

THE REPUBLIC OF CROATIA
THE MINISTRY OF HEALTH AND SOCIAL WELFARE



UNGASS COUNTRY PROGRESS REPORT

Reporting period:
January 2008 – December 2009

March 2010

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II. Introduction

This is the third round of UNGASS reporting Croatia has taken part in. This narrative part of the report represents an account of the HIV/AIDS situation in Croatia. It is based on data from routine HIV/AIDS surveillance, i.e. the National HIV/AIDS Register maintained at the Infectious Diseases Epidemiology Service of Croatian National Institute of Public Health and studies among the most-at-risk-populations conducted in this reporting period.

III. Status at a glance

The inclusiveness of the stakeholders in the report writing process

All the relevant stakeholders have taken part in compiling this report. Even though no workshop has been organized solely to this purpose, the major partners gave their contribution to this report through a workshop on “Monitoring and evaluation of the implementation of the National HIV/AIDS Prevention Program” organized in October 2009 by UNAIDS in Opatija and the everyday work they have done during this reporting period and have helped the M&E Unit when compiling the report through providing extensive consultations and phone interviews, promptly and expertly providing the information needed.

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and the following NGOs:
NGO Iskorak – a LGBTIQQ group for promotion and protection of different
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NGO Help – a youth help organization
NGO for improving the quality of life "LET",
NGO Terra,
PRO-REPRO a non-government organization for education in, promotion and
protection of reproductive health,
The Croatian Red Cross,
International Organization for Migrations,
Croatian Association for HIV (CAHIV),

The status of the epidemic

The HIV/AIDS situation has been monitored in Croatia since 1985, when the first AIDS cases were documented here. Between 1985 and 2009, there were 792 documented cases of HIV infection, 301 of which progressed to AIDS. During the same period of time, of the 792 diagnosed HIV 164 patients died. Four fifths of HIV/AIDS cases are male, who are mostly infected between the age of 25 – 49.

With respect to probable transmission routes 7.7% of all HIV infections occurred through injecting drug use, while the majority of cases are attributed to sex between men, of which there is 48.5% among all HIV cases. Also, 24.2% HIV infections occurred through heterosexual route outside a stable relationship and 1.9% through a heterosexual route of transmission from a steady partner. When we consider the receiving blood products as a transmission route, 0.4% of all infections occurred in this way. Additionally, 1.8% of all infections were found among hemophiliacs. Also, 1.4% of the HIV infections cases were cases of mother to child transmission. Finally 4.2% were of unknown mode of transmission.

From laboratory registries, an average of 180 000 persons are tested each year, and around 80 HIV positive tests are registered annually.

The policy and programmatic response

The Infectious Diseases Epidemiology Department with the Croatian National Institute of Public Health has been following the epidemiologic situation regarding HIV infections since 1985, when first AIDS patients were registered in Croatia. The Infectious Diseases Epidemiology Department is following the situation using its own information system based on individual reporting. HIV infected persons as well as AIDS cases and deaths are reported and are being entered into the National HIV/AIDS Registry, maintained at the Infectious Diseases Epidemiology Department with the Croatian National Institute of Public Health. Registry data are part of the world information system and two networks of individual HIV infected and AIDS patients reporting maintained by the World Health Organization (EHIDS –European HIV Infection Data Set and ENAADS – European Non-aggregate AIDS Data Set). Reported AIDS cases sent to the WHO are anonymous.

Unlike some European countries with a low level AIDS incidence, Croatia has had all the necessary prerequisites for an early entrance of the HIV epidemic into the country – open borders, citizens travelling abroad, migrant workers, developed tourism industry etc. The Croatian National Programme for HIV/AIDS prevention includes measures of primary, secondary and tertiary prevention. A large proportion of measures for HIV/AIDS prevention are based on health education in the general sense, especially focusing on populations with high risk behaviour, with the goal of changing such behaviour. Due to the low level of HIV/AIDS risk in the Republic of Croatia these measures are predominantly focused on promotion of protective behaviour in general population and adolescent population and on prevention of determined risk behaviour within certain most-at-risk groups. A part of these measures refers to risk reduction among populations such as MSM, IDUs, CSWs, heterosexuals with a high partner change rate, sexual partners of HIV positive persons and others. Protection measures against nosocomial infections as well as blood control and control of immunobiologic preparations are continually conducted in Croatia. The action plan of the Croatian National Programme for HIV/AIDS prevention includes five major areas, described in more detail in chapter V. - National response to the AIDS epidemic.

