

PROPOSAL

Republic of Serbia

Ministry of Health

**National Strategy
for the Fight against HIV/AIDS**

2005 - 2010

Belgrade, January 2005

List of contents

	Introduction	4
1.	Summary of the situation and response to HIV/AIDS epidemics in Serbia	6
1.1.	Current epidemiological HIV/AIDS situation in Serbia	6
1.2.	Social health determinants and other aspects of HIV/AIDS epidemics	7
1.3.	Factors contributing to the spread of HIV infection	8
1.4.	Previous response to HIV/AIDS challenges	9
1.4.1.	Activities of the government and legislation on HIV/AIDS	9
1.4.2.	The role of NGOs in the fight against HIV/AIDS	10
1.4.3.	International organisations in Serbia involved in HIV/AIDS issues	10
2.	Leading principles of the Strategy	11
3.	Goals of the HIV/AIDS Strategy of the Republic of Serbia	12
3.1.	General goal	12
3.2.	Specific goals	12
4.	Strategic components	14
4.1.	Prevention	14
4.1.1.	HIV/AIDS prevention in general population	14
4.1.2.	HIV/AIDS prevention among young people	14
4.1.3.	HIV/AIDS prevention among vulnerable populations	16
4.1.3.1.	Intravenous drug users	16
4.1.3.2.	Persons practicing prostitution and their clients	17
4.1.3.3.	Men who have sex with men (MSM)	18
4.1.3.4.	Prison inmates	19
4.1.3.5.	Military	19
4.2.	Care, treatment and support to the PLWHAs	20
4.3.	Support of the community in the fight against HIV/AIDS	21
4.4.	Epidemiological surveillance over HIV/AIDS, monitoring and reporting	22
5.	Consultative process of the National Strategy development	24
6.	National coordination for implementation of the Strategy	25
6.1.	Monitoring and evaluation of the national response to HIV/AIDS	26
6.2.	Outcome indicators related to prevention of HIV infection, therapy, care and support to the PLWHAs	26
6.3.	Coverage indicators according to the strategically planned areas for provision of services	27

Abbreviations

AIDS - Immunodeficiency Syndrome

CIDA – Canadian International Development Agency

CPHA – Canadian Public Health Association

VCCT – Voluntary Confidential Counselling and Testing

EU – European Union

HAART – High Active Antiretroviral Therapy

HIV – Human Immunodeficiency Virus

HBV – Hepatitis B Virus

HCV –Hepatitis C Virus

IDUs – Intravenous Drug Users

CVD – Cardiovascular Diseases

CFHA – Commission for the Fight against HIV/AIDS

LGs – Local Governments

MH – Ministry of Health

MIA – Ministry of Interior Affairs

ME – Ministry of Education and Sports

MF – Ministry of Finance

MC – Ministry of Culture

MSM – Men who have sex with men

NGO – Non-Governmental Organisation

PLWHAs – Persons living with HIV/AIDS

STIs – Sexually transmitted infections

STDs – Sexually transmitted diseases

PEP – Post Exposure Prophylaxis

RAR – Rapid Assessment Research

RHIF – Republic Health Insurance Fund

RS – Republic of Serbia

TB – Tuberculosis

UNAIDS –The Joint United Nations Programme on HIV/AIDS

UNDP – United Nation Development Program

UNICEF – United Nation Children`s Fund

UNGASS HIV/AIDS –United Nation General Assembly Special Session on HIV/AIDS

WB – World Bank

WHO – World Health Organisation

Introduction

(1) Beginning with 1985, that when HIV/AIDS first emerged in the territory of former Yugoslavia, the relevant government authorities and institutions have taken numerous activities and necessary steps to enact the regulations that reflect an organised response of the government to this problem.

(2) After the overall changes in the society in 2000, the Government of the Republic of Serbia has intensified its effort focused on the prevention and treatment of the persons suffering from HIV/AIDS. Providing the appropriate solutions, in the course of 2004 the Government of the Republic of Serbia has first reformed the existing commission and then, in June of the same year, created a new Commission for the Fight against HIV/AIDS. The Ministry of Health has been entrusted the coordination of all activities related to these issues. One of the first tasks for the Commission was to initiate the definition of the strategic directions for the fight against HIV/AIDS, determine the priorities related to the above issues and take the initiative to develop and implement the Republic plan for fighting this disease. Implementation of the planned activities created the assumptions necessary for the reduction of the number of persons newly infected with HIV and suffering from the STDs and for the improvement of the environment for treatment, care and support to the PLWHAs in Serbia.

(3) With the support of the international organisations (Global Fund for the Fight against HIV/AIDS, Tuberculosis and Malaria, UNAIDS, UNICEF, UNDP, WHO, UN Thematic Groups on HIV/AIDS, CIDA, CPHA and other), the Commission have in the first place focused on the collection, systematisation and analysis of the facts about HIV/AIDS epidemics in Serbia, assessment of the factors which increase the HIV/AIDS vulnerability in the population, achievements of the health care and social support for PLWHAs, as well as the sociologic, economic, and legal limitations to have this complex problem successfully conquered. (Označeni deo rečenice u izvornom tekstu nije bio sasvim jasan. Uporediti izmenjenu s prethodnom verzijom kako bi se utvrdilo da li je u potpunosti sačuvan željeni smisao.) As a result of numerous studies and expert debates devoted to HIV/AIDS, a working document “HIV/AIDS in Serbia – Analysis of the Situation and Social Response” has been developed. It provided a number of the arguments which have denoted the outlines of the National Strategy.

(4) By understanding the epidemiological situation and recognizing all other aspects of HIV/AIDS epidemics in Serbia, it was established that the following factors have a significant impact on its further development:

- Inadequate awareness among the general populations about the risks for HIV transmission;
- Low social and economic status of a large segment of the population;
- Absence of realistic estimates of the size of the populations particularly vulnerable to HIV infection (IDUs, persons practicing the prostitution, men who have sex with men);
- Inadequate and unsuitable system for surveillance over HIV/AIDS;
- High level of discrimination towards the populations particularly vulnerable to HIV infection and the PLWHAs;
- Lack of legislative solutions that regulate the HIV/AIDS related issues.

(5) Taking as the underlying principle that the PLWHAs will play a key role in developing the policy and planning the support and protection program, and that young people will play a key role in the prevention and that the response to the HIV/AIDS situation will take a multi-dimensional approach and will include, in addition to the biomedical perspective, the social and economic factors which

elevate the risk of infection, which also includes the discrimination, social marginalisation and sexual differences, the strategic plan for the fight against HIV/AIDS was developed in the Republic of Serbia.

(6) The general goal of the National HIV/AIDS Strategy in Serbia is the prevention of HIV infection and STIs, as well as the provision of treatment and support to the PLWHAs.

Main components of the National Strategy are the following:

1. HIV/AIDS prevention in the general population, among young people and particularly vulnerable populations.
2. Treatment, care and support to the PLWHAs.
3. Support of the community to the fight against HIV/AIDS.
4. Epidemiological supervision over HIV/AIDS, monitoring and reporting.

