Drop-in Centres (DIC), includes IEC material, lubricants, condoms, and counselling. Prospective upgrades to these services in DIC's for SWs include: more targeted IEC developed through the participatory involvement of SWs; social, legal, vocational and self-support services; referrals for HIV-testing and drug treatment; Sexually Reproductive Health (SRH) and Family Planning (FP) services; and violence related counselling.

Bio-behavioural studies and various forms of surveillance as well as analysis of HIV positive patient data have shown that in the last five years no SW has been registered as HIV positive. Although HIV preventive activities have proven to be of great value for SW and their clients, it is of great importance that they continue to avoid risk and uphold the learned means of precaution in their daily lives.

Graph 15 presents the number of SW reached through HIV preventive activities (2011-2014).

Graph 15 Number of Sex Workers (SW) reached with HIV prevention programme



In the Transition Plan, the CCM Working Group has not recognised SWs to be of utmost priority in the programmes dealing with HIV AIDS, mainly due to the fact that so far, no confirmed HIV positive cases were reported amongst this subpopulation.

As portrayed in Table 12, it is envisaged that by the end of 2015, at least 2127 SW will be receiving HIV preventive services consisting of minimum package (counselling, IEC and condoms). The budget portrays adequate funding necessary from other local and international sources to keep HIV preventive services among SW group.

Table 12 TP plan targets versus budget (SW)

Year	2015			2016			2017	
SW	Global Fund		Funded by other local and international sources	Global Fund	Funded by other local and international sources		Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets	1865	2127	0	0		0		0
Budget (EUR)		221.717	0	0		0		0

The total reprogrammed budget for SW for the period July 2014 to September 2016 amounts to 229,107 EUR, which represents a 10% decrease compared to the approved budget (July 2014 to November 2015) for this objective. The CSO/SR dealing with SW have reduced their programme and operational activities for SW activities in order to enhance activities in the MSM and PWID components.

Quantitative figures in Table 13 shows the investments in total of EUR 221,717 of GF for preventive activities targeting SW in 2015.

Table 13 Resource Availability 2015-2017 (CSW)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
SW	**221.717**	**0**	**0**	**0**	**0**	**0**
Communication Materials	2.008		-			-
Health Products and Health Equipment	56.074		-			-
Human Resources	129.160		-	-		-
Infrastructure and Other Equipment	-		-			-
Living Support to Clients/Target Popula	900		-	-		-
Overheads	9.300		-	-		-
Planning and Administration	1.870		-	-		-
Procurement and Supply Management	21.606		-			-
Training	800		-	-		-

Key measures for SW planned in Advocacy Plan[55] are enlisted below:

- Synchronisation of standards of packages of services for working with SW
- Advocacy for the accreditation of drop in centre's services for SW
- Initiation of multi-sector dialogue between the governments and CSOs/NGOs aiming at provision of comprehensive services for SW, including legislation and capacity analysis.
- Initiation of activities within the social welfare sector aiming at better access to services for SW, including social support.

55 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

Roma, Migrants and Returnees

Roma

Through the GFATM Funded HIV Programme, World Vision established three Roma HIV Info Centres in BiH, and trained 25 Roma outreach workers to work on HIV prevention and disseminate information and relevant materials to Roma communities country-wide. Project activities have been implemented in collaboration with Roma community leaders, and outreach activities are implemented in 28 Roma communities by 25 Roma outreach workers. Sustainable prevention of HIV transmission amongst Roma as a vulnerable sub-population in BiH have been ensured through the activities such as educational sessions on HIV prevention followed by distribution of condoms and IEC materials to Roma community members, along with hosting round tables, public events, and awareness-raising sessions.

Migrants and Returnees

The International Organization for Migration in BiH (IOM), as one of SRs of GFATM funded HIV Programme, contributes to the establishment of a sustainable framework for reducing HIV vulnerability and to promote access to services and information for migrant and transport workers from Bosnia and Herzegovina. This component primarily targets truck drivers and migrant workers of BiH nationality who go abroad to work, as they often face difficult working conditions that may increase their health risks, including lack of access to healthcare. A set of activities have been implemented that provide these two mobile groups with access to appropriate services and information that will continue to support them in the long-run.