UNGASS indicator data overview

NATIONAL PROGRAMME INDICATORS		
Indicator No.	Indicator Name	Indicator Relevance
3	Blood Safety Donated	Relevant – data entered
4	HIV Treatment: Antiretroviral Therapy - 2009	Relevant – data entered
4	HIV Treatment: Antiretroviral Therapy - 2008	Relevant – data entered
5	Prevention of Mother-to-Child Transmission - 2009	Relevant – data entered
5	Prevention of Mother-to-Child Transmission - 2008	Relevant – data entered
6	Co-Management of Tuberculosis and HIV Treatment	Indicator not relevant
7	HIV Testing in the General Population	Relevant but no data
8	HIV Testing in Most-at-Risk Populations - Sex Workers	Relevant but no data
8	HIV Testing in Most-at-Risk Populations - Men Who have Sex with Men	Relevant but no data (data not published yet)
8	HIV Testing in Most-at-Risk Populations - Injecting Drug Users	Relevant – data entered
9	Most-at-risk Populations: Prevention Programmes - Sex Workers	Relevant but no data
9	Most-at-risk Populations: Prevention Programmes - Men Who have Sex with Men	Relevant but no data (data not published yet)
9	Most-at-risk Populations: Prevention Programmes - Injecting Drug Users	Relevant but no data
10	Support for Children Affected by HIV and AIDS	Relevant – data entered
11	Life Skills-based HIV Education in Schools	Relevant – data entered
KNOWLEDGE AND BEHAVIOR INDICATORS		
Indicator No.	Indicator Name	Indicator Relevance
12	Orphans: School Attendance	Indicator not relevant
13	Young People: Knowledge about HIV Prevention	Relevant but no data
14	Most-at-risk Populations: Knowledge about HIV Prevention - Sex Workers	Relevant but no data
14	Most-at-risk Populations: Knowledge about HIV Prevention - Men Who have Sex with Men	Relevant but no data (data not published yet)
14	Most-at-risk Populations: Knowledge about HIV Prevention - Injecting Drug Users	Relevant – data entered
15	Sex Before the Age of 15	Relevant but no data
16	Higher-risk Sex	Relevant but no data
17	Condom Use During Higher-risk Sex	Relevant but no data
18	Sex Workers: Condom Use	Relevant
19	Men Who Have Sex with Men: Condom Use	Relevant but no data (data not published yet)
20	Injecting Drug Users: Condom Use	Relevant – data entered
21	Injecting Drug Users: Safe Injecting Practices	Relevant – data entered
IMPACT INDICATORS		
22	Reduction in HIV Prevalence (youth)	Indicator not relevant
23	Most-at-risk Populations: Reduction in HIV Prevalence - Sex Workers	Relevant but no data
23	Most-at-risk Populations: Reduction in HIV Prevalence - Men Who have Sex with Men	Relevant but no data
23	Most-at-risk Populations: Reduction in HIV Prevalence - Injecting Drug Users	Relevant – data entered
24	HIV Treatment: Survival After 12 Months on Antiretroviral Therapy	Relevant – data entered
25	Reduction in Mother-To-Child-Transmission	Indicator not relevant

IV. Overview of the AIDS epidemic

a) The HIV/AIDS situation has been monitored in Croatia since 1985, when the first AIDS cases were documented here. Between 1985 and 2009, there were 791 documented cases of HIV infection, 300 of which progressed to AIDS. During the same period of time, of the 791 diagnosed HIV 164 patients died, (Figure 4). Four fifths of HIV/AIDS cases are male (Figure 1), who are mostly infected between the age of 25 – 49, (Figure 2).

