

**BOSNIA AND HERZEGOVINA  
THE COUNCIL OF MINISTERS**

**BOSNIA AND HERZEGOVINA  
STRATEGY TO PREVENT AND COMBAT HIV/AIDS  
2004-2009**

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## FOREWORD

Twenty years after the first clinical diagnosis of AIDS, the disease has become one of the main “killers” of people worldwide and ranks fourth on the list of leading causes of death. As of the end of 2001, it is estimated that around 40 million people live with HIV/AIDS. HIV is constantly spreading, with almost 15,000 new infections every day. In most developed countries, the largest number of HIV-infected persons are young people aged 15-24. Therefore, HIV/AIDS has become a global concern, a disease that knows no boundaries, no gender or race, or lately even age differences.

Bosnia and Herzegovina is in the group of countries with a relatively low HIV/AIDS prevalence. This is a significant advantage in comparison with other countries, where HIV/AIDS is one of the leading health problems confronting their health system and the community in general.

Owing to this fact, the society of Bosnia and Herzegovina has an opportunity to establish monitoring and control over this difficult and lethal infection. A proper prioritisation in the fight against HIV/AIDS and the selection of strategic goals and appropriate interventions to prevent the occurrence of HIV/AIDS present, without doubt, a significant challenge to the recently inaugurated Advisory Board for the fight against HIV/AIDS in Bosnia and Herzegovina.

Along with the obligations assumed by Bosnia and Herzegovina as a member of the United Nations and in the acceptance of the following international documents and declarations:

1. **UN Millennium Declaration of 8 September 2000;**
2. **European Action Programme: Accelerated Action on HIV/AIDS, Malaria And Tuberculosis in the Context of Poverty Reduction of 14 May 2001;**
3. **UN Declaration of Commitment on HIV/AIDS of 27 June 2001;**
4. **South East Europe Declaration on HIV/AIDS Prevention of 8 June 2002.**

the Advisory Board must also bear in mind the following:

- the obligation to pass in late 2003 a **Bosnia and Herzegovina strategy to prevent and combat HIV/AIDS**, as the basic document which future activities and projects in this field will be based on;
- the significance of the need for ongoing cooperation between the governmental and non-governmental sector, multisectoral cooperation at all levels, and a multidisciplinary approach to the fight against HIV/AIDS;
- the necessity to establish contemporary methods of monitoring and control over this infection in the entire territory of Bosnia and Herzegovina, including all forms and methods of second-generation HIV/AIDS monitoring, which will allow timely action to fight and prevent an epidemic;
- the importance of preventive measures as the basis of our strategic response to the growing HIV/AIDS problem in the world and in Bosnia and Herzegovina;
- the need to provide appropriate, timely and universally accessible treatment and care in accordance with the adopted therapy guides, as well as all other aspects of support for

people living with AIDS;

- the prevention of stigmatisation and discrimination at all levels of society, respecting the legal frameworks, ethic principles and human rights of all inhabitants of Bosnia and Herzegovina, especially of people living with HIV/AIDS;
- the necessary cooperation at regional and global level within the UNAIDS network and other organisations involved in HIV/AIDS prevention and treatment of infected people.

The guiding principles of the overall HIV/AIDS prevention process must be:

- Permanent co-operation of government institutions (at all levels: state, entity, regional and local) with the non-governmental sector, along with the engagement of multi-disciplinary and multisectoral teams in the development and implementation of common strategic goals;
- Transparency in work at all levels, with a special emphasis on the activities of the Advisory Board for the prevention and fight against HIV/AIDS and all partners involved at different levels of the development and implementation of the strategy;
- Establishment of a suitable legal framework based on EU recommendations that allows respect for ethic principles and human rights guaranteed under the UN declaration and other recommendations in this field;
- Ongoing training and education for all the actors involved in the implementation process, with the aim of equipping them well for activities in the prevention and fight against HIV/AIDS;
- Equal participation of all actors in the implementation of the HIV/AIDS prevention strategy, including people living with HIV/AIDS, regardless of whether they have been recently infected, have the disease or are in the immediate surroundings of such people, in the family, local or professional community.
- Self-sustainability of the programme for a certain period after international assistance ceases.

The Council of Ministers of Bosnia and Herzegovina is resolute in its commitment to support the **Bosnia and Herzegovina Strategy to Prevent and Combat HIV/AIDS**. The Advisory Board for the fight against HIV/AIDS in Bosnia and Herzegovina invites all the stakeholders, competent bodies, government and non-governmental institutions, as well as individuals, to work to develop and implement strategic goals in accordance with their role and obligations.

On behalf of all the actors implementing the Bosnia and Herzegovina Strategy to Prevent and Combat HIV/AIDS, we once again express our commitment to the Declaration of Commitment on HIV/AIDS, adopted at the special session of the United Nations General Assembly on HIV/AIDS, agreeing to achieve the general goals and time-bound targets set out in the declaration.