(7) With the adoption and implementation of the National Strategy, the focus shifts from planning towards action – a critical phase that is a key moment for most strategic processes. With the aim of complying with the defined priorities and sequence in implementation of the proposed measures, it is necessary to have the capacities built at all levels: the central level, for the requirements of monitoring and managing the implementation process, and at the lower administration levels, with the aim of providing for the institutional foundation to hold up the implementation of the planned activities. The role in the Strategy implementation process will be played by the Ministry of Health and the Republic Commission for the Fight against HIV/AIDS created by the Government of the Republic of Serbia. However, in order to have the defined goals successfully attained, it is necessary to have an across-the-board effort of the entire community and to have the PLWHAs take active part in such effort.

(8) Hereto attached is the Action Plan for the implementation of the defined activities related to the prevention, care, treatment and support to the PLWHAs; the role of the community in finding the solution for the HIV/AIDS problem; epidemiological surveillance over the epidemics, monitoring and reporting related to these issues.

A Summary of the situation and the response to the HIV/AIDS epidemics in Serbia

1.1. Current epidemiological HIV/AIDS situation in Serbia and HIV/AIDS sensitivity factors

- The number of the persons newly infected with AIDS is increasing, and from 1999 the number of infected has been decreasing. A higher rate of the persons newly infected with AIDS in the CEE region is reported only in Romania.
- The number of the newly diagnosed persons infected with HIV is increasing.
- Cumulatively, the blood transmission still remains the leading method for HIV transmission, and this for the most part in the IDU population. The increase of the number of HIV infection sexual transmissions has been reported, from 2% in 1986 to 37% in 2002.
- Transmission of HIV from mother to child is insignificantly represented in the total number of the registered HIV-infected persons. However, due to the failure to notice this component, thirty one (31) HIV-positive children have been born whose mothers were not previously aware of their HIV-positive status and, consequently, modern prevention measures have not been undertaken.
- For a certain number of cases, the transmission path is not known.
- The total number of the registered infected persons in Serbia before December 2004 is 1893, and the assessment results in the value of HIV prevalence in the population of the age group 15-49 that is 6-11 times higher than the one currently registered.
- Increase of infection is noted in female population. In the first years of epidemics, the ratio between the male and female sex among the persons suffering from AIDS was 5.7:1 (in 1991), while in recent years this ratio has stabilised at about 2.5:1.
- The greatest number of the registered HIV positive persons, some 70% of them, belong to the age group between 20 and 39 years of age.
- The incidence rates of syphilis and hepatitis C are on the rise in Serbia while the rates of gonorrhoea and hepatitis B are falling. The incidence of STIs cannot be reliably determined due to the underregistration resulting from the fact that the diseased do not go to see a doctor and ask for help but get treatment in private practices or buy medicines of their own choice, as well as from the fact that health personnel do not report STIs in an orderly manner.
- There is no national strategy for prevention of the drug addiction, nor is there an official doctrine with regard to the prevention, treatment and rehabilitation of the addicts. Monitoring of the addiction diseases is even more difficult because there is no precise definition of the drug addiction, failure of health personnel to comply with the obligation and report the addicts, absence of the Republic register for drug addicts, and also because of the deficiencies of the medical statistical system which records the treatment »episodes« and not the persons suffering from addiction diseases.
- Even though the precise number of drug addicts in Serbia is not known, and consequently neither the number of IDUs, all available data suggests that these numbers are constantly rising. The studies suggest that high-risk behaviour contribute to the spreading of HIV in the drug addict population.

- Drug use, intravenous drug administration, and other forms of high-risk behaviour are characteristic for the persons practicing prostitution and for the MSM group.
- High-risk sexual behaviour is represented in the general population and in the young people population.
- Existence of numerous factors conducive of HIV/AIDS spread is increasing the vulnerability to HIV/AIDS of the general population and young people population in Serbia.

1.2. Social determinants of health and other aspects of HIV/AIDS epidemics

- Functioning of the society in the circumstances of transition and social and economic crisis is not a favourable social environment for the battle against HIV/AIDS. The organised crime related to drugs, tobacco, people trafficking, prostitution, physical violence, etc., increased the chance for risky sexual behaviour. There is an insufficient volume of the studies of risky behaviour forms which would reveal the level of the risk of HIV/AIDS in the population.
- There is a high level of stigmatisation in the society towards the persons belonging to the marginalised groups.
- Position of women in a transition society is very unfavourable and, due to the considerable number of factors (cultural, economic, legal), adversely affects the possibilities of protection against HIV.
- Sexual life of young people is considerably disoriented and highly risky, primarily with regard to HIV/AIDS, and they are only sporadically being informed and educated with regard to this matter, and even then the focus is exclusively on the young people in big cities and predominantly associated to the activities of the non-governmental sector; there are no systemic programs within the school system or out of it.
- Serbia is characterised by a constant fall in natural growth rate of population, high rate of abortion and growth of the number of children born outside the marriage.
- In the structure of mortality, the vascular diseases dominate while other health indicators (expected duration of life, mortality of newly-born and mortality due to outside causes), are below the average in the European Union.
- The number of the persons taking the HIV tests is very small. The average registered rate of 1.6 per 1000 people is among the lowest in Europe. It results from the permanent lack of diagnostication devices, limited possibilities to have the confidential counselling and testing for free, and inadequate promotion of the significance of testing. Some testing is performed in private practices and laboratories as well as at homes (fast tests), and there are valid data about it. Although the law provides that HIV infections and AIDS must be reported (disease and fatal outcome), it is necessary to have a higher level of control and sanctioning for the failure to register the persons with HIV/AIDS. Only the register of the persons diseased and died of AIDS, and that of HIV-positive persons, is kept at the level of the Republic
- Once a year, the competent epidemiological departments in various health care institutions are delivered the aggregate data about the number of tested blood donors, namely about the HIV-positive findings, so as to eliminate any possibility that the same HIV-positive findings are reported twice.

- Test results in the population groups with elevated risk do not provide quality information which could serve the purpose of achieving a better assessment of the HIV infection spread, considering that the tests are being performed on a small number of persons and on non-representative samples. At the same time, some population groups with risky behaviour are not covered at all (prison inmates, members of national minorities, refugees, IDPs, sexual partners of the HIV positive persons, the persons practicing prostitution and their clients).
- Health care for the persons with HIV/AIDS is being implemented within a centralised system that is focused on the implementation of clinical practice and hospital care, with the application of the expensive and inadequately accessible antiretroviral therapy.
- The existing health care system is functioning in the unsatisfactory financial circumstances, which imposes yet another obstacle in responding to the needs of the beneficiaries in accordance with the widely proclaimed right to health care. This economic burden is borne by the population for they partly pay out of their own pockets for the medicines, as well as for the laboratory services and special treatments. The consequences of such circumstances in a number of different ways make it difficult or impossible for persons with HIV/AIDS to receive appropriate health care.
- A significant role in providing social support to the PLWHAs was played by NGOs. They considerably contributed to raising the awareness level about HIV/AIDS in the young population and, with regard to this, they have established an effective partnership with other actors in the fight against HIV/AIDS.
- Even though they have a significant role in the social awareness building and encouragement of more responsive behaviour with regard to health, the mass-media have prevalingly concentrated their activities on the campaigns and marking the World AIDS Day.
- The linkage between the governmental and non-governmental sector, as well as the cooperation within the relevant institutions (systems of the health care, education, social care, justice, internal affairs), is inadequate both at the national and at local levels.
- No comprehensive program of the HIV/AIDS prevention and social support to the diseased has been established and implemented in the health and social care system in Serbia to this date.