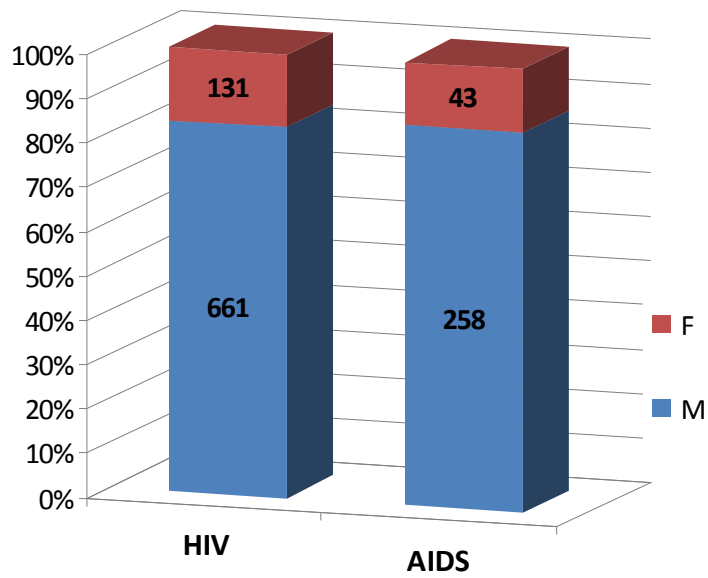


Figure 1. Gender distribution of HIV and AIDS cases in Croatia

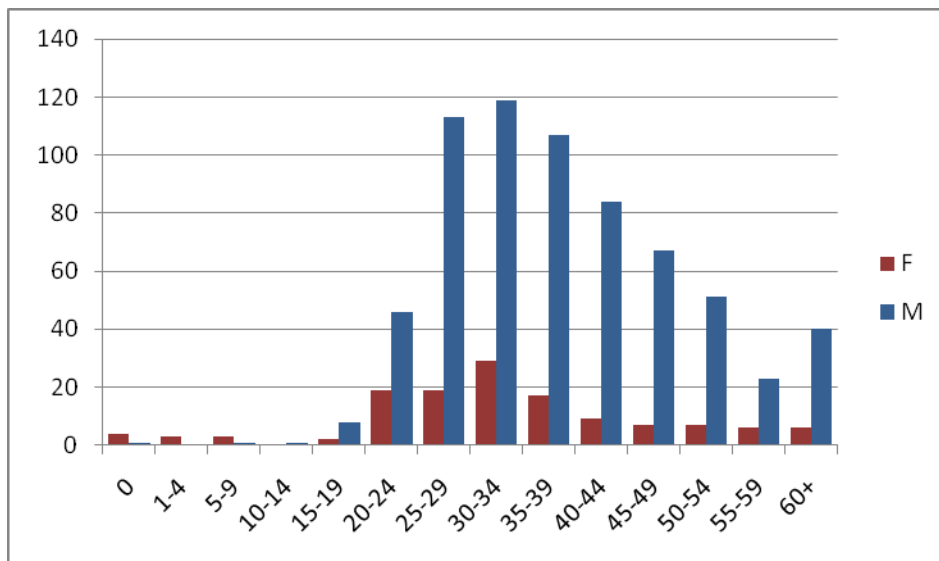


Figure 2. Age/gender distribution of HIV cases at the time of diagnosis in Croatia

b) With respect to probable transmission routes (Figure 3), 7.7% of all HIV infections occurred through injecting drug use, while the majority of cases are attributed to sex between men, of which there is 48.5% among all HIV cases. Also, 24.2% HIV infections occurred through heterosexual route outside a stable relationship and 1.9% through a heterosexual route of transmission from a steady partner. When we consider the receiving blood products as a transmission route, 0.4% of all infections occurred in this way. Additionally, 1.8% of all infections were found among hemophiliacs. Also, 1.4% of the HIV infections cases were cases of mother to child transmission. Finally 4.2% were of unknown mode of transmission.

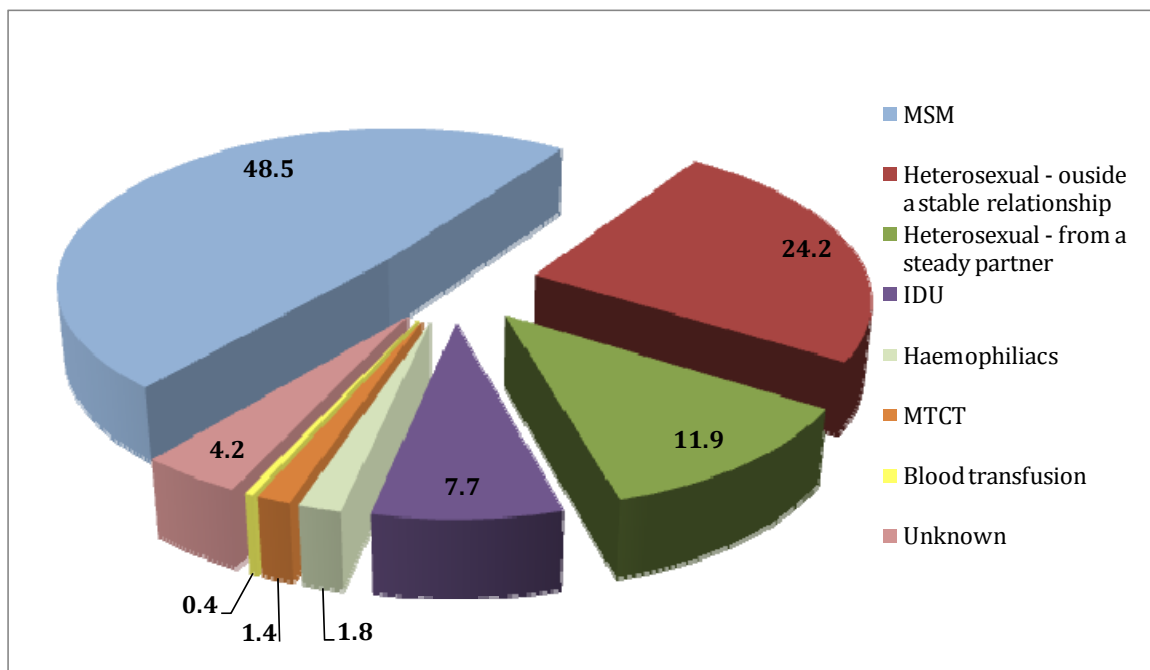


Figure 3. Probable transmission routes

c) From laboratory registries, an average of 180 000 persons are tested each year, and around 80 HIV positive tests are registered annually.

Ad a) The incidence of AIDS cases in Croatia increased yearly until 1994, when it began to stabilize and stayed so till 1999. Between 1994 and 1999, there was a mean of

16 diagnosed cases per year. With the introduction of the highly active anti-retroviral therapy, the number of AIDS cases and deaths from AIDS showed a slight decrease, while the number of HIV positive persons increased. This increase can partially be explained by increased reporting due to improved diagnostic measures, especially within MARPs. The annual AIDS incidence is decreasing at a value less than 4 per 1 million inhabitants, and HIV infection incidence is at 10-14 per 1 million inhabitants. These values place Croatia in the category of countries considered to have a low HIV/AIDS incidence.