Bosnia and Herzegovina National Advisory Board  
for the fight against HIV/AIDS

## 1. INTRODUCTION

**The Resolution on the Policy “Health for All Citizens of Bosnia and Herzegovina”**, adopted by the Bosnia and Herzegovina House of Peoples on 24 April 2002, is the basis for the development of health documents at the state level, including the document **Bosnia and Herzegovina Strategy to prevent and combat HIV/AIDS**.

In line with this obligation and the Decision of the Council of Ministers of Bosnia and Herzegovina, the Ministry of Human Rights and Refugees, with the technical assistance of UNAIDS, established the Bosnia and Herzegovina National Advisory Board for the fight against HIV/AIDS (hereinafter: the Advisory Board), tasked with the development of this strategy and with furthering the process of national strategic planning in this field. The work of the Advisory Board has allowed for multi-sectoral political participation, including all the sectors and partners from both entities, the Brčko District of Bosnia and Herzegovina, international agencies and the non-governmental sector. Aware of the fact that the HIV/AIDS epidemic poses a global health and social problem, and confronted with the growing risk factors for the occurrence and spreading of HIV infection in Bosnia and Herzegovina, primarily because of the increased number of people engaging in risk behaviour, the Advisory Board found itself facing the great challenge of determining the strategic thrusts and appropriately selecting priority activities and interventions for the forthcoming period.

For greater effectiveness and reliability, the agreed strategic approach is primarily based on the necessity of involvement and development of an ongoing co-operation between government institutions at all administrative and political levels and the non-governmental sector, along with the engagement of multi-disciplinary and multi-sectoral teams, as well as humanitarian activities and solidarity in HIV/AIDS prevention and protection of people living with AIDS.

### 1.1. Background

Bosnia and Herzegovina covers an area of 51.129 km<sup>2</sup>. According to the 1991 census, the country had a population of 4,395,643. In 2002, the estimated population was 3.7 million people, 17% less than in 1991. In late 1980s, BiH enjoyed a well-developed social and health system that satisfied the population's needs for this type of care. With the break-up of former Yugoslavia in April 1992, Bosnia and Herzegovina became a member of the United Nations, and in September the same year, it was admitted to the World Health Organisation. Unfortunately, the planned process of transition from the self-management system to a market economy was violently interrupted by the breakout of the war in 1992. The war resulted in enormous destruction, drastic demographic changes, disruption in the course of all vital indices, as well as destruction of the health and social system in every respect.

In accordance with the Dayton peace accord, the war in Bosnia and Herzegovina ended in 1995 and a new administrative structure of Bosnia and Herzegovina was established with two entities: the Federation of Bosnia and Herzegovina and the Republika Srpska, as well as the Brčko District of Bosnia and Herzegovina, all with a high degree of autonomy. Unfortunately, the initiated processes of reconstruction and reform, including the health, social and education sectors - notwithstanding the visible results – have failed to make significant progress in the past period. Today, seven years after the war, numerous political, economic and social problems have remained unresolved. A high level of poverty and unemployment and a large number of inhabitants belonging to some of the vulnerable groups, represent the reality of a society in which it is necessary to achieve a higher level of human rights and protection of

individuals than ever before.

In April 2002, Bosnia and Herzegovina became a member of the Council of Europe and thus accepted the obligations that were put before the government and its institutions in terms of fulfilling the requirements for the membership in the Council of Europe.

### Demographic, social and health indicators in BiH in the period 1981-2001<sup>1</sup>

Table 1

<b>Social and health indicators</b>	<b>1981</b>	<b>1991</b>	<b>2001</b>
Population	4,124,256	4,395,643	3,690,046
Refugees*	-	-	601,900
Displaced persons**	-	-	487,652
Biological population type	Progressive	Standing regressive	Regressive
Birth rate	17.2	14.9	9.04
Death rate	6.3	7.2	6.84
Natural increase	10.9	7.7	2.19
National income per capita in US\$	1,707	2,719	1,230
Domestic product per capita in US\$	1,876	3,151	2,100
Employment/unemployment ratio	5.83:1	3.17:1	1.36:1
Average income in US\$	190	299	179
National income allocations for health sector	4.6%	11.7%	4.47%

<sup>1</sup> Data source "Population health and health system in transition of Bosnia and Herzegovina", Report for 2001, BiH Health Care Institute, Sarajevo, May 2002.

Viewed in the context of current socio-economic conditions, the health situation of the population is attracting growing public attention. The problems of unemployment, poverty, migrations and others have increasingly led to bad habits and bad lifestyles that further threaten the health of the population and of vulnerable groups in particular. The health indicators are as expected, depicting a deteriorated health situation compared to the pre-war period. The population health profile is similar to the trends in Eastern Europe, including a high morbidity rate due to cardio-vascular diseases and cancer. The post-war health effects include a high incidence of physical and mental diseases.

#### 1.2. HIV/AIDS in Bosnia and Herzegovina

The first AIDS case in Bosnia and Herzegovina was registered in 1986, and the first HIV-positive person was identified in 1989. To date, by the end of 2003, the total number of people with AIDS in Bosnia and Herzegovina has reached 56. Of all the cases of the disease, 42 have been fatal, while the others are alive and are receiving treatment under medical supervision.