1.3. Factors contributing to the spread of HIV infection

The following factors are of relevance for further development of HIV/AIDS epidemics in Serbia:

- Low social and economic status of a part of the population;
- Absence of realistic assessments of the size of vulnerable populations (IDUs persons practicing prostitution, MSM);
- Inadequate and unsuitable system of surveillance over HIV/AIDS, as well as that of the monitoring and evaluation of the overall social response to the HIV/AIDS epidemics;
- Inadequate awareness of general population about the risks of HIV transmission;
- High level of discrimination towards vulnerable populations and PLWHAs;
- Absence of legislative solutions that regulate HIV/AIDS issues.

The measures and activities forming the framework of the action strategic plan are based on the efforts to diminish the impact of the factors mentioned here above.

1.4. Previous response to HIV/AIDS challenge

1.4.1. Activities of the government and government regulations related to the HIV/AIDS epidemics

More intensified action of the government with regard to HIV/AIDS may be noted in the period after 2000 when the commitments defined in relevant international documents – declarations attended for the fight against this disease were adopted:

- Policy framework «Health for Everybody» with 21 goals for the 21st century until 2020 - WHO Regional Bureau for Europe from 1998.
- United Nations Millennium Declaration of the 8th of September 2000 (Millennium Development Goals).
- European Union Action Program: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction, of the 14 of May 2001.
- United Nations Declaration of Commitment on HIV/AIDS of the 27th of June 2001.
- CEE Countries Declaration on HIV/AIDS prevention of the 8th of June 2002 (Bucharest Declaration).
- Partnership to fight HIV/AIDS in Europe and Central Asia of the 24th of February 2004 (Dublin Declaration)
- «3 by 5 Initiative», WHO initiative on expanding access to ARV treatment to 3 million PLWHAs by 2005.

Ever since HIV/AIDS became known in the territory of former SFRY, or more precisely since 1984, the relevant government authorities and institutions have been working on adoption of the appropriate legal acts representing the organised response to HIV/AIDS. The most important among those acts that were passed in the period between 1986 and today are the following:

- „Decision about the Measures for Protection of the Population against the Immunodeficiency Syndrome“ – whereby the measures for early detection of AIDS sources and transmission paths and mandatory reporting of the disease were introduced;
- „Law on Amendments and Additions to the Law on Protection of Population against Infectious Diseases Affecting the Entire Country “ – where AIDS is added to the list of other infective diseases;
- „Law on Protection of Population against Infectious Diseases“ – which identified special measures for protection of population against infectious diseases and the method of their implementation;
- „Decree on the Health Care of the Population against Infectious Diseases “ based on which the Program for the period between 2002 and 2010 was adopted, with the defined priority goals in, *inter alia*, HIV prevention, etc;

- „Health Care Policy of Serbia “ – accentuates the significant role which the health care system plays in preservation of health and prevention of disease among particularly vulnerable populations;
- Poverty Reduction Strategy– it recognised the significance of meeting the health care needs of particularly vulnerable populations;
- National Action Plan for Children of the Republic of Serbia – it underlined the significance of preventing the infection among the newborns (prevention of HIV transmission from mother to child), as well as that of preventing it among the children and young adults through the educational program, programs for promotion of health lifestyles, and programs for prevention of STIs and addiction diseases among the young adults.

During the aforementioned period, the Government of the Republic of Serbia has created a professional counselling body, that is the Commission, with the aim of defining the strategic directions for the fight against HIV/AIDS and coordinating the planned measures and activities.

1.4.2. The role of non-governmental organisations in the fight against HIV/AIDS

In the previous period, the NGOs have greatly contributed to the HIV/AIDS prevention through implementation of the information and educational activities among the goal population, primarily among young people. These contents were implemented in conjunction with the media, representatives of religious communities, and government authorities and organisations.

1.4.3. International organisations in Serbia involved in HIV/AIDS issues

The activities of the organisations related to these issues have significantly intensified after the UN Thematic Group for HIV/AIDS in Serbia and Montenegro was created in 2001. United Nations agencies took active part in creation and activities of this Group (UNDP, UNICEF, UNHCR, WHO, IFRC, IOM, WB), and its main goals are with regard to the establishment of coordination mechanisms and joint action with the Government with regard to the suppression of HIV/AIDS in the country and providing the support in establishment of an efficient government response. The UN Thematic Group is responsible for the promotion of long-term UNAIDS goals, such as:

- Prevention of HIV transmission in Serbia and Montenegro;
- Support to the PLWHAs;
- Decreasing the vulnerability of individuals and the society in whole with regard to HIV/AIDS;
- Understanding the HIV/AIDS issues in the society;
- Cooperation with the government institutions (through the activities of the CFHA), with advocating the multisectoral approach, strengthening of partnership and respecting the human rights;
- Establishment of the system for monitoring and evaluation of the overall response to HIV/AIDS epidemics.

2. Leading Principles of the HIV/AIDS Strategy

The HIV/AIDS strategic plan of the Republic of Serbia is based on the following principles:

1. The PLWHAs will play a key role in developing the policy and planning the support and protection program.
2. The PLWHAs will all have equal access to the health and social care in the whole territory of the Republic of Serbia.
3. The treatment of the PLWHAs will respect their dignity.
4. During the testing, treatment and care, the privacy of all persons and confidentiality of all information will be respected.
5. The significant role in planning, implementation, and evaluation activities of this strategic plan will be played by young people.
6. The activities of this strategic plan will be publicly accessible.
7. The development of a suitable legal framework to regulate rights and obligations of the PLWHAs will be based on the EU recommendations and other international conventions which comply with the ethical principles and human rights and are guaranteed by the United Nations Declaration and other guidelines related to these issues.
8. The response to the HIV/AIDS situation will take a multidimensional approach and will cover, in addition to biomedical aspect, also the social and economic factors which increase the risk of the infection.
9. The cooperation between the government authorities and non-governmental organisations will be continuously maintained, with the participation of multidisciplinary and multisectoral teams which will make joint effort in the development for achievement of strategic goals.
10. Continuous education will be organised and the efficient HIV/AIDS prevention measures implementation skills of all the participants involved in the strategy implementation process will be upgraded.
11. The environment will be created that is conducive of the sustainability of strategic activities in the circumstances of the decreased contribution of international aid.

3. Goals of the HIV/AIDS Strategy in the Republic of Serbia

3.1. General goal

General goal of the National HIV/AIDS Strategy in Serbia is the prevention of HIV infection and STDs, and provision of the treatment and support to the PLWHAs.

3.2. Specific goals

HIV prevention:

- Reduction of the number of newly infected and early detection of HIV-infected persons and persons suffering from AIDS.
- Maintenance of low rates of STIs, which constitute one of the key factors in spreading of HIV.
- Increasing the quality and volume of health care services related to the prevention.

- Creation of the environment within the government authorities and organisations, and the non-governmental organisations, conducive of a more efficient response to the needs of the persons living with the risk.

Care and treatment of the PLWHAs:

- Promotion of the health condition and quality of life for the PLWHAs.
- Creation of the environment conducive of timely diagnostics of the newly infected and newly diseased with the aim of providing efficient treatment, including the timely therapy of the children born of the HIV infected and/or diseased mothers.
- Provision of continuous health care at all levels.
- Provision of the environment conducive of timely laboratory testing of the persons with HIV/AIDS with the aim of having the antiretroviral therapy successfully implemented.