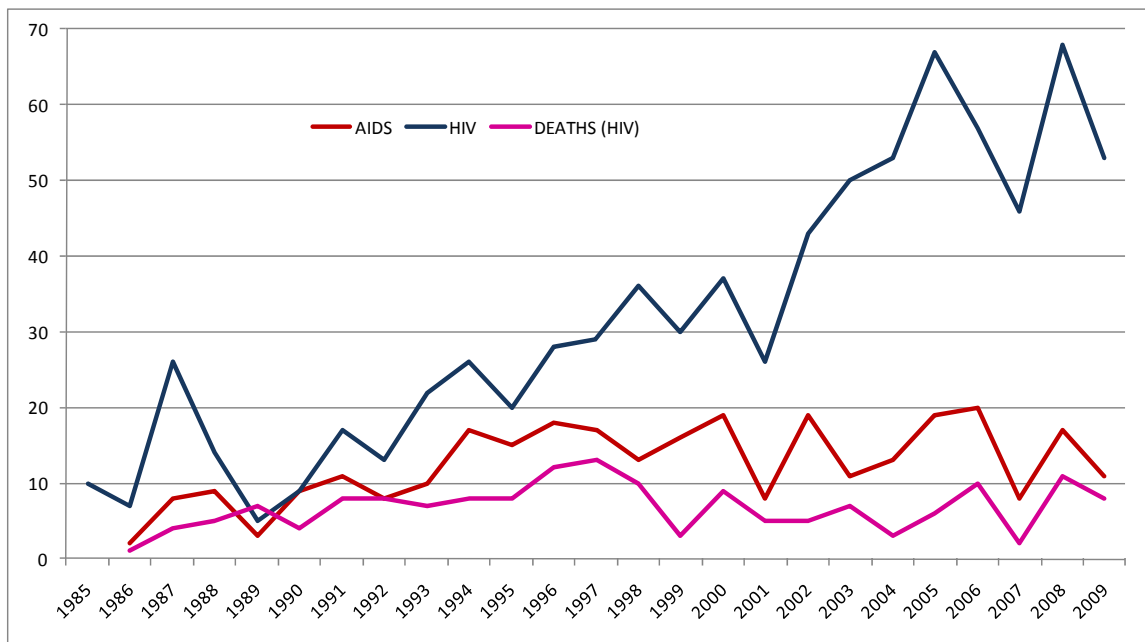


Figure 4. Annual number of persons in the Republic of Croatia with diagnosed HIV infection, AIDS and the number of deaths of persons infected by HIV; for the period 1985-2009

Incidence, prevalence and dominant modes of transmission of HIV vary by region in Croatia. AIDS patients and the HIV infected persons are found in all parts of the country. The incidence and prevalence, of both HIV and AIDS, is somewhat higher in the coastal areas, though the total number of AIDS cases is the highest in the capital, Zagreb. Among the infected in Zagreb, HIV is transmitted most frequently through MSM contact. Epidemiologic data shows that this is the case of virus transmission among the domestic MSM population. In the most southern coastal parts of the country, there is a somewhat higher proportion of transmission via MSM contact. In the coastal regions (Primorje and

Dalmatia) transmission via heterosexual contact is dominant. In these regions, the infection is often transmitted by men infected abroad during contact with promiscuous persons and sex workers. This infection is then conferred to regular sexual partners, usually wives and girlfriends, living in the country. In Istria, transmission via intravenous drug use and needle sharing is dominant, though other routes of transmission are present in this area.

Ad b) Most of the infected patients acquired the infection abroad. The fraction of HIV-infected individuals who have acquired the infection abroad versus domestically varies by risk group. Almost all HIV-infected heterosexual men in Croatia, for example, have acquired the HIV infection outside the country working as migrant workers, mostly sailors.

In Croatia, AIDS is being registered almost exclusively within MARPs and is seen predominantly among men who have sex with men (44.5%). HIV-infected heterosexuals (36.1%) are almost always men who have spent extended periods of time abroad and their steady female partners in Croatia. Among those infected via heterosexual transmission, there are no adolescents. Eleven children in Croatia have contracted HIV from their mothers, and three have progressed to AIDS.

Intravenous drug users (IDUs) comprise 7.3% of total AIDS cases in Croatia and 7.7% of the total HIV infected population. HIV infection among drug users is monitored on an annual basis, with an average of 800 persons tested annually. Among IDUs, the HIV prevalence is around 1%. The percentage of HIV infected IDUs has not increased over the last 15 years.