#### Number of people with AIDS in Bosnia and Herzegovina in the period 1986 - end of 2003

Table 2

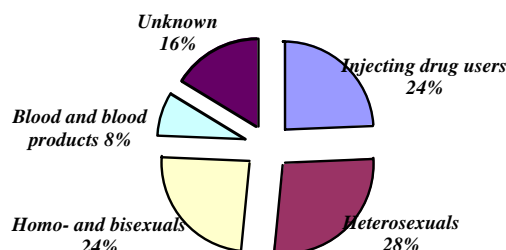
<b>BiH 1986 to 1991</b>		<b>FBiH 1992 to end of June 2003</b>		<b>RS 1992 to end of June 2003</b>	
<i>Number of people with disease</i>	<i>AIDS prevalence</i>	<i>Number of people with disease</i>	<i>AIDS prevalence</i>	<i>Number of people with disease</i>	<i>AIDS prevalence</i>

11	0.25‰	20	0.86‰	25	1.78‰
<b><i>Bosnia and Herzegovina from 1986 to end of June 2003</i></b>					
<b><i>Number of people with disease</i></b>			<b><i>AIDS prevalence</i></b>		
56			<b><i>1986 to 1991</i></b>	<b><i>1992 to end of June 2003</i></b>	<b><i>1986 to end of June 2003</i></b>
			0.25‰	1.21‰	1.51‰

Of the total number of people with the disease, 90% are male, while so far there have been no reports of vertical, mother-to-child transmission. According to the estimates of the entity health care institutes, 24% of people with the disease are injecting drug users, 28% heterosexuals, 24% bisexuals, 8% of the cases of HIV transmission occurred through blood and blood products, while in 16% of cases the reason of the infection is unknown.

***People with AIDS in BiH by type of transmission***

*Graph 1*



Since there are no reliable data on HIV infection, the total number of HIV carriers in Bosnia and Herzegovina is estimated at around 350.

In accordance with the UNAIDS/WHO criteria for the classification of the level of HIV/AIDS epidemic, most European countries, including Bosnia and Herzegovina, fall under the category of low-level epidemic, meaning that the HIV prevalence does not exceed 5% in any of the defined sub-population groups.

According to the Law on Protection from Infectious Diseases Threatening the Entire Country, which was taken over from the previous system and is in force in Bosnia and Herzegovina, HIV/AIDS is subject to mandatory reporting, monitoring and treatment. With respect to the mandatory reporting of HIV/AIDS, the requirement of anonymity is yet to be fully satisfied.

The reported cases are just the «tip of an iceberg» primarily because of an insufficient level of monitoring of the risk groups (testing), which are believed to be HIV «repositories». Therefore, due to the absence of an appropriate system of HIV/AIDS monitoring and supervision, the presented data do not paint a realistic picture of the situation in the country. Experts believe the number of HIV carriers to be many times higher.

Under the UNAIDS and WHO recommendations, for good HIV/AIDS monitoring it is necessary to introduce the «second-generation monitoring». This monitoring is based on the principles and experiences acquired through past epidemiological analyses and monitoring of epidemics in the world.

People living with HIV/AIDS in Bosnia and Herzegovina still cannot be provided with appropriate and good medical supervision, diagnostics or specific treatment with antiretroviral drugs, HAART therapy. In large medical centres in Bosnia and Herzegovina (Sarajevo, Tuzla, Mostar, Zenica, Banja Luka) treatment is mostly provided for opportunistic infections in HIV/AIDS-infected people.

### **1.3. Factors conducive to HIV transmission**

Of decisive importance for further development and spreading of HIV infection in Bosnia and Herzegovina will be the conducive factors which will inevitably speed up and maintain the circulation of HIV:

- poor socio-economic status;
- an insufficient level of education among the population;
- the absence of a relevant assessment of the scope of the problem among groups engaging risk behaviour (injecting drug users, prostitutes, homosexuals);
- population migrations (from an analysis of the migration status of the registered people living with HIV/AIDS, it is evident that in most instances those are imported cases, more precisely involving people who spent longer periods of time outside Bosnia and Herzegovina);
- an inadequate HIV/AIDS monitoring system;
- stigma and silence concerning HIV/AIDS;
- the absence of HIV/AIDS legislation.

The strategic approach to the prevention and fight against HIV/AIDS needs to include and plan activities related to each of these factors in accordance with the conditions at the given time in Bosnia and Herzegovina.

### **1.4. Past response**

#### **1.4.1. Role of the government and response to HIV/AIDS**

Back in 1987, AIDS was classified as an infectious disease in the Republic of Bosnia and Herzegovina, as part of the former Socialist Federal Republic of Yugoslavia, and was therefore subject to the *Law on Protection from Infectious Diseases Threatening the Entire Country* and the *Law on Protection from Infectious Diseases*, which implies mandatory reporting, epidemiological monitoring and compulsory treatment. Given that legislation closely linked to this specific disease has not been passed in Bosnia and Herzegovina to date, the mentioned law is in force, as well as the *Decision on the Measures for Protection of the Population from the Acquired Immune Deficiency Syndrome*.