The role of the community in the fight against HIV/AIDS and support to the PLWHAs:

- Creating an environment free of discrimination and stigmatisation against the PLWHAs.
- Raising the level of social awareness about the interconnection between the social determinants of health and HIV/AIDS, along with the creation of necessary conditions for the change of environment for the persons living with the risk.
- Support by the government authorities and organisations through establishment of legal framework and implementation of the measures which will provide for the efficient fight against HIV/AIDS and support to the persons living with this disease.
- Inclusion of the institutions outside the health care system (education, social care, etc.) and NGOs in the equality partnership for efficient battle against HIV/AIDS.

Epidemiological surveillance over HIV/AIDS, monitoring and reporting:

- Timely and appropriate response to the current epidemiological situation.
- Establishment of the institutional network for the collection and analysis of the data at the level of the Republic.
- Provision of the appropriate data for continuous monitoring of the epidemiological situation and trends with the aim of defining the more efficacious measures for the control of HIV/AIDS epidemics at all levels.
- Creation of the conditions for the development of a network of counselling centres for voluntary confidential counselling and testing.
- Establishment of the system for monitoring and evaluation of the overall response to the HIV/AIDS epidemics.

4. Strategic components

4.1. Prevention

4.1.1. HIV/AIDS prevention in the general population

Current situation

Even though it was in 1989 already that the measures were proposed which formally proclaim the preventive activities with regard to offering information and health education to the population in order to provide for the responsible behaviour of every individual, form a wide circle of health and education workers who would be active in the field of social and health care, as core measures of

AIDS prevention and suppression, to this date no comprehensive prevention program have been established and realised within the framework of the Serbian health care system. The core prevention measures were reduced to the counselling work in the epidemiological departments of health care institutions for a smaller number of interested persons and sporadic educational activities (seminars, courses, lectures, workshops, debates). The health-promotion activities were mostly focused on the promotion of HIV testing and marking the World AIDS Day.

Goal

Reduction of the HIV infection risky behaviour in the general population

Measures

Increase of the volume of accessible information about the HIV infection transmission risks, STDs and protection options.

Activities

- Implementation of the health promotion campaigns, created so as to elevate the responsiveness level with regard to the preservation of one's own health and raising awareness about the HIV/AIDS risks.
- Development of a continuous program for education of the population, with the use of mass media to disseminate the information about HIV/AIDS and develop the communication to support HIV/AIDS prevention.
- Building capacities for counselling work with general population.
- Offering a possibility to every pregnant woman to get the appropriate advice about the HIV/AIDS related risks in accordance with the clinical protocol, and to have access to the voluntary, confidential and free of charge testing.
- Education of journalists and continuous provision of quality information about HIV and AIDS.

4.1.2. HIV/AIDS prevention among young people

Current situation

There is a small number of the population surveys dealing with sexual health and sexual behaviour of the population, particularly young population. In the framework of a study conducted according to the WHO methodology under the name "Health and Health Behaviour of Young People", implemented in Belgrade in 1999, as well as the extended study that included school children throughout Serbia as well as the university students (total sample of about 11,000 young people), some information related to these issues were obtained. Although the average age for commencing sexual life among young people is 16.5 years, 13% of young people still commence the sexual life before their 14th year. Among those who have commenced the sexual activities, 14% report homo and bisexual experience; 32% have sexual relations under the influence of alcohol; 37%, beside a standing partner, maintain parallel relationships with two or more persons; the relationships with sexual relations are short, in 11% such relationships last only one day.

According to the latest research of sexual behaviour of young people between 18 to 28 years of age, it is noticeable that 95% of this population group have knowledge about the HIV transmission methods, and 94% are familiar with the HIV prevention measures. Two thirds of them have acquired knowledge about HIV within the regular school education. Every fourth respondent identified the main preconceptions prevailing in the general attitudes on HIV. Among 87% of them who have had sex, only 34% have used condom. Another matter for concern is that 28% of young people have sex with a

person whom they meet for the first time. All negative parameters of the HIV related knowledge and behaviour are even more accentuated in the population of young people with lower education levels.

Goal

Reduction of the new HIV infections among young people

Measures

Increasing the young people's knowledge and skills on how to avoid HIV infection and STIs

Activities

- Developing the program for adoption of safe sexual behaviour, which includes abstinence, i.e. delayed sexual initiation until the adequate level of psychophysical and social and economic maturity is reached, and the use of condom.
- Supporting all programs that provide young people with knowledge and skills necessary for developing healthy lifestyles.
- Developing and spreading the peer education model.
- Using the media which are popular with young people, as well as other forms of communication with young people, to disseminate information about HIV/AIDS and develop a positive model from the aspect of safe sexual behaviour of young people.

Measures

Development of and support to the services oriented towards meeting the needs of young people

Activities

- Developing, within the primary health care system, the services for young people which would be focused on the counselling work, HIV and STIs prevention, improvement and protection of the reproductive health of young people, prevention of addiction diseases and affirmation of healthy lifestyles.
- Increasing the capacity for counselling work with young people on HIV and AIDS prevention within the non-governmental organisations and social care institutions.

Measures

Promoting the use of condoms

Activities

- Implementation of incentive economic measures for condoms distribution and sale.
- Supporting the social marketing and developing it with the aim of condom using.
- Developing the education programs for the responsible family planning which would support the use of condoms.

Measures

Definition of the programs and implementation of the education on HIV/AIDS and STIs, as well as prevention measures at all levels of education system

Activities

- Development of the educational programs about health lifestyles
- Continuous education of teachers, peer educators and parents/custodians.

4.1.3. HIV/AIDS prevention among vulnerable populations

Current situation

Based on the currently available data, 59% of the population in Serbia may be considered vulnerable (children between 0-19 years of age, women associated with maternity, unemployed, families receiving social aid, elderly over 65, refugees, IDPs, Roma, disabled, persons with HIV/AIDS, persons with TB, persons suffering from malignant diseases, chronic renal insufficiency, diabetes and psychosis). National capacity of biological and social vulnerability is added the risky behaviour which increases the HIV risk, and, therefore, it is classified under *particular vulnerability*. This group includes: IDUs, persons practicing prostitution and their clients, MSM, professional truck drivers, seasonal workers, prison inmates and their wardens, military, women and children (mother to child HIV transmission), blood products recipients, children without parental care, minority groups and persons without citizenship which are currently living in our country, IDPs and refugees. Young people with one or more forms of periodical risky behaviour are also a group vulnerable to HIV. The actual volume of HIV risk and vulnerability in the population is not known, which even more intensifies the need for the preventive activities that would focus on the above population groups.

Cumulatively, the leading manner of HIV transmission in Serbia is blood transmission, which in this situation generally implies sharing of needles and syringes among the IDUs. The second ranked according to the method of transmission is sexual transmission, both in heterosexuals and in homo and bisexuals, while the third transmission group is the transmission from mother to child, which is extremely rare (29 cases or 1.7% of the total number of HIV registered). If distribution of HIV infection per transmission groups is observed, it may be noted that the HIV infection trend is sharply falling among IDUs, haemophiliacs and blood and blood derivatives recipients. On the other hand, there is a sharp rising trend in the populations of heterosexuals and homo/bisexuals. Also, in the category with the unknown or unidentified transmission (cumulatively 7.9%), where majority of infected persons are male, the growing trend may be noted and this group is actually dominated by latent homosexuals. Therefore, it is necessary to make additional effort to have this group destigmatised and educated.