Ad c) Voluntary donation, low prevalence of HIV infection, and mandatory blood product testing has kept the rate of infection via receipt of blood and blood products low. In Croatia, all donated blood has been tested on for HIV since 1987, and additional prevention measures are employed when taking blood from higher-risk donors (Figure 5). According to the National HIV/AIDS Health Protection Programme, only blood from donors in Croatia is used, a principle known as “self containment”. This principle is likewise followed with other blood products. If import of blood derivatives is necessary, a set of procedures exist to ensure the safety of the blood products. Approval by the Croatian Agency for Medicinal Products and Medical Devices is required.

A number of cases have been reported in Croatia in which HIV has been transmitted through blood or blood products. Since 1985, 14 patients with haemophilia have contracted HIV and 8 have developed AIDS. All patients with haemophilia received imported blood derivatives. Since 1992, there were no new registered HIV infected patients from this group. There were also three registered non-hemophiliac cases of HIV infection after transfusion of blood from within the country (in 2003, 2004 and 2007).

From laboratory registries, an average of 180 000 persons are tested each year, and around 80 HIV positive tests are registered annually. The system of monitoring HIV infected persons through laboratory registries provides a valuable indicator of trend movements, but as with all the information systems used to collect data from laboratories, it is subject to over-reporting (testing in another laboratory, testing of earlier reported cases). Based on individual reports in 2009 there were altogether 53 new HIV infected persons.

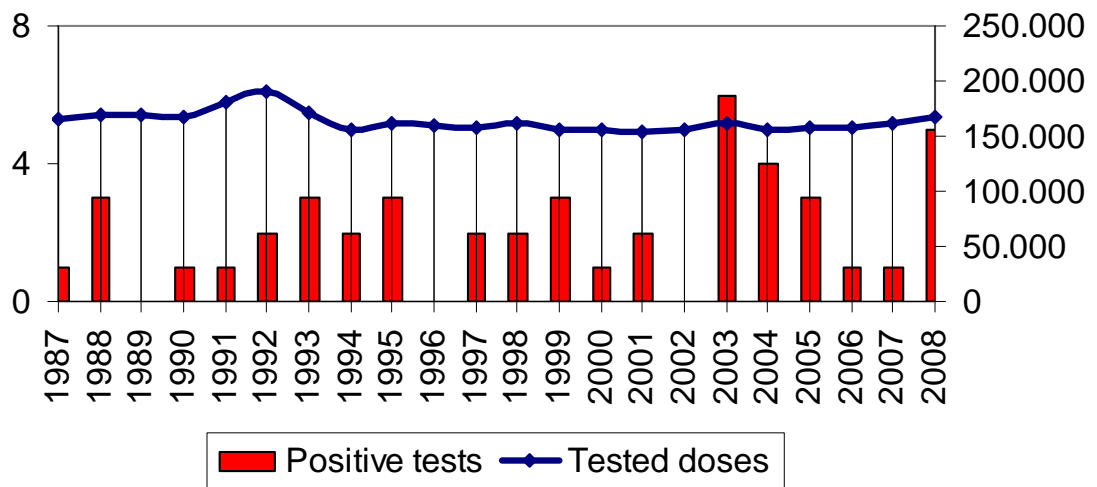


Figure 5. Number of HIV positive tests among voluntary blood donors in Croatia

V. National response to the AIDS epidemic

The Croatian National Programme for HIV/AIDS prevention includes measures of primary, secondary and tertiary prevention. A large proportion of measures for HIV/AIDS prevention are based on health education in the general sense, especially focusing on populations with high risk behaviour, with the goal of changing such behaviour. Due to the low level of HIV/AIDS risk in the Republic of Croatia these measures are predominantly focused on promotion of protective behaviour in general population and adolescent population and on prevention of determined risk behaviour within certain most-at-risk groups. A part of these measures refers to risk reduction among populations such as MSM, IDUs, CSWs, promiscuous persons, sexual partners of HIV positive persons and others. Protection measures against nosocomial infections as well as blood control and control of immunobiologic preparations are continually conducted in Croatia and these measures should be conducted further on. Respecting and promoting human rights of HIV infected persons is also of exceptional importance. HIV infected people have a right to privacy, normal education, health care, housing and non-discriminating relations in all aspects of their life. The public should be introduced to the importance of overcoming prejudice, ignorance and discrimination prevention in the fight against AIDS.

The action plan of the Croatian National Programme for HIV/AIDS prevention includes: first, strengthening of national forces for the surveillance of the infection development, analysis of the epidemiologic situation and monitoring of risk behaviour as well as development and implementation of efficient programs for HIV prevention and conducting and evaluating these programs through monitoring normative activities, monitoring the epidemiologic situation in Croatia and the world and improving cooperation and coordination; second, increasing the number of voluntary counselling and testing so as to enable a timely counselling and prevention of the progress of the disease by introducing new models of voluntary testing, counselling and referral; third, providing optimal care to the HIV infected, development of preventive services for the HIV infected and fight against their stigmatization and discrimination by implementing the diagnostics procedure, therapy and treatment regarding the HIV infection, providing

care for the HIV infected and by implementation of promotional activities; fourth, application of standard protection measures with the goal of minimizing risks of HIV transmission and other causative agents transmitted by blood through conducting standard protection measures in health organizations, educational organizations, institutions of social care, sports and other organizations and through blood safety, safety of immunobiologic preparations, tissues and replacement organs; and fifth reducing the infection transmission among particular populations through prevention of HIV spreading among high risk populations (MSM, IDU, heterosexual men and women of risky behaviour, migrant-workers) and the prevention of HIV spreading among adolescents and grown-up population.

