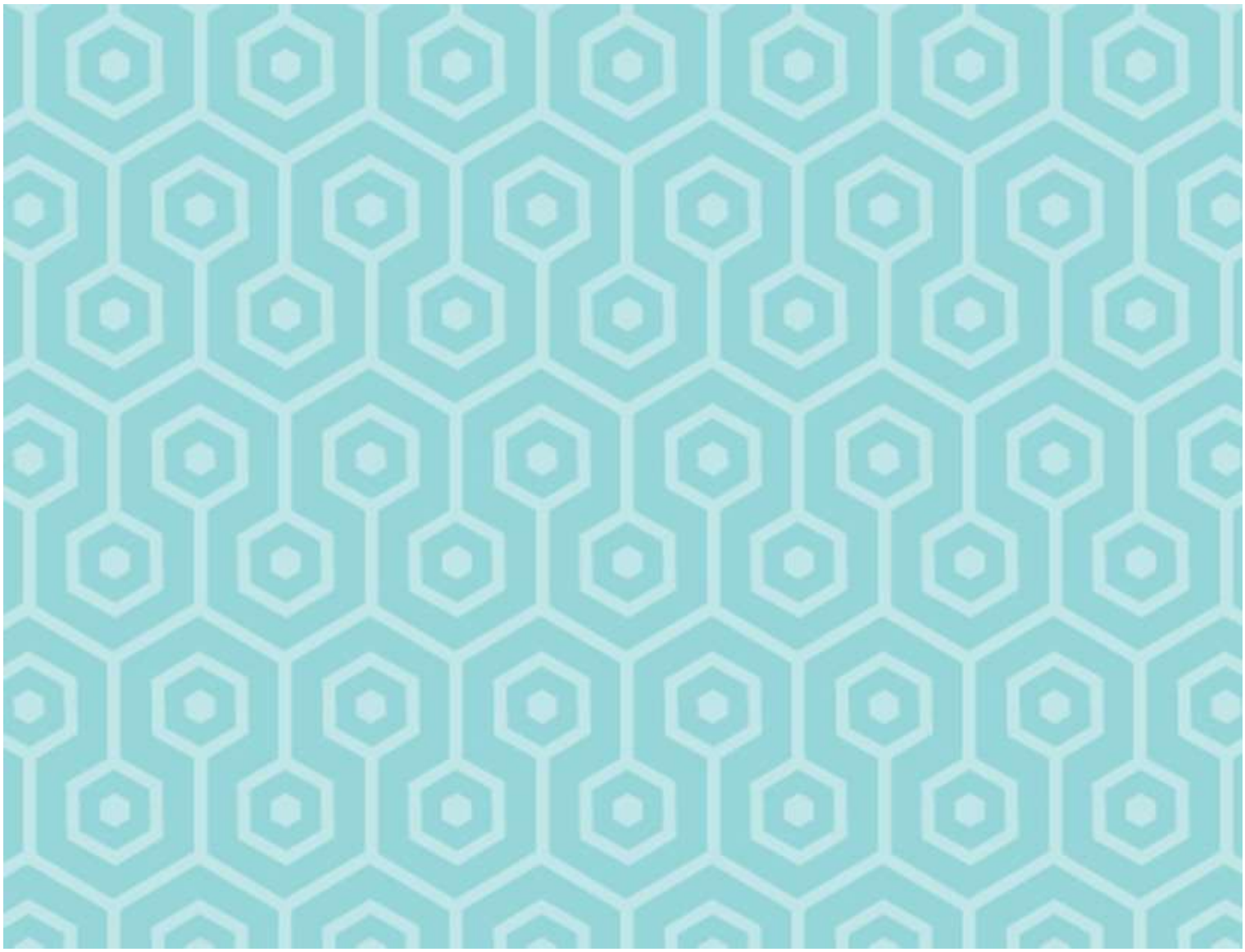
Country progress report - Montenegro

Global AIDS Monitoring 2018



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The HIV/AIDS epidemic in Montenegro began in 1989 when there was reported a first case of AIDS. It is assumed that this is really the first case, because in the reports of the competent services of other republics of the former Yugoslavia there were no registered cases of Montenegro.

