Serbia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
On the final Workshop with key stakeholders from governmental institutions, health care facilities and civil society organizations including representatives from UN agencies and from Union of Serbian PLHIV, we made desk review of relevant documents and data related to the current epidemiological situation and to progress on HIV response in the period 2010-2011 and through discussion and broad participatory approach we validated and agreed on the NCPI responses.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
There were not crucial disagreements and if there were some they are resolved through broad consultations with key people, most knowledgeable about the specific issue or by having insight in relevant documents or papers.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
Data are pretty good quality but potential bias could be related to rating specific progress due to subjective perception of scaling progress.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
IPHS/NHAO	Danijela Simic, NHAO Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ljiljana Jovanovic	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health / HIV GFATM	Katarina Mitic, director of HIV GFATM Project of Ministry of Health	Yes	Yes	Yes	Yes	Yes	Yes
IPHS/NHAO	Sladjana Baros, National M&E Officer	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Miodrag Andjelkovic	Yes	Yes	Yes	Yes	Yes	Yes
IPHS/NHAO	Miodrag Kajgana, Communication Officer	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Youth and Sport	Djuro Blanusa	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Defence	Zeljko Jadranin	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education and Science	Zora Desic	Yes	Yes	Yes	Yes	Yes	Yes
Regional Secretariat of health, Vojvodina	Zorica Seguljev	Yes	Yes	Yes	Yes	Yes	Yes
IPH of Belgrade	Biljana Begovic	Yes	Yes	Yes	Yes	Yes	Yes
Center for Protection of Infants, Children and Youth	Jasminka Markovic	Yes	Yes	Yes	Yes	Yes	Yes
Special Hospital for Addiction Disease, Belgrade	Jasna Daragan, Director	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Miljana Grbic, National HIV/AIDS Advisor	Yes	Yes	Yes	Yes	Yes
UNAIDS	Jasmina Nikolic, Administrative Assistant	Yes	Yes	Yes	Yes	Yes
UNODC	Milos Stojanovic, National Coordinator	Yes	Yes	Yes	Yes	Yes
UNODC	Giovanni Nicotera	No	No	No	No	No
UNFPA	Marija Rakovic	Yes	Yes	Yes	Yes	Yes
Association "Duga"	Aleksandar Prica, Coordinator	Yes	Yes	Yes	Yes	Yes
"Covekoljublje" Charitable Fund of the Serbian Orthodox Church	Aleksandra Bozinovic	Yes	Yes	Yes	Yes	Yes
Youth of JAZAS	Pavle Demel, HIV GFATM Projekt YoJ M&E Officer	Yes	Yes	Yes	Yes	Yes
CSO As/USOP (Union of Serbian PLHIV)	Djurica Stankov	Yes	Yes	Yes	Yes	Yes
CSO Q Club	Rade Kuymanovic	Yes	Yes	Yes	Yes	Yes
USOP (Union of Serbian PLHIV)	Vladimir Antic, executive director	Yes	Yes	Yes	Yes	Yes
CSO Stav + / USOP (Union of Serbian PLHIV)	Boris Kovacic, director	Yes	Yes	Yes	Yes	Yes
CSO Sunce / USOP (Union of Serbian PLHIV)	Sandra Mancic	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2011-2015
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The new Strategy introduce new quality in the strategic goals and activities. The gender issues are more pointed out and are integral part of key principles of Strategy. Moreover, some specific activities are planned related to gender issues. The integral parts of new Strategy are human rights issues (for all populations, specially for PLHIV and MARPs), health communication, support to PLHIV, as well as prevention, treatment and care, surveillance and M&E, and scaling up the role of local community in the overall HIV response.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
M. of Health, M. of Labor and Social Policy, M.of Justice, M.of Internal Affairs, M.of Youth and Sport, M. of Education

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	No
Yes	Yes
Yes	No
Yes	Yes
Yes	No
Yes	No
-	-

Other [write in]:
Ministry of Justice- included in Strategy, without earmarked Budget

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
Mainly projects / activities who are funded by donors, and in some extent the local communities funded some activities.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
Yes
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Injecting drug users, Men who have sex with men, Sex Workers, Prisoners, Young people (general population of youth in schools, most at risk adolescents, street children, institutionalized children without parental care, Roma youth), pregnant women, uniformed persons, poor and marginalized persons, people with disability.