Treatment and care

The system of care in Croatia is a centralized one, hence all of the HIV infected patients are treated at the HIV/AIDS center at University Hospital for Infectious Diseases UHID. There were relatively few patients in care up to 1995. Most of them were hospitalized with major opportunistic diseases and the median survival after being diagnosed with AIDS was 15.8 months in the period 1985-1998.

Among a range of opportunistic infections that have been diagnosed the two most frequent were tuberculosis and *Pneumocystis jiroveci* pneumonia (PCP). Only very few patients received PCP prophylaxis or zidovudine therapy before 1992; out of altogether 36 AIDS patients in care before 1992 only 2 patients used zidovudine and 3 PCP prophylaxes.

Protease inhibitors became reimbursed by the Croatian National Health Insurance in April 1998; regardless of this, 12 patients had already used them in 1997 but unfortunately, had to pay for the protease inhibitor before April 1998, which sometimes contributed to the interruption or suboptimal antiretroviral treatment. When compared to the period 1986-1996, survival following the first AIDS-defining illness markedly improved in the period 1997-2000 (adjusted Hazard Ratio for patients surviving more than 6 months: 0.11). Over time, the number of patients taking HAART has increased and in August 2006 there were 277 patients receiving it. In 2006 there were 73 persons with advanced HIV infection (CD4 count less than 200 cells/mm³) receiving HAART and

in 2007 this number was 85. During this reporting period out of 39 patients who started HAART in 2006 one patient has died.

The process of registration and approval of antiretrovirals is slow. In May 2010 the following antiretrovirals are on the Croatian National Health Insurance Drug List: zidovudine, lamivudine, zidovudine plus lamivudine, abacavir plus lamivudine, stavudine, didanosine, abacavir, nevirapine, efavirenz, indinavir, ritonavir, lopinavir/ritonavir and raltegravir. All antiretrovirals on the Drug List are provided free of charge. Presently tenofovir and the newly developed fixed combinations of antiretrovirals (Truvada™ and Atripla™) are not available in Croatia. Fosamprenavir and atazanavir, and drugs used as salvage regimens such as enfuvirtide, tipranavir and darunavir were also not registered yet in Croatia in 2010.

Among the 441 patients taking antiretrovirals at the end of 2009, the following combinations are used more frequently: abacavir plus lamivudine plus efavirenz (19%), zidovudine plus lamivudine plus efavirenz (17%), zidovudine plus lamivudine plus lopinavir/ritonavir (17%), and abacavir plus lamivudine plus lopinavir (15%). The average monthly cost of antiretrovirals for one patient is approximately 900 USD.

An Outpatient Centre for HIV/AIDS which was opened at UHID in June 2005, the integral part of which is also psychosocial support. HIV infected patients need no referral from primary care physicians, which is usually required for other diseases, to enter care at UHID. Antiretrovirals are also given to patients at UHID from the hospital pharmacy. There is a close collaboration of VCT centers and other hospitals with UHID. A small renal dialysis unit for HIV infected patients was opened at UHID in 2005.

Reduction in HIV prevalence

Since we are dealing with a low-prevalence epidemic in Croatia, we are concentrating on one major impact indicator, that is, the reduction in HIV prevalence among most-at-risk populations. These groups, in Croatia include MSM (men who have sex with men), commercial sex workers, sex workers' clients and IDU (iv drug users) and mobile populations.

The highest prevalence among most-at-risk groups is to be found within the MSM (men who have sex with men) population, amounting to 3.3%, the next most-at-risk group are commercial sex workers, where data shows a prevalence of 1.5%. HIV prevalence within the group of clients of sex workers is somewhat lower compared to the two previously mentioned groups, amounting to 0.6%, whereas the same prevalence (0.6%) is to be found among IDU (iv drug users) and mobile populations were found to have the lowest prevalence (0.2%). The prevalence in those having more than 2 partners in the last 12 months was found to be 1.2% and those with a history of STI 0.8%.

Group	Prevalence; Confidence interval for prevalence (%)
Intravenous drug users (IDU)	0.6; 0 – 1.5
Clients of commercial sex workers	0.6; 0 – 1.5
Men who have sex with men (MSM)	3.3; 0.9 – 5.7
Migrant workers	0.2; 0 – 0.6
Commercial sex workers (CSW)	1.5; 0 – 4.4
>2 partners in the last 12 months	1.2; 0.3 – 2.1
History of STI	0.8; 0 – 1.9

Knowledge and behaviour change

In this reporting period a seroprevalence study of HIV, Hepatitis B and C among injecting drug users in Croatia conducted was in 2008 on a sample size of 192 IDU in three Croatian cities (Osijek, Dubrovnik and Zadar). The chosen study sites were County Public Health Institutes in Osijek-Baranja, Zadar and Dubrovnik-Neretva County. Criteria for site selection included the geographic location, the size of the risk group of interest, staff and laboratory capacity, and availability to repeat survey rounds in future years.