Goal:

Harm reduction to minimise risky behaviour in particularly vulnerable population groups

4.1.3.1. Target group: Intravenous Drug Users (IDUs)

Current situation

There are no reliable data on the size, namely on the spread of drug addiction in our environment. Also, there are no data which would describe in detail the drug addiction phenomenon, specifically according to the type of addiction, method of drug administration/taking, years of age, gender, social and economic characteristics, type and duration of treatment, morbidity, some behavioural forms, etc. however, the data available from the registers for drug addicts, reports of the health institutions involved in addiction diseases diagnostics and treatment, and relevant departments of the Ministry of Internal Affairs, suggest that there are between 70 and 100 thousand drug users in Serbia and their number has doubled in the previous period of ten years, which is the growth of drug addiction disease in our environment. Over 16 thousand persons who have committed drug abuse related crimes were

registered in 26 towns in Serbia, and most of them in big urban centres such as Belgrade, Novi Sad, Nis and Subotica.

Common HIV risks for all drug addicts include the data such as that 90% of them have sex under the influence of drugs, that half of them share syringe and needle, that only 17% of them use condom, and that every fourth of them has some sexually transmitted infection.

No official doctrine for treatment of addicts is in place in Serbia, nor is there the national strategy for finding solution for this problem, not only at the level of treatment but also on that of the prevention, and particularly of the rehabilitation.

Private practice in the health care system is now beginning to take more proactive approach to dealing with drug addicts. However, what is still missing is a uniform professional-doctrinal approach to these issues and consistency with the actions taken by the government institutions engaging in the treatment of addiction diseases.

In the context of social support, alongside the activities implemented by various NGOs and foreign agencies, no integration mechanisms have been established in which the institution of the society (such as police, military, penitentiary institutions, social work centres, and church) would develop effective programs for social rehabilitation and restitution of drug addicts.

Goal:

Harm reduction to minimise risky behaviour in the population of IDUs

Measures

Creation of necessary conditions for the harm reduction program implementation

Activities

- Multisectoral cooperation on implementation of the program, along with the strengthening of institutional capacities and, consequently, elevating the quality and comprehensiveness of the programs per se
- Promotion of the value of the harm reduction program
- Adoption of the principles of harm reduction program implementation
- Alleviation of the discrimination and stigma

Measures

Development and implementation of the harm reduction program

Activities

- Development of the educational programs and education of the professionals for application of the harm reduction method (methadone therapy, needle and syringe exchange, and other methods)
- Development of the IDUs focused educational programs for the implementation of positive practice for avoidance of HIV infection (expanding the knowledge of HIV/AIDS, strengthening of the motivation for risk avoidance, use of one's own personal and sterile injection equipment, use of condom, etc.).
- Establishing links between the governmental and non-governmental capacities in the implementation of the harm reduction programs.

4.1.3.2. Target group:

Persons practicing prostitution

Current situation

Although we have no precise knowledge about the realistic number of persons practicing prostitution, the estimates based on the available data suggest that, only in Belgrade, some three thousand women practice commercial prostitution. Outside these numbers remain those who are working in escort agencies or to whom prostitution is an additional source of income. The rapid assessment research point out the following characteristics of this vulnerable group:

- The greatest number of persons practicing prostitution are women (85.5 %);
- Two thirds of them work in an organised manner or under patronage so that normally they are not able to control the conditions under which they have sex;
- The use of drug is wide-spread in this population, considering that more than half of them have used drugs, and 22.4% among those have done it intravenously;
- Most persons practicing prostitution do not enjoy regular health and social insurance coverage and, due to a high level of discrimination, refrain from taking advantage of the services provided in public health institutions and prefer to satisfy their health requirements in private practices. HIV status of the persons practicing prostitution is not known.

Goal:

Harm reduction to minimise risky behaviour of persons practicing prostitution.

Measures

Elevate levels of knowledge and skills for reduction of the risk of HIV infection and STIs.

Activities

- Assessment of the existing level of knowledge and behaviour.
- Building the capacity for implementation of the program for reduction of risky behaviour.
- Peer and/or collegial education.
- Development and distribution of the educative material and condoms for the persons practicing prostitution and their clients (with obligatory involvement of intermediaries – pimps, brother owners, and other).
- Development of the preventive projects with educative contents (counselling and testing).
- Building capacity for fieldwork within the support and counselling work of the persons practicing prostitution.

4.1.3.3. Target group:

Men who have sex with men (MSM)

Current situation

Information about sexual relations between men in our environment are very scarce. Maybe the numbers could be guessed based on the global estimates which highlight that 2-5% male population in the age group between 15 and 49 years may be considered to be homosexuals and 5-15% bisexuals. Even less is known about the latter group in our environment. The clear picture is also missing with regard to the share those two populations have in HIV spreading in Serbia. In our culture, homosexuality has traditionally been highly stigmatised and this is a great obstacle to obtaining the relevant information.

According to the results of the rapid assessment research, a half of this vulnerable population uses drugs and almost two thirds change partners frequently and do not take safe sex measures. Exchange of sexual services for money or drugs is present in every 13th homosexual.

Goal:

Harm reduction to minimise risky behaviour in MSM population

Measures

Creating the conditions so that the environment becomes supportive of the prevention programs for MSM population;
Developing the programs for prevention of HIV/AIDS spread towards the specific needs of MSM population.

Activities

- Raising awareness in MSM population about the risks and needs;
- Reduction of discrimination against MSM population.
- Assessment of the present level of knowledge and behaviour;
- Building capacities for implementation of the programs for reduction of risky behaviour.
- Education of all program-implementing parties.
- Development and distribution of educative material and condoms.
- Development of preventive projects with educative contents (counselling and testing), with creation of referral centres.

4.1.3.4. Target group:
Prison inmates

Current situation

Although identified as a distinct vulnerable population in the context of HIV, virtually nothing was known about the population living in closed environments (prison inmates and their wardens) before the Commission for Health Care Services to Persons Deprived of Liberty within the Ministry of Justice (Directorate for Execution of Prison Sanctions) began its operation in the middle of 2004. This Commission has engaged in assessment of the health status of the above persons with the aim to define the priorities, measures and activities in finding solutions for the identified problems. Although no study was publicised that could provide evidence of the level of the two main risks whose presence is known: drug addiction and homosexuality, usually associated with violence.

Goal:

Harm reduction to minimise risky behaviour in the population of prison inmates

Measures

Raising awareness with prison personnel about the presence of HIV/AIDS risks and the need to implement the measures to prevent the spread of HIV and STIs;
Development of the educative programs for all persons staying in closed environments (prison wardens, prison inmates) about the risks of HIV/AIDS and STIs.

Activities

- Identification of the main implementing parties for HIV/AIDS and STIs prevention programs;
- Education of the personnel about HIV/AIDS and STIs prevention;
- Implementation of HIV/AIDS prevention programs for the person in closed environments;
- Development and distribution of the educative material to the persons in closed environments about HIV/AIDS prevention.

4.1.3.5. Target group: Military

Current situation

All over the world are the members of military recognised as one of the populations most vulnerable to HIV infection. Even though in our country no studies dealing with HIV/AIDS risks in military environments have been publicly available, their prevention was included among the priorities in the development of this strategy.

Goal:

Harm reduction to minimise risky behaviour among the members of military and police

Measures

Raising awareness among members of military and police about the presence of HIV/AIDS risks and the need to implement measures to prevent the spread of HIV and STIs

Activities

- Identification of the main implementing parties for HIV/AIDS and STIs prevention programs;
- Definition of the programs for the information, education and communication focused on gaining knowledge about HIV/AIDS and STIs risks;
- Distribution of condoms and promotion of their use.