The project activities implemented by IOM contribute to the following three outcomes:

- The provision of appropriate and tailored direct services and support to migrants and mobile populations through outreach activities, including information dissemination and voluntary counselling and testing;
- Professionals in health care and in business are equipped with requisite awareness, knowledge, and skills to augment the quality of their services and independently undertake outreach to migrants and mobile populations;
- BiH HIV/AIDS strategic framework encompasses an Action Plan that reduces HIV vulnerability and promotes access to prevention, treatment, and care amongst the migrants and mobile populations.

In this document, it has been stated that the above-mentioned vulnerable groups are not priority targets for the future HIV programme in BiH. It is considered that there is a number of other funding sources available, coupled with a sufficient number of Roma-sensitive professional NGOs to support the activities related to the Roma population in the future[56]. Migrants continue to constitute a high-risk group in relation to sexually transmitted diseases; however, the IOM

56 Revised Action Plan of Bosnia and Herzegovina for Addressing Roma Issues in the Field of Employment, Housing and Healthcare 2013-2016

has pledged to prepare subprojects for this population targeting various educational, and communication activities, along with information dissemination aimed at HIV prevention.

As portrayed in Table 14, it is envisaged that by the end of 2015, at least 12.000 Roma, Migrants and Mobile Population will be receiving HIV preventive services consisting of minimum package (counselling, IEC and condoms). The budget portrays an efficient funding necessary from other local and international sources to keep HIV preventive services among above mentioned populations.

Table 14 TP plan targets versus budget (Roma/Migrants)

Quantitative figures in Table15 shows the investments in total of EUR 294,517 of GF for preventive activities targeting Roma, Migrants and Mobile Population.

Year	2015			2016			2017	
Roma/Migrants	Global Fund		Funded by other local and international sources	Global Fund	Funded by other local and international sources		Funded by other local and international sources	
	Period P9	Period P10	Period P9/10	Period P11	Period P12/Q23	Period P12	Period P13	Period P14
	1-Jan-15	1-Jul-15	1-Jan-15	1-Jan-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Jul-17
	31-Jun-15	31-Dec-15	31-Dec-15	30-Jun-16	30-Sep-16	31-Dec-16	30-Jun-17	31-Dec-17
Targets	6000	12000	0	0		0		0
Budget (EUR)		**294.517**	**0**	**0**		**0**		**0**

Table 15 Resource Availability 2015-2017 (Roma, Migrants and Mobile Population)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
ROMA, Migrants and Mobile Population	**294.517**	**0**	**0**	**0**	**0**	**0**
Communication Materials	11.907		-	-		-
Health Products and Health Equipment	3.450		-			-
Human Resources	183.440		-	-		-
Infrastructure and Other Equipment	-		-	-		-
Monitoring and Evaluation (M&E)	2.200		-	-		-
Overheads	50.754		-	-		-
Planning and Administration	7.130		-	-		-
Technical and Management Assistance	18.600		-	-		-
Training	17.036		-	-		-

Key Advocacy activities are enlisted below:

- Advocacy activities with MHHR BiH and other donor agencies with aim to agree on activities from Roma action plan and allocate funds required for 2016-2017
- Initiation of multi-sector dialogue between donor agencies and government a with aim to agree on HIV prevention activities for migrants and mobile population and alocate funds into existing programs required for 2016-2017

Policy and Stigma

The key goal of the HIV Stigma Reduction intervention implemented by SR World Vision was to involve representatives of the key four FBOs (Jewish, Muslim, Orthodox and Roman Catholic) in the implementation of the country's HIV Programme through sensitizing religious leaders and their communities to the needs of people affected by HIV/AIDS, and mobilizing them to implement activities on HIV prevention, advocacy, care and support.

HIV Stigma Reduction Intervention has resulted in mobilizing and supporting for over 500 faith leaders, faith teachers and FBO representatives who adopted knowledge and skills in order to address stigma associated with HIV and AIDS, and respond to the needs for prevention, care and support in their communities. In addition, over 5,000 community members have received information through printed informational and educational materials, public events, and radio shows.

Pilot stigma reduction projects implemented by FBOs within the four faith communities have trained an additional 1,100 priests, imams and faith teachers and have disseminated information and relevant messages about HIV-related stigma to over 40,000 community members.