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
No
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Active involvement of civil society has been organized through broad consultation process and through discussion on many round tables with representatives of different sectors, such as ministries, governmental institutions, health facilities, civil society organizations, PLHIV, faith based organizations and other relevant partners throughout the country.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
No
National Development Plan:
N/A
Poverty Reduction Strategy:
Yes
Sector-wide approach:
N/A
Other [write in]:
Specific strategies (for gender, drugs, youth and youth health, Roma etc)

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current Needs Only
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes

IF YES, for which population groups?:
IDUs, MSM, SWs, prisoners, Roma youth, children without parental care, street children, MARA, pregnant women, PLHIV.
Briefly explain how this information is used:
Information is used for improving existing activities and planning the further activities based on evidence, for evaluation of implemented activities and progress in achieving targets, for comparison within country and between countries etc.
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Regional level and depending on the program, at local level.
Briefly explain how this information is used:
The information is used for decentralization of services, as well for improvement and/or better planning of further activities and investments based on assessed key needs at different levels.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
Continual capacity building of health care workers for monitoring program activities, as well as for better management of medications` procurement. Capacity building of health care workers in order to reduce stigma and discrimination related to HIV. Also, the plan include standardization of treatment protocols, as well as decentralization of treatment services.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
9
Since 2009, what have been key achievements in this area:
Scaling up activities related to HIV prevention, improvement of interventions' quality, empowerment of PLHIV community, reduction of stigma and discrimination, health system strengthening, decentralization of treatment services, strengthening of M&E system at national level, promotion of VCT activities in and out of health facilities, especially for the key population (most at risk for HIV), integration of gender issues and human rights issues in HIV response.
What challenges remain in this area:
Development of an operational plan with clear budget. Greater involvement of local communities in HIV response in the area of HIV prevention and in the reduction of stigma and discrimination toward PLHIV (in the society and at the workplace) Scaling up sector wide approach.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
Minister of Health promised to improve treatment options and routine monitoring of PLHIV. Representatives from government, as well as representatives of civil society organizations and PLHIV, spoke about national response, key achievements and future actions at the national conferences, meetings etc. The high officials of government spoke about HIV issues on EACS HIV conference, held in Belgrade (October 2011), as well as at the UNAIDS HIV High level meeting held in New York (June 2011).
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes

IF YES, what is his/her name and position title?:
The chair person will be from MoH, but the RAC is still in process of reconstitution, so the name and position within MoH are still unknown.
Have a defined membership?:
Yes
IF YES, how many members?:
21
Include civil society representatives?:
Yes
IF YES, how many?:
The RAC is still in process of reconstitution.
Include people living with HIV?:
Yes
IF YES, how many?:
The RAC is still in process of reconstitution.
Include the private sector?:
No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
Through planning and implementation of some preventive and support activities (national campaignes, regular meetings) Close collaboration during the development of new National HIV strategy, planning implementation and funding of activities, coordination and collaboration in applying for GFATM HIV project and other projects, collaboration with other relevant governmental bodies.
What challenges remain in this area:
Inclusion of private sector in implementation of HIV program; better coordination between key stakeholders at different levels (local, regional, national); and, better information flow between key stakeholders and decision makers.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
0%

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
Providing IEC material

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
Yes
IF YES, name and describe how the policies / laws were amended:
VCT and OST are part of HIV prevention in prisons. Low on health protection related to confidentiality on children rights in the area of disclosing findings related to their health. Policy for PLHIV who are on OST to have the access to HCV treatment.
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
NEP and condom distribution in prison's settings is not regulated / not envisaged.
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
9
Since 2009, what have been key achievements in this area:
The key achievements are: adoption by the Government of new HIV Strategy 2011-2015; funding from the MoH budget the HIV tests for VCT activities in all district IPHs (and other facilities); reduction of stigma related to HIV; cooperation of different

ministries in the implementation of different HIV programs.