The response of the government so far could be assessed as insufficient given the threat posed by HIV/AIDS in the whole world, and thus here as well. Since the year 2000, intensified activities have been implemented to more actively discharge of the international obligations assumed in the acceptance of international documents and declarations:

1. **UN Millennium Declaration of 8 September 2000,**
2. **European Programme For Action: Accelerated Action On HIV/AIDS, Malaria And Tuberculosis In The Context Of Poverty Reduction of 14 May 2001,**
3. **UN Declaration of Commitment on HIV/AIDS of 27 June 2001,**
4. **Declaration for South Eastern Europe on HIV/AIDS prevention of 8 June 2002.**

Although international support in political, financial and technical terms is important, the reduction in the incidence and epidemiological influence of HIV/AIDS is primarily a result of an active state programme to prevent and combat HIV/AIDS.

Recognising this fact, the Council of Ministers of Bosnia and Herzegovina has appointed the Ministry of Human Rights and Refugees, with the technical assistance of UNAIDS, as the co-ordinator for all the activities concerning the establishment of the Advisory Board. Members of the Advisory Board are representatives of the entity governmental and non-governmental sectors, including representatives of the Brčko District of Bosnia and Herzegovina, as well as representatives of international agencies. The core activity is the identification of strategic approaches, with an active participation and efficient co-ordination of all government and non-government actors and other institutions involved in the programme of prevention and fight against HIV/AIDS.

An important step in the prevention and fight against HIV/AIDS is also the drafting of a BiH consensus on HIV/AIDS diagnostic and therapeutic guidelines, which is underway.

#### **1.4.2. Role of the non-governmental sector in the fight against HIV/AIDS**

In the past period, the non-governmental sector has undertaken major activities in implementing awareness campaigns (media, public events, educational workshops); establishing co-operation at the NGO level; and networking with international NGOs, religious organisations and religious communities.

#### **1.4.3. International agencies in Bosnia and Herzegovina involved in the response to HIV/AIDS**

A more active response by international agencies to HIV/AIDS started in 2001 with the establishment of the UN Thematic Group for HIV/AIDS in BiH by the UN agencies in Bosnia and Herzegovina - UNMIBH, UNFPA, UNICEF, WHO, UNHCR, UNESCO, ILO, UNDCP, OHCHR and the World Bank, IFRC and IOM. The primary task of the group is to facilitate a co-ordination and joint planning mechanism to support national efforts in the fight against HIV/AIDS, as well as in the promotion of UNAIDS long-term goals, such as:

- Prevention of HIV spreading in Bosnia and Herzegovina;
- Facilitation of care and support for those infected with HIV/AIDS;
- Reduction of vulnerability of individuals and the society in terms of HIV/AIDS;
- Raising public awareness as well as the social inclusion of people living with HIV/AIDS;
- Advocacy of political presence (through the Advisory Board), including a multi-sectoral approach as well as raising awareness in UN TG agencies about HIV/AIDS from a human rights perspective.

Under the direct supervision of the UN Thematic Group, technical working groups consisting of local experts and NGO representatives have been established in both entities. They are responsible for establishing co-operation with government representatives and implementing agencies, with the aim of realising local action plans. They have also given support for the establishment of the BiH Advisory Board.

## **2. PRINCIPLES OF STRATEGY DEVELOPMENT AND IMPLEMENTATION**

The development and implementation of the Strategy to prevent and combat HIV/AIDS in the period 2004-2009 will be based on the basic principles:

- Permanent co-operation of government institutions (at all levels: state, entity, regional and local) with the non-governmental sector, along with the engagement of multi-disciplinary and multi-sectoral teams in the development and implementation of common strategic goals;
- Transparency in work at all levels, with a special emphasis on the activities of the Advisory Board for the prevention and fight against HIV/AIDS and all partners involved at different levels of the development and implementation of the strategy;
- Establishment of a suitable legal framework based on EU recommendations that allows respect for ethic principles and human rights guaranteed under the UN declaration and other recommendations in this field;
- Ongoing training and education for all the actors involved in the implementation process, with the aim of equipping them well for activities in the prevention and fight against HIV/AIDS;
- Equal participation of all actors in the implementation of the HIV/AIDS prevention strategy, including people living with HIV/AIDS, regardless of whether they have been recently infected, have the disease or are in the immediate surroundings of such people, in the family, local or professional community.
- Self-sustainability of the programme for a certain period after international assistance ceases.

### **3. STRATEGIC GOALS (SGs) FOR THE PERIOD 2004-2009**

Proceeding from the principles declared earlier, which the development of this strategy was based on, and having in mind the obligations of Bosnia and Herzegovina stemming from its UN membership, the current HIV/AIDS situation in the country and the material and other possibilities available to combat this disease, we have defined strategic goals for the fight against HIV/AIDS in the period 2004-2009.