4.2. Care, treatment, and support to the PLWHAs

Current situation

To this date there were no examination about the basic needs for health and social care of PLWHAs in Serbia. These persons mainly live their lives subdued, outside the mainstreams of the society, struggling with their health condition and social and economic problems. It often happens that, from the moment they become aware of their HIV positive status, they cannot turn to anybody to get psychological help because they are faced with high level of discrimination in their social surroundings. In the existing health care system, the PLWHAs receive medical services but their social and health needs remain unaddressed in a comprehensive manner. All these services are provided at the central level while there is no possibility to provide medical services in the communities where the patients live and work. Home care and treatment services are not provided in accordance with the needs of the persons with HIV. Moreover, palliative care is not organised. In addition to the health needs strictly related to HIV/AIDS, according to current legal regulations and current health care system resources, the persons with HIV/AIDS may obtain health care services in the same way as all other people. However, they refrain from obtaining medical services because of the health personnel's potentially discriminatory attitude towards them. Even though the Republic Health Insurance Fund have included the medicines for treating AIDS in the list of the medicines subsidised by the Fund a

couple of years ago, financial resources for procurement of the components necessary for effective implementation of HAART protocol are still lacking. Also, simultaneously with making effort to improve the conditions for treating the persons suffering from this disease, it is necessary to initiate the activities focused on lowering the price of the medicines for HAART, taking into account the fact that their price in our country is among the highest in the region.

Target group:

PLWHAs and their families

Goal:

Strengthening the capacity of health and social care institutions at all levels

Measures

Development and implementation of standardised clinical protocols and creation of a reference centre for diagnostics, treatment and care.

Activities

- Making a guide for the treatment and care of people suffering from HIV/AIDS, including palliative care and psychological help;
- Providing continuous education for health personnel (good clinical practice guide) with the aim of adopting new knowledge and skills related to diagnostics, treatment and care of the persons with HIV/AIDS.
- Developing the protocols for laboratory diagnostics and founding a reference laboratory related to HIV testing and implementation of the quality control programs related to these issues.

Measures

Development and implementation of the medical procedures for medical personnel safety control protocol.

Activities

- Ensuring adoption of universal measures and precaution procedures.

Measures

Providing for the accessibility of appropriate health and social services at all levels.

Activities

- Provide to the PLWHAs health care services in accordance with the good practice guides and quality standards, and ensure confidentiality of information and full respect of their civil rights;
- Provide to all PLWHAs equal access to well-coordinated and continual health care at all levels;
- Build the primary health care capacities to provide home care and treatment;
- Provide continuous education to health personnel and associates, including reduction of all forms of discrimination and stigmatisation of the infected and diseased;

- Provide to the children living with HIV/AIDS the appropriate health care, in accordance with the standard therapy protocol.
- Build a confidential system linking the PLWHAs focused health care institutions and social care institutions at all levels.

Measures

Prevention of HIV transmission from mother to child

Activities

- Ensure that each HIV positive pregnant woman and her baby get appropriate diagnostics and HAART in accordance with the protocol

4.3. Role of the community in the fight against HIV/AIDS and support to the PLWHAs

Target group:

Government authorities and organisations, private sector and NGOs

Goal:

Raising the awareness level in the society and strengthening the social network for supporting the PLWHAs

Measures

Building and strengthening the capacity of government authorities and organisations, and NGOs, which are involved in providing support to the PLWHAs.

Developing and providing the conditions for social integration of PLWHAs.

Building the capacity of local governments to implement the prevention and support programs, in accordance with regulations

Activities

- Investigation of the PLWHAs' social needs, including the needs of their partners and members of their families.
- Establishment of the cooperation with the appropriate international partners with the aim of building the capacity of all relevant implementing parities;
- Strengthening the capacity of local communities to form a network of psychosocial support, including the government authorities and organisations and non-governmental organisations (social work centres, NGOs, humanitarian organisations).
- Development and implementation of the social protection program for PLWHAs and members of their families.
- Development of media campaigns for the development of non-discriminatory environment, tolerance and advocacy of PLWHAs's rights.
- Strengthening of the PLWHAs's capacity to form associations and organisations and take active part in the activities for mutual support and definition of the requirements for improvement of the conditions for social integration.

- Enactment of appropriate legislation governing the PLWHAs's rights, including the right to education.

Measures

Improvement of the research and scientific work related to the medical, pharmaceutical, and other relevant sciences, with the aim of improving treatment and prevention.

Activities

- Providing support to all research and scientific projects related to these issues.

4.4. Epidemiological surveillance over HIV/AIDS, monitoring and reporting

Current situation

Even though the system for early detection and recordation of the persons suffering from HIV/AIDS has been established in 1987 already, it still has not provided inclusive information about the volume of their presence in the population of Serbia. Key problems may be noted in the limited possibilities for testing on HIV, which results from a permanent lack of diagnostication devices, the limited possibilities for free, voluntary and confidential counselling and testing, and insufficient promotion of the importance of testing. The reporting system still lacks adequate level of uniformity for the purpose of having all data converged into an integral register which would provide for the analysis and evaluations for the requirements of providing the appropriate response to HIV/AIDS epidemics in Serbia.

Goal:

Inclusive information about the HIV/AIDS incidence and prevalence, including the trends and main determinants of HIV/AIDS epidemics

Target group:

The institutions involved in the monitoring, surveillance and reporting systems.

Measures

Provide the system of voluntary and confidential counselling and testing to HIV, with counselling before and after the testing.

Activities

- Preparing the guide for HIV counselling and testing.
- Developing and supporting the system of testing and counselling institutions:
 - Establish the reference system for confirmation of HIV serological status in accordance with the WHO recommendations;
 - In the blood transfusion services, provide for the implementation of the procedure of testing each individual blood unit on HIV, according to the recommended protocol;
 - Provide the quality system in the counselling process;
 - Provide the quality system in the laboratories for HIV testing, along with the application of appropriate standards;

- Continuous education of health personnel with regard to the VCCT implementation.
- Informing the public about the importance of HIV testing, testing procedures, institutions involved in testing, and civil rights during testing
- Provide the funds for continuous financial support of VCCT.

Goal:

Providing the system of epidemiological surveillance to facilitate the identification of the trends of HIV/AIDS epidemics

Measures

Establishment of an integral register for the requirements of data collection and data processing and analysis for the incidence and prevalence monitoring

Establishment of the system for collection and monitoring of the data about the factors affecting the risky behaviour

Activities

- Develop the system for early detection of the changes affecting the increase in incidence and the research, including three types of surveillance over HIV:
 - Provide the mechanisms for confidential data recordation;
 - Biological surveillance – periodical sentinel surveillance for HIV infection (and, preferably, HBV and HCV infection); for example, through the seroprevalence surveys among the identified high-risk groups (such as persons practicing prostitution, MSMs, clients of the persons practicing prostitution, prison inmates, young adults, etc.);
 - Continuous screening for HIV status of the blood, tissue, and organ donors;
 - Behavioural sentinel surveillance – continued intersectional analyses of risky behaviour in the general population and among the identified high-risk groups;
 - Other sources of information – surveillance over the registered persons with HIV/AIDS, recordation of deaths caused by AIDS, surveillance over STIs, seroprevalence surveys among the young IDUs for HBV, HCV and HIV infection. Build the monitoring and reporting system according a set of HIV/AIDS indicators, as recommended by the UNAIDS (impact and outcome indicators, as well as the coverage indicators):
 - Epidemiological indicators – HIV infection prevalence, AIDS incidence rate and mortality caused by AIDS in the adult and children population, STIs incidence rate, TB incidence and prevalence rate;
 - Risky behaviour indicators – assessment of the number of IDUs, assessment of the number of sexual workers and their clients, etc;
 - Behavioural indicators – the use of condoms, sharing the equipment for intravenous administration of drugs, the number of occasional sexual partners, the age of sexual initiation, the knowledge and attitudes related to HIV infection;
 - Social and economic indicators – the number of population according to gender and age, social and economic status and education level, accessibility of health and social care.