What challenges remain in this area:

Challenges are: sustaining the sector wide approach for support of HIV programs; funding some of the key activities, such as testing on Hepatitis B and C, as well as free of charge HIV testing for pregnant woman in a bigger number, and introduction of new ARV drugs and continuation of procurement of monitoring test for PLHIV for all treatment centers; conducting the cost effective analysis of PLHIV treatment; standardization of OST service at all levels of health care.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

The Low on the Prohibition of Discrimination recognize discrimination on the grounds of health (article 27): "It is forbidden to discriminate against individual or a group of persons on the grounds of his/her or their health, and to discriminate against their family members." The Low also recognize prohibition of discrimination grounded on the gender and sexual orientation.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

There are: Ombudsman formal procedure, Protector of patients rights in the health facilities, Commissioner for the equality protection.

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

In some extend, but not fully

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
Yes
Sex workers:

Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
There is the policy that preclude distribution of needles, syringes and condoms within the prisons, such as the Low on Execution of Penal Sanctions. Sex Work is in our country illegal activity, prosecuted as violation of public order (Low of Public Order).
Briefly comment on how they pose barriers:
When is the matter of condoms possession and NEP implementation in Prisons, there is the Law on Execution of Penal Sanctions in which are defined the rights of prisoners. NEP and condoms distribution are not available because this Low doesn't defined possession of needles, syringes and condoms as prisoners right. Preventing efforts among SWs are harder in the cases/countries where the Sex Work is punished by low.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
No
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
Greater acceptance of different sexual orientations

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

Within National HIV Strategy it's been recognized as specific objective HIV related Communication. Under this objective, set of measure and activities is defined. The defined measurement are: establishing system to enable successful health communication in the area of HIV infection; improvement of communication skills of all the actors involved in implementation of the Strategy; strengthening the capacity of the media for active participation in HIV infection response; improving the quality of IEC material and marking certain dates.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	Yes	MARA, Street Children, Youth, Roma youth, etc.
Yes	No	No	No	Yes	-
Yes	Yes	Yes	No	Yes	for all sub-population recognized in the HIV Strategy
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	youth (sub-population recognized in HIV Strategy)
Yes	Yes	Yes	No	Yes	-
Yes	Yes	Yes	No	Yes	-
Yes	Yes	Yes	No	Yes	different specific programs for support for sub-populations recognized in HIV Strategy

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Scaling up and decentralization of existing preventive programs for defined MARPs and other sub-populations recognized in HIV Strategy (IDUs, SWs, MSM, prison inmates etc), introduction of supervision of quality (development of guidelines, defined standards of minimum package of services for key MARPs and MARA), greater cooperation of IPHs and CSOs in implementation of preventive services for MARPs (i.e. in promotion and conducting VCT activities among MARPs)

What challenges remain in this area:

Challenges: further scaling up of preventive services for MARPs and other vulnerable groups; strengthening of different sectors and improvement of coordination and collaboration between different sectors; sustainability of programs with proven good quality; scaling up and integration of HIV policy at the Workplace; scaling up VCT for pregnant women, TB patients and at the primary healthcare settings; introduction of NEP and condoms distribution in prisons; implementation of positive prevention among PLHIV and prevention programs for the people with disability.

4. Has the country identified specifc needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

They are determined: by using survey results, as well as other surveillance and programmatic data, through exchanging of key information between different stakeholders, and by proper analysis of current situation and existing gaps.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Strongly Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Agree
Universal precautions in health care settings:
Strongly Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
Priorities are: treatment, psycho-social care and support, legal support, home and community based care (palliative care), program of positive prevention for PLHIV.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
They are scaled up through improved cooperation between treatment centers, PLHIV organizations and other governmental institution (for social care, legal advising etc.), as well as through decentralization of treatment services and through establishing new PLHIV organization with care and support programs.

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

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Agree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Agree
Paediatric AIDS treatment:
Agree

Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
N/A
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
ART for prisoners - agree.