*Strategic Goal 1*

**Prevent HIV transmission and spreading**

*Strategic Goal 2*

**Ensure appropriate treatment, care and support for people living with HIV/AIDS**

*Strategic Goal 3*

**Create a legal framework for the protection of ethic principles and human rights for people living with HIV/AIDS**

*Strategic Goal 4*

**Ensure co-operation and development of sustainable capacities to combat HIV/AIDS**

*Strategic Goal 5*

**Support the strengthening of links with international organisations in the fight against HIV/AIDS**

## **Strategic Goal 1: Prevent HIV transmission and spreading**

Ensure an active impact on HIV transmission and spreading among the general population, with a special emphasis on the population of young people and population groups at increased risk of HIV infection.

### **Objectives:**

- ❖ *Establishment of an HIV/AIDS early warning and second-generation monitoring system,*
- ❖ *Development of a public information system and appropriate media support in the promotion of activities aimed at preventing the occurrence and spreading of HIV/AIDS,*
- ❖ *Raising awareness with the general population, with a special emphasis on the young population,*
- ❖ *Ongoing HIV safety control of blood and blood derivatives,*
- ❖ *Prevention of diseases linked to the transmission of HIV infection.*

### **Fundamental principle**

Through educational programmes raise awareness and develop a sense of responsibility with individuals and the wider public.

### **Problems**

- Insufficient information on the scope of the HIV/AIDS problem in the territory of Bosnia and Herzegovina (non-consolidated epidemiological data and social medicine diagnosis);
- A generally insufficient level of information among the general population with respect to HIV/AIDS, types of transmission and continuation of the infection;
- An insufficient level of awareness and knowledge in the media regarding HIV/AIDS;
- Weaknesses in the current curriculum;
- Absence of a register, insufficient use of existing data to channel action in HIV/AIDS prevention;
- Absence of alternative curricula;
- Insufficient outreach to the population not covered by the curriculum;
- Insufficient use of activities aimed at adopting safe behaviour;
- An insufficient level of co-operation and lack of synchronisation between current projects;
- Existence of the problem of injecting drug use;
- Legal obstacles to the implementation of preventive programmes.

### **Objectives**

1. *Establishment of an HIV/AIDS early warning and monitoring system*

With the aim to prevent HIV/AIDS transmission and spreading, it is necessary to introduce an appropriate system of HIV/AIDS early warning and monitoring.

Definition as the basic form of the «second-generation» monitoring strategy.

The organisation of these three types of HIV monitoring in Bosnia and Herzegovina is of particular importance.

- Biological monitoring (sentinel sero-monitoring among the defined sub-populations; regular screening of blood of free donors; HIV screening of samples taken in surveys of the general population);
- Risk behaviour monitoring (repeated cross-surveys among the general population and among the defined sub-populations).
- Other sources of information (monitoring of HIV/AIDS cases; registration of AIDS death cases; monitoring of sexually transmitted diseases and tuberculosis).

Monitoring can be achieved by following a set of indicators, under the UNAIDS recommendations. Most indicators are presented by age groups and gender, while the others are presented by variables (e.g. risk behaviour groups, sexually transmitted diseases, etc.)

The UNAIDS indicators are divided into three groups, whose components are modified in accordance with the local circumstances:

- *Epidemiological indicators* (HIV prevalence; prevalence of sexually transmitted diseases; prevalence of tuberculosis; number of AIDS cases among adults and children)
- *Indicators determining risk behaviour* (an estimate of the number of injecting drug users; an estimate of the number of people engaging in prostitution and using their services, etc.)
- *Socio-economic indicators* (population by age and gender; socio-economic and educational status; access to health care; etc.)

### **2. Development of a public information system and appropriate media support in the promotion of activities aimed at preventing the occurrence and spreading of HIV/AIDS**

With the aim of HIV/AIDS prevention in Bosnia and Herzegovina, it is necessary to ensure an appropriate and realistic HIV/AIDS public information system, as well as the obligatory support of the media in the joint fight against HIV/AIDS. The purpose of this objective is to ensure a realistic approach on the part of the media to the HIV/AIDS problem area, with respect for all ethic principles. Only this kind of approach will yield good results in the promotion of HIV/AIDS prevention through the mass media.

### **3. Raising awareness with the general population, with a special emphasis on the young population, people engaging in risk behaviour and people at increased risk**

The objective of educational activities in the target groups concerns the following:

- A) **The general population and general prevention of HIV transmission and spreading among this population**

Prevention of HIV infection at the level of the general population is an integral component of the efforts to check further transmission and spreading. In activities with sub-population

groups (communities) within the general population, unlike in activities with individuals, the focus is on changing the health policy, social structures, norms of behaviour and opinion, as well as cultural practices surrounding risk behaviours. Changes among the general population have the potential to contribute to a long-lasting continuation of the changed behaviour because they change the environment surrounding the individual in terms of supporting safe behaviour.