An anonymous self-administered questionnaire was used to obtain data related to the respondent's demographic, sexual and risk behaviour characteristics, HIV and viral hepatitis testing history, sexual health, and service access for all client groups. The

questionnaire contained a set of questions on knowledge on HIV, among which were also the following:

1. Can the risk of HIV transmission be reduced by having sex with one uninfected partner who has no other partners?
2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy looking person have HIV?
4. Can a person get HIV from mosquito bites?
5. Can a person get HIV by sharing food with someone who is infected?

After they were completed, the questionnaires were sent to the Croatian National Institute of Public Health in Zagreb. Not all respondents answered to all questions. In summary, to the first question 116 respondents gave a correct answer, 149 respondents gave a correct answer to the second question, 68 respondents were correct in answering question number three, 78 respondents correctly answered question number four while 107 respondents gave a correct answer to question number five. While this sample size does not give representativeness to the study and its results, it represents input for planning future preventive actions in this population.

As far as the knowledge about HIV prevention is concerned, a study "Female Sex Work and HIV Risks in Croatia" on a sample of 154 female sex workers was conducted in two cities in Croatia (recruited in two waves 2006 and 2008) in Zagreb and Split. The study was conducted by the Department of Sociology, Faculty of Humanities and Social Sciences University of Zagreb in collaboration with two NGOs (one from Split and the other from Zagreb who recruited the respondents). The sample size was 65 in Zagreb and 89 in Split. Only female CSW were included in the study. However the questions asked differed slightly from those asked here. The questions asked were.

1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has not other partners?
2. Can a person reduce the reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy-looking person have HIV?
4. Can a person get HIV by sharing food with someone who is infected?

5. Can an pregnant woman infected with HIV infect her baby?
6. Can one get HIV by sharing needle/syringes with someone else?

A correct answer to all six questions was given by 40% of the respondents.

Regarding the MSM population, a study has been conducted in December 2009, but the results are not yet available at the time of compiling this report but will be available later this year.

HIV testing

The HIV testing policy in Croatia is, due to the low level epidemic present, a non-mandatory one. This means that there is no mandatory testing prescribed neither for general population, nor for most-at-risk populations. During the Global fund project (2003-2006) 10 VCT centres (including one for the prison system) have been established through which voluntary and free-of-charge services of counselling and testing are offered to the clients. The services of these centres are meant to target most-at-risk populations in Croatia (MSM, IDU, CSW, migrants, prisoners).

In this reporting period a seroprevalence study of HIV, Hepatitis B and C among injecting drug users in Croatia was conducted in 2008 (you can find more details on the study in the paragraph on “Knowledge and behaviour change”). The study was conducted by the Croatian National Institute of Public Health and County Public Health Institutes of Osijek-baranja, Zadar and Dubrovnik counties. A part of the questionnaire was also devoted to testing practices of this population. This survey among the IDU was conducted during 2008 on a sample size of 192 IDU in three Croatian cities (Osijek, Zadar and Dubrovnik). The question related to testing practices of the respondents asked them to state whether and when was it that they last tested for HIV and whether they received their testing result. The result was as follows: A total of 32 (18,5%) of respondents have never tested for HIV. Among those who answered to question 53, 6,6% never received their HIV test result.

As far as the testing practices of CSW are concerned, a study "Female Sex Work and HIV Risks in Croatia" on a sample of 154 female sex workers was conducted in two cities in Croatia (recruited in two waves 2006 and 2008) in Zagreb and Split. The study was conducted by the Department of Sociology, Faculty of Humanities and Social

Sciences University of Zagreb in collaboration with two NGOs (one from Split and the other from Zagreb who recruited the respondents). The sample size was 65 in Zagreb and 89 in Split. Only female CSW were included in the study. When it comes to testing practices the respondents were asked whether they ever tested for HIV. 86% of the respondents stated that they have tested for HIV at some point in their life.

Regarding the MSM population, a study has been conducted in December 2009, but the results are not yet available at the time of compiling this report but will be available later this year.

Best practices

Croatia has received a GFTAM grant for the period 1. Dec. 2003 – 30. Nov. 2006 with the following key objectives of this project also identified in the national action plan:

1. Maintain the universal access to treatment and improve the psycho-social support to PLWHA.
2. To increase the level of protected behaviors among young people, through school based peer education prevention program.
3. To increase access to VCT services, particularly for members of vulnerable groups
4. To implement targeted interventions for people under increased risks.
5. To strengthen the HIV surveillance system

Prior to the Global Fund project there were only two voluntary counselling and testing (VCT) sites in Croatia. These testing sites were at the University Hospital for Infectious Diseases (UHID) in Zagreb and at the Clinical Centre Rijeka. HIV testing, albeit with limited counselling, has also been performed at Transfusion centres throughout Croatia. Anonymous testing was not widely available before the Global Fund project. However, all citizens of Croatia are entitled to Health Care Insurance and HIV testing was free of charge if proof of insurance was presented. The Global Fund project enabled us to open altogether 10 VCT sites during 2004 and 2005. Positive HIV screening tests are sent to the Reference Laboratory at UHID in Zagreb where confirmatory testing is performed.