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
One-time financial support and social support in line with legal regulations, as well as right on (external) care and support in line with legal regulations.
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
No
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
No
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
Key achievements are: decentralization of ARV treatment facilities, as well as scaling up care and support services for PLHIV.
What challenges remain in this area:
The challenges are: improvement of planning and management of drugs and routine tests for monitoring patients (CD4, PCR) procurement; development of HIV testing strategy for TB patients; improvement of TB infection control in HIV treatment centers; sustainability of CD4, PCR and testing on HIV drugs resistance in accordance with national recommendations.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
N/A
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
-
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
Development of new data flow system and data base for M&E of HIV response on national level; supervision and quality control of data and programs, as well as of reporting system. Collecting data on AIDS spending on national level using NASA or other recommended methodology and improvement in the area of monitoring treatment.
1.1 IF YES, years covered:
2011-2015
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, all partners

Briefly describe what the issues are:
Impact, outcome and programmatic indicators defined by HIV GFATM Project are harmonized with national indicators. Moreover, the process of data flow from different partners is also harmonized at national level, which include fully GFATM HIV Projects in country.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
No
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
10%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
Lack of fully functional NAC (WG NAC for M&E).

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
No
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
Institute of Public Health of Serbia / National HIV/AIDS Office

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E Officer	1	-	2006
NHAO Coordinator	-	1	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E Coordinator (PR1 HIV GF)	1	-	2007
M&E Coordinator (PR2 HIV GF)	1	-	2009
M&E assistant (PR1 and PR2 HIV GFATM)	2	-	2009
IT Support Consultant	-	1	2007
IT Support Officer	-	1	2009
Communication and Gender Issues Officer	1	-	2009

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes

Briefly describe the data-sharing mechanisms:
It's planned that national data base be used for data collecting and data flow and for reporting. The national data base is still in process of development.
What are the major challenges in this area:
The Low on Evidence and Reporting in Health System is defined reporting of Health institution as obligation. Still, there is remain question on obligation of CSOs to report standardized HIV programmatic data to the national level through unique national data base. Reporting to the national level is voluntary for CSOs. CSOs only have obligation of reporting to the donors as is defined in their Agreements. That's why is the major challenge to obliged CSOs to report standardized data to national level through unique data base for data collecting and reporting.
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes
6. Is there a central national database with HIV- related data?:
Yes
IF YES, briefly describe the national database and who manages it.:
Currently the new national database is under development. The process of development is managed by M&E Officers and ITs of NHAO and GFATM's PRs. Till the NDB development and fully functionality, NHAO use excel files for data collecting and reporting.
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
At district level.

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

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
Results of IBBS or BSS among defined MARPs and among PLHIV as well as different programmatic data have been analysed and used for planning and improvement of intervention (specific activities and programs). The major challenges are supervision of data and program quality, as well as improvement of data dissemination and use.

9. In the last year, was training in M&E conducted

At national level?:
Yes
IF YES, what was the number trained:
83
At subnational level?:
No
At service delivery level including civil society?:
Yes
IF YES, how many?:
67

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
Conferences, study visits, educative seminars on M&E.
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
9
Since 2009, what have been key achievements in this area:
New Plan for M&E of strategic national HIV response (2011-2015) is developed. The Plan is harmonized with all national and

GFATM HIV projects, as well in line with international recommendations. The Plan is launched from all key stakeholders. Second round of repeted IBBS/BSS among MARPs and PLHIV is conducted. The new NDB is designed and now is in process of finalization.

What challenges remain in this area:

The challenges are: integration of NASA in monitoring system at national level and sustainability of NDB, as well as finalization and implementation among all partners engaged in HIV respons of new NDB and better data dissemination.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

1. Lack of cooperation among CSO 2. Lack of cooperation between the State and CSO-the state does not support the role of CSO in the response 3. Policies and strategies are not truly implemented, poor structure and willingness for implementing policies 4. State versus CSS have different understanding of prioritization of the national response

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2

Comments and examples:

1. CS is not involved in state budgeting and planning 2. Financial flow and utilization of money is not transparent enough 3. Lack of coordination between different state institutions in the national response implementation

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

5

Comments and examples:

1. Municipal and state budget allocated to CS support mainly utilized for other CS activities than HIV/AIDS-state officials and decision makers not sensitized enough to understand role of CS in the response 2. CSO implementing GFATM activities report regularly on GFATM indicators, but not on an overall activities contributing to the response

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

1

c. Participate in using data for decision-making?:

0

Comments and examples:

1. CS involved in development of M&E plan, but lack of communication among CSO when reporting on indicators 2. CS participate in M&E working group, but not even one meeting has been held last year 3. Analysis and use of data for strategic planning does not exist

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

1. Lack of communication and cooperation among different CS actors

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

1. Low skills of CSO to access funds; centralization of existing CSO, mainly in 4 cities having AIDS Clinics 2. CSO overwhelmed by GFATM rules and reporting system; on the other hand, other potential donators are not eager supporting HIV, due to GFATM presence 3. Data are missing or are not easily accessible (e.g. children, prisons and prisoners, etc)

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
>75%
Men who have sex with men:
>75%
People who inject drugs:
25-50%
Sex workers:
25-50%
Transgendered people:
<25%
Testing and Counselling:
25-50%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
51-75%
Programmes for OVC:**
25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
4
Since 2009, what have been key achievements in this area:
1. From 2010 CSO providing HIV testing (only rapid tests, no counseling) 2. Greater media coverage 3. Few more ARV covered by the RHIF 4. Improved sub-regional cooperation (ex YU countries) 5. Serbia hosted EATG Conference in 2011
What challenges remain in this area:
1. Strategic plans and frameworks exist, but they are not implemented 2. HIV prevention activities not specified in local and republic budgets 3. Lack of coordination and cooperation among CSO 4. Lack of capacities and skilled representatives of CSO

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
1. Membership in the NAC, CCM and National AIDS Office

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:

Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
1. Constitution of the Republic of Serbia 2. Anti-discrimination Law 3. Family law 4. Labor law 5. Health care law 6. Law on Lawsuit Proceedings
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
1. Law on mediation 2. Financial penalties
Briefly comment on the degree to which they are currently implemented:
1. There is no tracking mechanism , nor M&E of human rights violation and protection
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
No
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
1. Article 250 of the Serbian Criminal Code specifically criminalises the transmission of HIV but other unspecified "general' laws for the protection of citizens may also apply. This law specifically mentions HIV. The law covers exposure as well as transmission. The maximum sentence is up to 5 years. 2. According to the Criminal law and persecution sex work is all together illegal. The penalties for sex workers when cought are 1-3 years in prison, or if no previous record the sentence might be conditional 3. Under Article 246 of the Criminal Code drug offence include Possession of Narcotics and injecting equipment 4. Law on Public Order, Article 14 which punishes sex workers with imprisonment of up to 30 days because of “prostitution”. The police, as well as the magistrates, use the possession of large quantities of condoms which sex workers have with them as an argument. This complicates preventive work with sex workers to a great extent. 5. Other restrictions that exist are related to non possession of identity documents of sex workers and other marginalized population, including health insurance, which hinders their access to health, social and other services to a great extent. 6. Aliens Act, Article 10 refers to potential victims of trafficking, who are caught for illegally entering the country and are punished under this law, even if they are at the same time victims of trafficking.
Briefly comment on how they pose barriers:
1. Providing health care services to prisoners is mandatory according to the Health care law. Even though, prisoners do not have health IDs while in prison, and present obstacle to access ARV, Hepatitis C treatment. Some prisons cover treatment costs through the Ministry of Justice, some not, and this is why standards and protocols have to be developed, while treatment costs should be covered by the RHIF. 2. The police, as well as the magistrates, use the possession of large quantities of condoms which sex workers have with them as an argument. This complicates preventive work with sex workers to a great extent. Other restrictions that exist are related to non possession of identity documents of sex workers and other marginalized population, including health insurance, which hinders their access to health, social and other services to a great extent
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes

Briefly describe the content of the policy, law or regulation and the populations included:
1. The Law on prohibition of discrimination, Article 20-discrimination on the grounds of gender 2. National strategy for prevention and elimination of violence against women