According to the revised data from the HIV/AIDS Registry, since the beginning of epidemic in 1989 until the end of 2017, there were registered a total of 254 HIV infected people, out of which 124 people at the time of detection of infection were in stadium of AIDS (49% of all HIV-positive registered persons), and 130 were either in the asymptomatic phase or in symptomatic non-AIDS stage of HIV infection. In the same period, 53 people were reported as AIDS deceased. Significantly higher number of infected people was reported among males (221 persons).

Most HIV infections are diagnosed at age 20-39 years (78%). There were five people aged below 20, 20% were older than 39. The largest number of infections (91%) was detected in age belonging to the working and reproductive age of 15-49 years.

The trend of the average age distribution in detecting HIV infection shows that there is a slight increase, but still maintained between 30 and 35 years of age. The leading method of transmission of HIV in Montenegro's transmission through sexual contact (88%). This way of transmission is the most common and since the beginning of the epidemic maintains an increasing trend. Unlike sexual transmission, HIV infections through blood, be it injecting drug users or people who received infected blood through transfusions in health care institutions, remains fairly rare. Analysis of the distribution of HIV infection compared to groups at risk indicates that mostly exposed to HIV infection are people belonging to population of men who have sex with men (56%), followed by sailors (10%), while a large percentage of tourist workers (12%) probably reflects the large population of these workers in Montenegro (over 13,000), rather than their risky behavior.

HIV testing and treatment cascade

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

Progress summary

ART treatment for PLHIV in Montenegro is covered 100% by the State, and it is available and accessible. There were 140 people on ART in Montenegro in 2017 (36 newly initiated on ART). ART are proposed for every one which detects HIV infection. At the Clinics for infectious disease used EACS guide 8,0 version, for treatment and care but in the plan is the developing of the National Guidelines for the HIV/AIDS treatment and care for HIV. ART is covered by the National health insurance fund. Treatment is centralized and all patients from Montenegro are being treated at the Clinic for Infectious Diseases of the Clinical Center of Montenegro. The drugs are prescribed along with referrals from PHC alone only in the Infectious Clinic. There is only one pharmacy, public health institutions in Podgorica , the capital city, where patients based on prescriptions are free to take ART. CD4count and HIV RNA PCR are performed in the reference laboratory of the Institute of Public Health in Podgorica based on instructions of Infectious Diseases. There are no tests for resistance.

Policy questions (2017)

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

a) Is solely performed based on voluntary and informed consent

No

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

Yes

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

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

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

a) For adults and adolescents

No policy on viral load testing

b) For children

No policy on viral load testing

Prevention of mother-to-child transmission

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

Progress summary

ART treatment for PLHIV in Montenegro is covered 100% by the State, and it is available and accessible to all children in need. Luckily, there are not many children facing this problem in Montenegro. However, PMTCT component of the national response to HIV/AIDS requires significant improvement, especially in terms of sensibility and capacity of gynecologists and health system in general to tackle this issue.

Policy questions (2016)

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

No

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

Treat All; Implemented countrywide

HIV prevention; Key populations

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

Progress summary

According to the data from Institute of Public Health of Montenegro, the HIV prevalence rate in Montenegro is 0.03%, with growing trends in the last two years with significant progressions, especially among men having sex with men. Key preventive interventions among most at risk populations in the public sector have become sustainable (the government took over the responsibility for many expenses of the HIV response, including the full funding for expanded antiretroviral therapy, opioid substitution therapy, and center-based voluntary counselling and testing), but the challenge remains with those in the nongovernmental sector. In 2016 and 2017, the Government have committed 100.000€ annually for preventive services of NGOs for most at risk populations but this amount proves to be insufficient. Therefore, an increase of funding is planned. Condom campaigns are not being implemented due to lack of funds thus the level and frequency of usage of condoms is considered rather low. Very few of hotels, restaurants, pubs and accommodation for tourist, have machines for condoms. There are no combination prevention options, including pre-exposure prophylaxis and voluntary medical male circumcision. There is no particularly prevention programme for transgender people and clients of sex workers as well as prevention programmme for migrants.