By providing faith workers with the tools needed to spread constructive messages of tolerance in line with their faith doctrines, the HIV project has initiated a powerful process with the potential to reach all segments of society and has already had visible and strong impacts[57]. Therefore, in line with recommendation of CCM Transition WG, this activity will not be part of TP/EP Plan since it has been proven successful and self-sustainable.

The services available to police and state border officers (education, communication, and information) implemented by NGO Viktorija, remain at the same level as those available during HIV Programme implementation, due to the fact that most police officers and prison staff were trained to render such services.

The activities within this objective will be implemented until the end of November 2015 as planned with a 2% decrease compared to the originally approved budget (July 2014 to November 2015).

Quantitative figures in Table 16 show investments totalling EUR 44,021, consisting of policy and stigma activities in 2015.

57 APMG, Independent Evaluation of HIV Programme in BiH, 2013

Table 16 Resource Availability 2015-2017 (Policy & Legislation Review and Stigma Reduction)

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
Policy and Legislation Review	**0**	**0**	**0**	**0**	**0**	**0**
Human Resources	-		-	-		-
Planning and Administration	-		-	-		-
Technical and Management Assistance	-		-	-		-
Stigma Reduction	**44.021**	**0**	**0**	**0**	**0**	**0**
Human Resources	23.812		-	-		-
Overheads	6.510		-	-		-
Planning and Administration	8.741		-	-		-
Technical and Management Assistance	-		-	-		-
Training	4.958		-	-		-

CSO activities that are not provisioned for GFATM funding according to the TP

Each year, in accordance with the annual State Budget Rebalance, the MoCA of BiH announces a public call for small grants. CSO/NGO implementing HIV-related programmes of interest to BiH are eligible to apply. The same goes for the announcement of CSO/NGO grants by various ministries and agencies at the level of Federation of Bosnia and Herzegovina and Republika Srpska, and cantonal level in Federation of Bosnia and Herzegovina. Each CSO/NGO applying for such a grant should prepare a proposal that clearly describes the activities to be performed. All CSOs/NGOs engaged in implementation of GFATM grants in BiH have considerable experience and know-how that can be used to obtain such funds.

In parallel to the process described above, the CCM Working Group that was established to prepare the Advocacy Plan envisages various complementary activities for lobbying decision makers in order to secure sustainability of the services developed during implementation of the HIV and AIDS programme in BiH; this will be achieved by securing additional domestic funding.

Figure 5 CCM Working Group Vision

Advocacy

Advocacy is foreseen as the best approach for the establishment, implementation and/or improvement of activities to contribute to the efficient response to HIV/STI in BiH, as advocacy has been proven globally to be the most efficient means in achieving social and community change in this field. Most importantly, participation and inclusiveness are the principles that guide the advocacy approach.

The main principles of advocacy are cooperation, participation, a rights-based approach, and social change, which are built into the Advocacy Plan[58] and represent the driving force for all strategic activities. The main purpose of the advocacy activities affiliated with the TP and budgeted for within it are to ensure domestic funding from all governmental levels and local communities and the creation and advancement of inter-sectorial and multi-sector partnerships. The inclusion of the HIV programme in the annual health programmes should be lobbied for with the municipalities. These annual health programmes should be implemented through the joint efforts of local communities and NGO/CSO which are active in their geographic area. In addition, cooperation should be expanded to the regional and international level and lead to an active participation in the regional and international networks in order to obtain the necessary alternative funding for the HIV project activities described in the TP once GFATM funding is no longer available (*Advocacy Plan[59]*).

As one of the crucial activities that encompass various complementary activities, the period of implementation for advocacy activities aimed at lobbying decision makers to secure the sustainability of services developed during implementation of the HIV and AIDS programme in BiH, is planned for the period September 2015 -September 2016. The total amount (38,093 EUR) is allocated for implementation of the Advocacy Plan[60], which is of the major importance for sustainability of the HIV Programme as from 2016 and beyond. The PR will be tasked with organising and financing the activities as defined by the CCM-adopted advocacy documents. The CCM Secretariat will provide administrative support for the organisation of meetings to oversight advocacy activities.

58 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view
59 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view
60 https://drive.google.com/file/d/0B9lyUiBPl46eUDBDZ2ZlU2dtVm8/view

Role of MoCA, NAB, CCM, Ministry of Health and Social Welfare of Republika Srpska, Federal Ministry of Health, and Department of Health and Other Services of the Brčko District in Transition Period

The National Advisory Board for Combating HIV/AIDS in BIH, as a permanent advisory body of BIH Council of Ministers, will continue its activities defined in the founding acts even after the end of the HIV project financed by the GAFTM.

Budget of the Ministry of Civil Affairs provides regular funding to operate NAB as of 30.000 BAM (cca.15.000 Euros) per year. As per valid legal acts, technical support to NAB is provided by the Ministry of Civil Affairs, which guarantees the continuity of the NAB functions.

As defined by its mandate, the Ministry of Civil Affairs of BiH will continue to perform obligations with regard to international cooperation and reporting in the field of HIV and AIDS after the end of the HIV programme financed by the GAFTM.

CCM was established by the NAB as a working group with specific task to supervise all activities and procedures related to the expenditure of GF funds and to submit regularly reports to NAB/ BiH Council of Ministers.

According to founding documents the CCM mandate (including its working groups and Secretariat) is entirely linked to GF support, meaning that it will continue its functions as long as GF requires. After the GF support ends, all CCM related documents shell be transferred to the NAB. In order to continue the monitoring process of the implementation of HIV prevention programs throughout the transition period and beyond, NAB has the ability to establish a working group and utilize CCM expertize in order to mitigate the abolition of the CCM.

The mandate of BIH NAB is exclusively related to HIV and AIDS issues. Currently, the TB control Unit acts in order to collect data related to TB infections and prepares WHO Annual Report on tuberculosis for BiH, as defined by Ministry of Civil Affairs Decision on the establishment of NTB BiH must ensure smooth operation of national competent authorities/bodies that will implement activities as defined by EU and other international instruments.

Ministry of Health and Social Welfare of Republika Srpska, Federal Ministry of Health and Department of Health and Other Services of the Brčko District will continue to carry out activities related to the prevention, treatment and care in the field of HIV / AIDS in accordance with its responsibilities.

Apart from the NAB, MoCA, NTPs, it is important to mention the role of the ***Conference for the Health Sector in BiH*** was established in 2007, comprising of the Minister of Civil Affairs, the Minister of Health of Federation BiH, the Minister of Health and Social Welfare of Republika Srpska, and the Head of the Department of Health and Other Services of Brcko District BiH. This mechanism should be used in the forthcoming period in order to bring the issues of GF grants closure to the ministerial agenda, as well as to ensure their commitment for sustainability of both HIV and TB programmes in Bosnia and Herzegovina.

Closing remarks

"A full physical, psychological and social state of welfare and not merely the absence of illness or exhaustion" is a WHO definition of health that very much equates "being healthy" with wellbeing. A broad application and understanding of being healthy includes physical and mental health alongside social adjustment and fulfilment. This in turn is shaped by a wide variety of causal drivers and factors and stands rather in contrast to the traditional view held by medical practitioners that the key health determinants are largely governed by physiological processes.

Comparing basic health outcomes from BiH to EU averages shows that the quality of health in BiH is some way below that of the EU countries. Lifestyle risk factors such as smoking, alcohol abuse, obesity and drugs addiction are on the rise. The health insurance coverage rate in BiH is approximately 80 %[61] and therefore far from the proclaimed goal and principle of universal health coverage.

As demonstrated in the previous pages through various data, HIV related activities represent important health issues in the daily lives of many BiH citizens. People living with HIV come from all walks of life, representing the full spectrum and diversity of the Balkan region. All face the physical challenges associated with HIV and the social vulnerability wrought by stigma, discrimination, and exclusion.

Due to current financial constraints, Transition Plan efforts are now focused on reducing the long-term impact of AIDS and adjusting health, social and other systems to accommodate the needs of people living with HIV and KAP in a way that strengthens the health systems.

The Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina 2015-2017 demonstrates that even with a serious reduction in available financial resources and under circumstances where international financial support is scaling down, prioritised activities will continue to be executed at a high level. This will depend mostly on dedicated medical professionals and specialised CSO/NGO supported by domestic funds.

61 NHDR, *Social Inclusion in BiH*, 2007.