Basic interventions among the general population can yield significant results in the fight against HIV/AIDS:

- Health promotion, awareness-raising campaigns designed to strengthen the sense of responsibility for one's own health and raise awareness of the HIV/AIDS threat;
- Promotion of tolerance and acceptability towards people living with HIV/AIDS, with the aim of destigmatisation and demystification and an ultimate reduction of HIV transmission and spreading among the general population;
- Regular monitoring of educational activities among the general population is of critical importance to explain the progression or regression of HIV infection. This monitoring is, at the same time, a suitable tool to assess the success of a national response in the adoption and support of HIV/AIDS prevention measures.

#### **B) School children and young people as well as their teachers**

- Introduction of standardised programmes for teachers including basic knowledge and prevention of HIV/AIDS and other sexually transmitted infections;
- Introduction of age-appropriate standardised programmes for school children and young people including basic knowledge and prevention of HIV/AIDS as well as other sexually transmitted infections;
- Design and implementation of age-appropriate programmes for prevention of drug abuse and HIV/AIDS for school children and young people;
- Design and implementation of age-appropriate prevention and safe sexual behaviour promotion programmes for school children and young people.

#### **C) Groups at increased risk/target population groups**

##### Groups engaging in risk behaviour:

- injecting drug users;
- homosexuals (MSM);
- prostitutes (sex workers);
- people serving prison sentences.

Activities aimed at achieving the objective that concerns the groups engaging in risk behaviour can be identified and planned once the scope of the problems of injecting drug abuse, MSM and prostitution in Bosnia and Herzegovina, as well as of these types of risk behaviour within these groups, has been approximately assessed.

##### Groups at increased risk:

- health workers;
- women;
- pregnant women;

- army members;
- foreign citizens.

Activities aimed at achieving the objective that concerns the groups at increased risk of HIV infection imply the design and implementation of HIV/AIDS prevention and promotion programmes, with the aim of reducing the risk and raising awareness about the emergence and spreading of HIV infection, as well as the consequences of AIDS.

The activities imply ensuring accessible, anonymous, voluntary and confidential HIV testing and counselling prior to and after the testing through the work of HIV/AIDS counselling centres.

#### **4. Ongoing HIV safety control of blood and blood derivatives**

The purpose of the objective is to ensure an ongoing HIV and Hepatitis B control of blood and blood derivatives. **For the time being in Bosnia and Herzegovina, all the blood of free blood donors is HIV- and Hepatitis B-tested**, and this activity needs to be maintained and improved.

#### **5. Prevention of diseases linked to the transmission of HIV infection**

The prevention of diseases directly linked to HIV/AIDS implies the prevention of sexually transmitted diseases as well as drug abuse occurring in the epidemic form. Only a good system of monitoring of sexually transmitted diseases and a valid database on drug users, especially injecting drug users, can yield good results in the implementation of a programme for the prevention of these diseases, and thereby reduce the possibility of HIV transmission.

#### **Main preconditions**

The main preconditions for the implementation include:

- Reaching a political and professional consensus;
- Passage of HIV/AIDS legislation;
- Creation of an appropriate environment to implement activities;
- Ongoing provision of funds for the implementation of the objectives.

#### **Monitoring and evaluation**

For the monitoring and evaluation of the achievement of the strategic goal, it is necessary to define a set of output and outcome indicators. In accordance with the agreed timelines, the time intervals are defined for the monitoring and evaluation. A set of indicators is defined at the operational level as well.

## **Strategic Goal 2: Ensure appropriate treatment, care and support for people living with HIV/AIDS**

*Strengthen the health care system, which will ensure the availability of medical services for people living with HIV/AIDS in a sustainable fashion, while respecting the principles of strict confidentiality. At the same time, it is necessary to strengthen health and social care in the community and family.*

### **Objectives:**

- ❖ *Improve the current system of health care for people living with HIV/AIDS,*
- ❖ *Provide psychosocial support for people living with HIV/AIDS.*

*Develop the available databases for health professionals and facilitate information- and experience-sharing.*

### **Fundamental principle**

Accept HIV carriers and persons with AIDS as any other patient and treat them appropriately.

### **Problems**

- Absence of an appropriate system of treatment, care and support for people living with HIV/AIDS;
- Inequitable allocation of funds for continuous treatment and care for people living with HIV/AIDS;
- Insufficient level of knowledge in workers and others involved in the treatment of people living with HIV/AIDS;
- Insufficient level of experience-sharing.

### **Objectives**

#### **Improve the current health care for people living with HIV/AIDS**

In order to improve health care for people living with HIV/AIDS, it is necessary to provide equal and fair access to standard care and treatment in health facilities and outside them, which presupposes an equitable allocation of funds for ongoing treatment and care, additional training of health workers and others participating in the treatment as well as the development and application of good clinical guides (the establishment of a reference laboratory for confirmation of HIV/AIDS infection at the state level and of HIV/AIDS counselling centres).