The support of the GFTAM project resulted in the establishment of an Outpatient Centre for HIV/AIDS which was opened at UHID in June 2005, the integral part of which is also psychosocial support. HIV infected patients need no referral from primary care physicians, which is usually required for other diseases, to enter care at UHID. Antiretrovirals are also given to patients at UHID from the hospital pharmacy. There is a close collaboration of VCT centres and other hospitals with UHID. In addition, a small renal dialysis unit for HIV infected patients was opened at UHID in 2005.

Multisectoral cooperation has significantly improved thanks to the Global fund project, notably resulting in involvement of civil society in the policymaking process through civil society representatives' active role in the NAC.

Another important achievement one must mention are studies conducted during the period 2003-2006 which were published as a supplement 2 to Collegium Antropologicum volume 30 in 2006.

The most valuable achievement in the 2010 reporting round is the fact that financial sources have been secured for the implementation of all the activities started during the Global fund grant. Even though this is happening at a smaller scale (financially speaking) the sustainability achieved has certainly shown the commitment of decision makers to persist on achieving goals set in the HIV/AIDS prevention.

VI. Major challenges and remedial actions

The major challenges are still the stigma and taboo of HIV infection connected to additional discrimination of “hard-to-reach” populations.

Additional possible challenges lie in the process of increasing knowledge about HIV/AIDS among medical staff and problems related to second generation HIV surveillance goals.

Generally, at this point of the epidemiologic situation in Croatia, aside from the necessary application of all protection measures according to the National HIV/AIDS Health Protection Program it is a priority to:

1. Continue with the work of Centers for voluntary counseling and testing
2. Intensify health education within the MSM population
3. Systematically and efficiently combat the still existing prejudice towards the HIV infected persons and groups of high risk.

VII. Support from the country's development partners

The private sector in Croatian economy has still not shown interest in investing finances into fight against AIDS.

VIII. Monitoring and evaluation environment

Epidemiologic monitoring of the HIV situation as well as the evaluation of the implementation of the National HIV/AIDS prevention program is the responsibility of the Infectious Diseases Epidemiology Service of the Croatian National Institute of Public Health which has been monitoring the situation even before the first HIV and AIDS cases were registered in Croatia.

Additionally, in 2006, M&E units at the Croatian National Institute of Public Health and Ministry of Health and Social Welfare were established. These units enable a better flow of information and ensure that all the data are collected from all the relevant stakeholders taking part in implementation of the National HIV/AIDS prevention program, including both the health sector and the nongovernmental sector. This is an additional help to the implementation of the National HIV/AIDS prevention program as such. Major challenges in improving the M&E environment is still the lack of human resources, i.e. there are no responsible persons who would devote their full attention to M&E, but work only part time on this issue. In the 2010 reporting round the M&E units at the Croatian National Institute of Public Health and Ministry of Health and Social Welfare are still functioning, but no efforts were made to resolve the lack of human resources.

ANNEXES

ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

The following is a list of steps that have been taken within Croatia preceding the production of this report. The Ministry of Health and Social Welfare and the Croatian National Institute and its M&E Unit responsible for the compiling of this report would like to thank

the following NGOs for their work, without which it would not be possible to collect data necessary for the completion of this report:

- NGO Iskorak – a LGBTIQQ group for promotion and protection of different sexual orientations,
- NGO Help – a youth help organization
- NGO for improving the quality of life "LET",
- NGO Terra,
- PRO-REPRO a non-government organization for education in, promotion and protection of reproductive health,
- The Croatian Red Cross,
- International Organization for Migrations,
- Croatian Association for HIV (CAHIV),
- NGO Institut

the following health organizations:

- Children's Hospital Zagreb,
- Croatian Association for School Medicine at the Croatian Medical Chamber
- National HIV/AIDS Reference Centre
- Prison hospital in Zagreb (where one VCT center is located)

and of course the regional Public Health Institutes in which VCT centres are located:

- Brod-Posavina,
- Dubrovnik-Neretva,
- Istria,
- Osijek-Baranja,
- Primorje-Gorski kotar
- Split-Dalmatia and
- Zadar counties.

All of the abovenamed partners have continuously collaborated in everyday work and have helped complete this report providing extensive consultation whenever this was needed.

Steps taken that preceded the production of this report to UNAIDS include the following:

- Collecting and compiling UNGASS data
- Entering UNGASS data into the online tool
- Generation of relevant tables and graphics
- Insertion of graphics into the narrative report. Source for all the epidemiological data, including the graphs and charts is the Croatian HIV/AIDS Register, maintained at the Infectious Diseases Epidemiology Service of the Croatian National Institute of Public Health.