- Provide for the improvement of the reporting system for the requirements of evaluation, planning and decision-making in the HIV/AIDS prevention system.
- Establish the services which would be in charge of timely response, based on the processed data
- Establish the appropriate system of monitoring and evaluation programs implemented with regard to prevention.

5. Consultative process of drafting the National Strategy for the fight against HIV/AIDS

One of key preconditions for successful formulation and conduction of the appropriate process of participation in developing the National Strategy is a well-conducted consultative process. With the aim of having the interested participants take active part in these activities, the process of formulating the Strategy has been designed and conducted as an open and flexible process.

The Commission for the fight against HIV/AIDS, appointed by the Government of the Republic of Serbia and chaired by the Ministry of Health, the activities of which are coordinated by the Ministry of Health, has taken a part in preparation of the final text of the National Strategy.

In June 2004, this Commission made a decision to commence the consultative process and devised the plan of activities. In the period between September and December 2004, public debate was held in ten towns of the Republic of Serbia (Belgrade, Nis, Kragujevac, Novi Sad, Subotica, Uzice, Bor, Zajecar, Vranje) through sixty meetings and workshops in which the most important issues were defined in the initiative for developing the Strategy. Two thousand participants were included in these activities—representatives of all population groups, on one hand, and representatives of institutions and experts, on the other. Major contribution to successful implementation of consultations came from the international partner organisations: UNICEF, UNDP, UN Thematic Groups for HIV/AIDS, and UNAIDS, which made it possible to have a public debate among the young people population and the representatives of particularly vulnerable populations (IDUs, sexual workers and their clients, MSM, PLWHAs). The involvement of NGOs and media in key phases of the National Strategy development contributed to better understanding to the problems accompanying the HIV/AIDS epidemics, and, consequently, led to the appropriate proposals on how to, in the best possible way, meet the health needs and other needs of the persons living with this disease.

Most participants in the development of the National Strategy share the opinion that the strategy development process was followed by the changes in the well-established manner of working on strategic documents, as well as the problems resulting from such changes. This process has made good foundations for building a qualitatively new relationship between the Government of the Republic of Serbia and other actors in the society.

6. National coordination for implementation of the Strategy

The battle against HIV/AIDS is a major challenge which will be facilitated by implementation of the National Strategy for the fight against this disease. With the aim of ensuring the best possible outcome of the Strategy, it is important to have the Strategy efficiently integrated and linked with the overall reform process of the social system in Serbia and main framework of the European integrations.

Adoption of the Strategy shifts the focus from planning to action – a critical phase which is a key moment for most strategic processes. With the aim of having the defined priorities and planned sequence of implementation of proposed measures fully respected, it is necessary to build capacity at all levels in order to provide the institutional framework so as to ensure the support for implementation of planned activities throughout the Republic of Serbia. The major role in the process of the Strategy monitoring and implementation will be played by the Ministry of Health and the Republic Commission for the fight against HIV/AIDS.

However, in acknowledgment of how important it is to have the local community involved in the process of identifying and finding solutions for the problems, a great role in the process of Strategy implementation and monitoring will be entrusted to local representatives. NGOs will be given a lot of room for action in this segment of the activities and their role in the fight against HIV/AIDS will be of major significance. It is the opinion of all participants in the development of the National Strategy that the following is necessary in the phase of its monitoring and implementation:

- Respecting the principles of transparency and regular exchange of information;
- Involvement of all relevant actors in all phases of monitoring and implementation;
- Maintaining the consultative process through the implementation phase;
- Monitoring the development of the Strategy should be coordinated by CFHA;
- Monitoring the implementation, the progress of the activities, and evaluation, along with the possibilities of having the Strategy activities modified in accordance with changed circumstances, if any (flexibility);
- Provision of financial resources for implementation of the Strategy;
- Supporting the multidisciplinary approach in the fight against HIV/AIDS;
- Considering that implementation of the Strategy at the national level is not effective in a satisfactory degree, it is necessary to have the plans for the fight against HIV/AIDS developed at the local level.

6.1. Monitoring and evaluation of the national response to HIV/AIDS epidemics

Monitoring and evaluation system should cover all phases of the Strategy implementation:

- Monitoring of the efficiency in implementation of the activities defined within the Strategy.
- Evaluation of the main goal and specific goals set fourth in the Strategy.
- Monitoring of the trends of HIV/AIDS epidemics.
- Making it possible for HIV-infected persons and persons suffering from AIDS to take part in implementation of the Strategy.

With this in mind, a set of indicators has been proposed. These indicators were defined based on the recommended methodology for monitoring and assessment of the effectiveness of the national programs implementation and may be classified into the impact/outcome indicators and the coverage/volume indicators.

6.2. Outcome indicators with regard to the HIV infection prevention, therapy, care and support to the PLWHAs

1. Prevalence of HIV infection in the general population of the age group of 15-49 years.
2. Prevalence of HIV infection in the identified high-risk populations (IDUs, MSM, persons practicing prostitution).
3. Percent of infants with HIV infection, born from the HIV- infected mothers.
4. Percent of HIV-infected pregnant women undergoing the full antiretroviral prophylaxis/therapy with the aim of reducing the risk of having the HIV infection transmitted to the child in previous 12 months.
5. Percent of the persons continuing the HAART after 6, 12 and 24 months.
6. Percent of the persons surviving after 6, 12 and 24 months from commencing the HAART.
7. Percent of the young people in the age group of 15-24 years having knowledge about the right methods of preventing the transmission of HIV infection sexually who are at the same time leaving behind major preconceptions in respect of the transmission of HIV infection.
8. Percent of the young people in the age group of 15-24 years who said they were using condoms when having sex with occasional sexual partners.
9. Percent of the young people who have had sex before they were 15.
10. Percent of the young people who have had sex with more than one partner in the course of last year.
11. Percent of the persons practicing prostitution who said they have used condoms when having sex with the most recent client in the previous 12 months.
12. Percent of the men who have used condom when having anal sex with a male partner in the previous 6 months.
13. Percent of IDUs who have at the same time avoided sharing the injecting equipment and used condom when having sex in the previous month.
14. Percent of the schools with the teachers trained in the skills for HIV/AIDS education who have conducted this education in the course of previous school year.
15. Incidence of STIs.
16. Number of the patients reporting HIV-positive status in the health institutions.