#### **Provide psychosocial support for people living with HIV/AIDS**

It is necessary to provide support for people living with HIV/AIDS in their working and living environment. Of vital importance is the provision of institutionalised multi-sectoral psychosocial support (health, social, education sectors) through the work of counselling

centres for psychosocial support for people living with HIV/AIDS.

**Develop the available databases and knowledge banks for health professionals and facilitate information- and experience-sharing through the establishment of a reference HIV/AIDS professional and scientific centre**

**Main preconditions**

The main preconditions for the implementation include:

- Reaching a political and professional consensus;
- Passage of HIV/AIDS legislation;
- Creation of an appropriate environment to implement activities;
- Ongoing provision of funds for the implementation of the objectives.

**Monitoring and evaluation**

For the monitoring and evaluation of the achievement of the strategic goal, it is necessary to define a set of output and outcome indicators. In accordance with the agreed timelines, the time intervals are defined for the monitoring and evaluation. A set of indicators is defined at the operational level as well.

### **Strategic Goal 3: Create a legal framework for the protection of ethic principles and human rights for people living with HIV/AIDS**

The Constitution of Bosnia and Herzegovina defines human rights in a catalogue of human rights establishing the right to life, prohibition of any discrimination, the right to health and social care.

Likewise, in accordance with Article 14 of the European Convention, it provides for the prohibition of discrimination on any ground.

Based on these documents, the enactment, strengthening and implementation of laws and measures aimed at eliminating all forms of discrimination against people living with HIV/AIDS would achieve basic human rights, honour ethic principles, and effect harmonisation with European Union legislation.

#### **Fundamental principle**

Equal rights for all people living with HIV/AIDS.

#### **Problems**

- Absence of HIV/AIDS laws and regulations (it is necessary to regulate through law the basic principles of anonymity, voluntariness, and confidentiality);
- Regulations not harmonised with the EU legislation;
- Stigmatisation and discrimination of people living with HIV/AIDS.

#### **Objectives**

1. Initiate changes and additions to HIV/AIDS regulations, with the aim of their harmonisation with EU legislation.  
The objective would include a review of and additions to current regulations (the Law on the Protection of Population from Infectious Diseases Threatening the Entire Country; the Law on the Protection of Population from Infectious Diseases; Decision on Measures for the Protection of Population from the Acquired Immune Deficiency Syndrome; the Law on Health Insurance). These activities would ensure a legal framework relating to this specific disease.
2. Draft the lacking legal acts and regulations for the area of rights and obligations of people living with HIV/AIDS, health workers, people engaging in risk behaviour and the entire community in accordance with European standards.  
The creation of a legal framework for HIV/AIDS would ensure the promotion of human rights and ethic principles for people living with HIV/AIDS and members of their families. These legal acts and regulations that are now lacking would define the rights, but also the responsibilities, of people living with HIV/AIDS and people engaging in risk behaviour, in accordance with European standards.

3. Implement UN HIV/AIDS declarations as well as other relevant documents.
- On 27 June 2001, the United Nations General Assembly adopted the Declaration of Commitment on HIV/AIDS. This declaration addresses HIV/AIDS in detail from all perspectives, as well as the achievement of a global commitment and the strengthening of coordination and national and international efforts in the fight against HIV/AIDS. The declaration stipulates that prevention must be the basis of the fight against HIV/AIDS at the level of all responses to the epidemic; an emphasis is also placed on the strengthening of human resources and political education of leadership at the highest levels. Items 58-61 of the declaration envisage the exercise of human rights and fundamental freedoms, which is a precondition for reducing the threat of HIV/AIDS.

The South East Europe Declaration on HIV/AIDS Prevention was signed in Bucharest on 6-8 June. In a number of items, it expanded the response to HIV/AIDS at the national level, with the aim of exercising human rights and basic freedoms, and recognised the respect for human rights as the driving force of an efficient response.

### **Main preconditions**

The main preconditions for the implementation include:

- Reaching a political and professional consensus;
- Passage of HIV/AIDS legislation;
- Creation of an appropriate environment to implement activities;
- Ongoing provision of funds for the implementation of the objectives;
- Implementation of laws at all administrative/political levels.

### **Monitoring and evaluation**

For the monitoring and evaluation of the achievement of the strategic goal, it is necessary to define a set of output and outcome indicators. In accordance with the agreed timelines, the time intervals are defined for the monitoring and evaluation. A set of indicators is defined at the operational level as well.

#### **Strategic Goal 4: Ensure co-operation and development of sustainable capacities to combat HIV/AIDS**

Ensure the mobilisation of all available resources, multi-sectoral and multi-disciplinary cooperation of all the actors involved in the fight against HIV/AIDS, and provide the optimal organisational structure of the governmental and non-governmental sectors.

##### **Objectives:**

- ❖ *Mobilise all required resources necessary for the implementation of the strategy;*
- ❖ *Ensure multi-sectoral and multi-disciplinary collaboration and cooperation between all the participants, and develop a standing cooperation between the Advisory Board, government institutions and non-governmental organisations and individuals;*
- ❖ *Ensure the optimal organisational structure and support for non-governmental organisations engaged in the activities from this strategy;*
- ❖ *Ensure the establishment and management of an easily accessible database on the implementation of the HIV/AIDS strategy, with the aim of sharing information and harmonising activities at all levels;*
- ❖ *Active participation of people living with HIV/AIDS in the co-ordination mechanisms for the implementation of individual strategic goals;*
- ❖ *Develop guides for research in the fields of clinical practice, support to local communities as well as cooperation with international partners.*

##### **Fundamental principle**

Continuity and synchronised action of the governmental and non-governmental sectors in a context of sustainable development of capacities for combating HIV/AIDS.

##### **Problems**

- Lack of resources;
- Insufficient level of multi-sectoral and multi-disciplinary co-operation;
- Stigmatisation and discrimination;
- Lack of a single database and knowledge bank;
- Uneconomic spending of funds;
- Lack of coordination at all levels.

##### **Objectives**

The objectives will ensure continued and coordinated action by all the actors involved in the implementation of this strategic goal. Synchronised and continued action by the governmental and non-governmental sectors will be ensured; the management will be established of an HIV/AIDS database that will be easily accessible to all the leads in activities of the fight

against HIV/AIDS. An immediate purpose of this strategic goal is also to include people living with HIV/AIDS as active participants in the implementation of individual activities, as well as to develop good guides for both research and support to local communities and international cooperation.

### **Main preconditions**

The main preconditions for the implementation include:

- Reaching a political and professional consensus;
- Passage of HIV/AIDS legislation;
- Creation of an appropriate environment to implement activities;
- Ongoing provision of funds for the implementation of the objectives;
- Implementation of laws at all administrative/political levels.

### **Monitoring and evaluation**

For the monitoring and evaluation of the achievement of the strategic goal, it is necessary to define a set of output and outcome indicators. In accordance with the agreed timelines, the time intervals are defined for the monitoring and evaluation. A set of indicators is defined at the operational level as well.

## **Strategic Goal 5: Support the strengthening of links with international organisations in the fight against HIV/AIDS**

*Ensure co-ordination mechanisms and strengthen links with international organisations in order to ensure the inclusion of lessons learned and best practice from all over the world in HIV/AIDS prevention and treatment in BiH.*

### **Objectives:**

- ❖ *Take measures to improve joint activities with international governmental and non-governmental organisations, with the aim of technical assistance and development of human and other resources in Bosnia and Herzegovina in the implementation of all strategic goals;*
- ❖ *Increase transparency of co-operation activities with donors, with the aim of mobilising resources, social marketing, and support in the implementation of funds from the Global Fund and other sources;*
- ❖ *Provide continuous regional co-operation and exchange of best practice in activities relating to fight against HIV/AIDS, care and treatment. Inform international partners about successful approaches and projects in BiH;*
- ❖ *Ensure presence within Stability Pact and Council of Europe regional projects, and actively participate in the preparation and organisation of international HIV/AIDS conferences and fora;*
- ❖ *Strengthen the partnership with UNAIDS and other agencies dealing with issues of fight against HIV/AIDS.*

### **Fundamental principle**

Joint action with international organisations in accordance with local needs in the implementation of the HIV/AIDS strategy will improve the quality of work and increase the government capacity to implement HIV/AIDS prevention, care and treatment programmes.

### **Problems**

- Lack of coordination between ministries and international organisations dealing with HIV/AIDS issues;
- Lack of continuity on the part of individual international organisations;
- Insufficiently strong ownership, and thus leadership, in HIV/AIDS programmes between different government sectors/ministries;
- Donor support for the social sector is diminishing; long-term funding has not been secured;
- Lack of mechanisms for exchange of best practice between countries in the region.

### **Main preconditions**

The main preconditions for the implementation include:

- The BiH government ensures a political and professional consensus on HIV/AIDS prevention, care and treatment;
- Donors and other international organisations stay in BiH and make HIV/AIDS a priority for provision of support;
- A government HIV/AIDS policy developed and adopted by all governments;
- Creation of an appropriate environment for the implementation of activities through government policy and legislation, including a legal framework supportive of the work of the NGO sector;
- Ongoing provision of funds for the implementation of the objectives.

**Monitoring and evaluation**

For the monitoring and evaluation of the achievement of the strategic goal, it is necessary to define a set of output and outcome indicators. In accordance with the agreed timelines, the time intervals are defined for the monitoring and evaluation. A set of indicators is defined at the operational level as well.

Sarajevo, 18 December 2003

#### **4. REFERENCES**

- 1. *UN Millennium Declaration, September 2000;***
- 2. *European Action Programme: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction, May 2001;***
- 3. *UN Declaration of Commitment on HIV/AIDS, June 2001;***
- 4. *South East Europe Declaration on HIV/AIDS Prevention, June 2002;***
- 5. *Resolution on the Health Policy for All Citizens of Bosnia and Herzegovina.***