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
Human right were and is a crucial incorporative aspect of HIV preventive efforts in Serbia. It has been mentioned in previous National HIV/AIDS Strategy 2005-2010, and indirectly was elaborated in other strategies endorsed (Youth strategy and strategy for fight against drugs) The National AIDS Strategy: 1. “The human rights and dignity of Persons Living With HIV will be guaranteed and adhered to” 2. “Complete guarantee and protection of human rights based on EU recommendations and other international conventions” Objectives of Strategy regarding Human rights in the area of HIV infection includes: • Adhere to, protect and promote human rights of Persons Living With HIV. • Adhere to, protect and promote human rights of other sensitive and marginalised social groups • Lowering social, legal, cultural and socio-economic vulnerability with securing comprehensive participation of Persons Living With HIV and other marginalised and vulnerable groups in response to the HIV epidemic. • Creating discrimination and stigmatisation free environment for Persons Living With HIV and other vulnerable and marginalised groups

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly describe this mechanism:
- Ombudsman formal procedure - Patient rights protector - Commissioner for the protection of equality

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
The list of ARV should be expanded. CD4 and PCR are not covered by the RHIF Priorities: MARP, VCT

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:
The National Startegy: Prevention among especially vulnerable groups with risky behaviour i.e. the key groups of population exposed to HIV (IDU, MSM, CSW), other vulnerable groups (persons in detention, poor and marginalised persons, persons with special needs) and population groups of special interest (young people, women, military, police

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
National Strategy: It is significant to point out that preventive programmes in the area of HIV reach their maximum effect when developed in the framework of strong political support and when they recognize the roots of vulnerability, especially in the areas of: - Economic inequality, - Gender, national, religious and social inequality, - Stigma and discrimination and - Violence, especially gender, nationally and religious based

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes
IF YES on any of the above questions, describe some examples:
-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
No
Other [write in]:
1. Social welfare centers 2. Mediators 3. Elementary school Religious teachers 4. Roma mediators 5. Schools

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
2
Since 2009, what have been key achievements in this area:
1. Commissioner for the protection of equality 2. CSO efforts to abolish criminal codes 3. Greater involvement of CS in the national response
What challenges remain in this area:
1. Lack of mechanism for effective implementation of laws 2. Criminalization of HIV 3. Fear of stigma and discrimination and lack of information prevent people in need to ask for and enjoy their rights. Distrust in governmental institutions
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
4
Since 2009, what have been key achievements in this area:
1. CS participation in development and implementation of antistigma campaigns. Active participation of PLHIV in lobbying with high officials and key decision makers 2. Greater media coverage
What challenges remain in this area:
1. Distrust in state institutions 2. LGBT rights 3. Prejudice among health care workers towards PLHIV and MARP

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Within the National AIDS Strategy

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:

Disagree
HIV prevention in the workplace:
Strongly Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Disagree
Risk reduction for intimate partners of key populations:
Strongly Disagree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
5
Since 2009, what have been key achievements in this area:
1. Greater coverage with prevention programmes 2. New services offered, such as legal assistance, support access to social services 3. Gender policy developed, implementation initiated 4. Quality of services enhanced (development of protocols, standards)
What challenges remain in this area:
1. Sustainability of current programmes, services, activities 2. Increasing number of newly diagnosed in the stadium of AIDS

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
No
Briefly identify how HIV treatment, care and support services are being scaled-up?:
-

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

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Disagree
Post-delivery ART provision to women:
Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Disagree
TB infection control in HIV treatment and care facilities:
-
TB preventive therapy for people living with HIV:
Disagree
TB screening for people living with HIV:
Disagree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
4
Since 2009, what have been key achievements in this area:
1. Pediatric ARV are to be covered by the RHIF 2. PMTCT 3. Less common ART procurement interruption
What challenges remain in this area:
1. CD4, PCR, HIV resistance on ARVs testing 2. Nutrition care 3. Need for additional ARV, not covered by RHIF 4. Poor conditions in the AIDS department of the National Clinic for Infectious Disease, AIDS department in Clinical center in the city of Nis not functioning 5. Prescription of ARV only for one month per patient
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
-
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-