6.3. Coverage indicators per strategically planned service provision areas

	Service provision area	Indicator
Prevention	Mass-media	Number educated persons/trainers
		Number of broadcasted HIV/AIDS radio/TV programs /published newspapers articles
	Information, education, communication	Number of trained educators
		Number of distributed HIV/AIDS preventive leaflets/booklets
		Number of active peer educators
	Education of young people	Number educated persons/trainers
		Number/percent of schools with the teachers trained in skills related to the education on HIV/AIDS
		Number of young people educated about HIV/AIDS in the schools
		Number of young people educated about HIV/AIDS outside the school/in the community
		Number of young people educated about HIV/AIDS in counselling centres
	Distribution of condoms	Number of the condoms distributed for free
		Number/percent of retail stores or condom outlets (condom vending machines)
		Number of the condoms sold through public sector
	Programs for specific groups	Number educated persons/trainers
		Number/percent of the persons practicing prostitution covered by outreach programs
		Number/percent of homosexuals/bisexuals covered by outreach programs
		Number/percent of IDUs covered by outreach programs
		Number/percent of the population without permanent place of residence covered by outreach programs
	Voluntary counselling i testing	Number of educated counsellors/trainers
		Number/percent of the counties with voluntary counselling and HIV-testing centres
		Number/percent of the persons who have taken voluntary counselling and HIV-tests
		Number/percent of the persons who have come to collect their HIV-test results
		Quality of the work in counselling centres
Prevention of HIV infection transmission form mother to child	Number of the educated health personnel	
	Number/percent of health institutions providing VCCT services to pregnant women	
	Number/percent of pregnant women tested on HIV and number/percent of HIV-infected pregnant women	

		Number/percent of HIV-infected pregnant women who have accepted and implemented the complete antiretroviral therapy to reduce the risk of mother-to-child HIV infection transmission
		Number/percent of the patients with STIs who were diagnosed and treated according to the protocol
	Universal precaution measures, prophylaxis after exposure to HIV infection	Number educated persons/trainers
		Number of centres offering PEP
		Number of persons who receive prophylaxis after being exposed to HIV
	Safety of blood transfusion	Number of the persons/trainers educated for working according to the protocol
		Number/percent of blood units screened for HIV infection and those who were HIV+
Care and support	Palliative care	Number of NGOs providing support to persons with HIV/AIDS
		Number/percent of health institutions offering basic level of counselling services and medical treatment to persons with HIV/AIDS
		Number of chronic patients with HIV/AIDS who receive assistance without institutions/home care and support
	HIV/TB	Number of educated persons/trainers
		Number/percent of provided counselling and voluntary HIV testing sessions to the persons with active TB
		Number/percent of the persons with TB who undertake antiretroviral therapy
Treatment	Treatment and/or prophylaxis of opportune infections	Number of educated persons/trainers
		Number of the persons being treated for opportune infection
		Number persons on Cotrimoxazole preventive therapy
		Number/percent of health institutions capable of providing progressive interventions for prevention and medical therapy of HIV positive persons
	Antiretroviral therapy and monitoring	Number educated persons/trainers
		Number/percent of the persons with advanced HIV infection who receive antiretroviral combined therapy
Support of the environment and joint action of health and civil sector	Strengthening of civil society	Number of involved social organisations (NGOs)
		Number of total HIV/AIDS related services provide by the society (NGOs)
		Number of municipalities/towns implementing the activities and reporting about them
	Stigma and discrimination	Number of reported and number of solved cases of discrimination in and/or outside health institutions
		Number of the support groups for PLWHAs which are also fighting discrimination
	Strengthening the health system	Number of educated health workers/trainers
		Percent of the budget allocated for the prevention of HIV infection and treatment of persons suffering from AIDS

	Development of the coordination and partnership (at national and local levels)	Number of networks/partner organisations involved in the work of coordinating bodies involved in the prevention of HIV infection and improvement of the status of persons suffering from AIDS
	Monitoring, evaluation and operative research	Number educated persons/trainers
		Percent of the budget spent on monitoring and evaluation of HIV/AIDS epidemics
Management of the procurement and supply capacity building	Percent of reduction in unit price of medicines and other necessary materials (tests, condoms, syringes, needles...)	

Proposed indicators are relevant, measurable, simple, sensitive, practical, and, which is of utmost importance, comparable, both with some of the previous indicators of the response to HIV/AIDS epidemics in our country and with the internationally defined UNGASS indicators which the UNAIDS have provided with the aim of monitoring the implementation of the Declaration of Commitment on HIV/AIDS at the global and national level (June 2001).

References

1. HIV/AIDS in Serbia – Analysis of the Situation and Response, working material of the Commission for the fight against HIV/AIDS
2. RAR – Rapid Assessment Research, UNICEF
3. United Nations Millennium Declaration of the 8th of September 2000
4. European Union Action Program: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction, of the 14 of May 2001
5. United Nations Declaration of Commitment on HIV/AIDS of the 27th of June 2001
6. CEE Countries Declaration on HIV/AIDS prevention of the 8th of June 2002
7. Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia of the 24th of February 2004
8. List of the regulations governing the HIV/AIDS issues:
 - Charter on Human and Minority Rights and Civil Liberties, “Serbia and Montenegro Official Journal”, No. 6/2003.
 - Constitution of the Republic of Serbia, "RS Official Gazette ", No.1/90.
 - Criminal Code of the Republic of Serbia, "SRS Official Gazette", Nos. 26/77, 43/77, 20/79, 24/84, 39/86, 51/87, 6/89, 42/89, 21/90, "RS Official Gazette", Nos. 16/90, 26/91, 75/91, 9/92, 49/92, 51/92, 23/93 ,67/93, 47/94, 17/95, 44/98, 19/2002, 11/2002, 80/2002, 39/2003, 67/2003
 - Law on Health Care, "RS Official Gazette", Nos. 17/92, 26/92, 50/92, 52/93, 67/93, 48/94, 25/96, 18/2002
 - Law on Health Insurance, "RS Official Gazette", Nos. 18/92, 26/93, 53/93, 67/93, 48/94, 25/96, 46/98, 54/99, 29/2001, 18/2002, 80/2002
 - Law on Medical Records, "FRY Official Journal", Nos. 12/98, 37/00
 - Law on Abortion Procedure in Health Care Institutions, "RS Official Gazette", No. 16/95.
 - Law on Protection of Population against Infectious Diseases, "RS Official Gazette”, No. 125/2004.
 - Decision on Contents and Scope of Health Care, "RS Official Gazette", No. 44/99.
 - Law on Sanitary Surveillance, "RS Official Gazette" No. 125/2004
 - Decree on Health Care for Women, Children, School Children and Students, "RS Official Gazette", No. 45/95
 - Decision on the List of Prescribed Medicines covered by the Health Insurance Funds, "RS Official Gazette", No. 6/2005.
 - Decision on the Measures for Protection of the Population against AIDS, "SFRY Official Journal", No. 36/86.
 - Report on AIDS Emergence and Spread – submitted by the Federal Committee for Labour, Health Care and Social Policy, "FRY Official Journal", No. 22/89.
 - Decree on Protection of Population against Infectious Diseases, "RS Official Gazette" No. 29/2002.

- Decision on the Immunisation Implementation Method and Medical Protection against Specific Infectious Diseases, "FRY Official Journal", No. 69/2002
- Decision on the Method of Mandatory Health Examination Implementation for Specific Employee Categories, Other Persons, and Infection Carriers, "FRY Official Journal", No. 27/97.
- Decision on Infectious Diseases Reporting Method, "FRY Official Journal", Nos. 27/97 and 45/00.