Policy questions: Key populations (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling sexual services is criminalized

Men who have sex with men

Laws penalizing same-sex sexual acts have been decriminalized or never existed

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

Possession of drugs for personal use is specified as a non-criminal offence

Legal protections for key populations

Transgender people

Constitutional prohibition of discrimination based on gender diversity

Sex workers

No

Men who have sex with men

Constitutional prohibition of discrimination based on sexual orientation

People who inject drugs

No

Policy questions: PrEP (2017)

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

No, guidelines have not been developed

Gender; Stigma and discrimination

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

Progress summary

Montenegro is a society which still significantly characterized by traditional way of power share and people are still overburdened by gender stereotypes. Women in Montenegro are also underprivileged in the economic sector, as only 9.6 % of them possess their own business. Furthermore, they face the threat of domestic violence and have to cope with gender stereotypes. Gender equality in Montenegro is not only recognized as a human right but is seen as strongly associated with poverty reduction, law enforcement and political and economic consolidation of women.

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

States are required to ensure that programs to combat HIV / AIDS receive special place and a special

attention when it comes to women's rights, and to take consider the special vulnerability of women and susceptibility to HIV infections because of their reproductive role and their subordinate status.

Policy questions (2016)

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

No

Does your country have legislation on domestic violence*?

Yes

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

General criminal laws prohibiting violence

Interventions to address torture and ill-treatment in prisons

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

Yes, policies exist but are not consistently implemented

Knowledge of HIV and access to sexual reproductive health services

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

Progress summary

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

Policy questions (2016)

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

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

Yes

Social protection

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

Progress summary

The poverty rate in the central region is 4.0% and in the southern 4.4%. In Montenegro in rural areas live 75.2% poor persons, while in urban areas there is 24.8%. Rural population faces a greater risk of poverty compared to urban population.

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

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

Policy questions (2016/2017)

Yes and it is being implemented

a) Does it refer to HIV?

No

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

No

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

No

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

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

No

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

No

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

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIVLack of information available on the programmesComplicated proceduresFear of stigma and discriminationLack of documentation that confers eligibility, such as national identity cards

Community-led service delivery

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

Progress summary

The majority of services targeting most at risk populations are community or NGO-led services in Montenegro. They lack greater support from state and local authorities, causing brain-drain of trained and committed staff.

Policy questions (2017)

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

No

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

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

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

a) Male condoms:

32997

b) Female condoms:

0

c) Lubricants:

7121

HIV expenditure

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

Progress summary

Government have committed 100.000€ annually for preventive services of NGOs for most at risk populations but this amount proves to be insufficient. Government is fully covering ART and services inside the public health sector, but Montenegro lacks a durable and sustainable social contracting mechanism for NGO led services.

Empowerment and access to justice

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

Progress summary

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

Policy questions (2016)

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

No

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

No

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

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

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

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

AIDS out of isolation

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

Progress summary

More emphasis should be placed on further development of effective measures to reduce the risks and adverse consequences for significantly reducing the number of direct and indirect deaths due to drug abuse and infectious diseases transmitted by blood, related to drug use, HIV and viral hepatitis, as and sexually transmitted diseases and tuberculosis and other diseases resulting from drug abuse and risky sexual behavior.

Support will be provided to NGO activities oriented towards the establishment and functioning Drop in centers and outreach work care centes for users of psychoactive substances, MSM, SW and PLHIV and capacity necessary for the establishment of such centers. Support will also be provided for the implementation of all relevant campaigns can be effective for the health care of our citizens.

Policy questions (2016)

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

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

No

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

No

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

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis B vaccination provided at antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics