



## **WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS Building Regional HIV Resilience**

**Progress Report  
January – September 2004**

Submitted to Swedish International Development Cooperation Agency

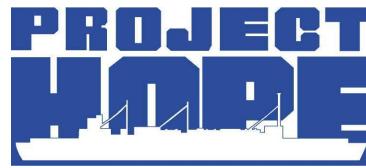
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# Western Balkans Programme to Fight HIV/AIDS

## Mid-Year Report

Submitted to the Swedish International  
Development Cooperation Agency

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Note: Project HOPE Switzerland changed its name to Fondation PH Suisse –  
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## ACRONYMS

<b>AB</b>	Advisory Board
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ELISA</b>	Enzyme-Linked Immunosorbent Assay
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HCW</b>	Health Care Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDU</b>	Intravenous Drug User
<b>IPH</b>	Institute for Public Health
<b>MoH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>NGO</b>	Non-Governmental Organization
<b>NIPH</b>	National Institute for Public Health
<b>OI</b>	Opportunistic Infection
<b>PCR</b>	Polymerase Chain Reaction
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>STI</b>	Sexually Transmitted Infection
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>VCT</b>	Voluntary Counseling and Testing
<b>WB</b>	Western Blot

## I. Executive Summary

Project HOPE Switzerland, a Swiss not-for-profit health foundation and member of the international Project HOPE network, has been entrusted by the Swedish International Development Cooperation Agency (SIDA) to design and implement a comprehensive three-year program to fight HIV/AIDS in seven entities/countries of the Western Balkans through the Project HOPE country offices in the region. The countries/entities include Albania, the two entities of Bosnia and Herzegovina, Croatia, The Former Yugoslav Republic of Macedonia, the UN Administered Province of Kosovo, Serbia and Montenegro. The program began on November 1, 2003 -- with the signing of the contract by Project HOPE Switzerland in early December 2003 -- and is planned to last through October 30 2006. This report covers the activities and accomplishments through July 30, 2004.

The program consists of two main components, one that addresses *prevention*, and the one which targets the *care and support* of HIV/AIDS patients. The *prevention component* supports local non-governmental organizations in building their capacity to implement results-driven HIV/AIDS prevention programs, particularly in high-risk or hard-to-reach populations. Funding is provided through a Trust Fund mechanism in order to implement prevention education of high-risk groups, as well as improve care and support networks of PLWHA.

The *care and support component* develops the capacity of the countries to train specialists and primary care providers in improving their knowledge, skills, and attitudes in the early diagnosis and clinical management of HIV/AIDS; reduce stigma and discrimination against HIV/AIDS patients within health institutions and in the community; as well as improve the prevention of the disease through increasing workplace safety and infection control in health care facilities.

The program design was based on the findings of a comprehensive needs assessment performed by an international HIV/AIDS expert and the Project HOPE team from November 2002-January 2003. However, given the rapidly changing nature of the HIV/AIDS epidemic, the great variety within local settings, as well as the increasing international support dedicated to HIV/AIDS worldwide, Sida has agreed upon sufficient flexibility for the duration of the project to address changes in the context of program implementation of each project component.

In fact, flexibility has become one of the greatest merits of Project HOPE's program design. While the program has remained consistent with the major strategic goals and objectives of the proposal, the continuous coordination with local partners and adjustment of the timelines and activities to meet local and regional needs, has enabled the program to better serve the overarching goal of fighting HIV/AIDS in this continuously changing environment. Furthermore, Project HOPE has still been able to meet most of its targets set forth for the first eight months of program implementation.

Despite minor delays in the preparation phase due to the holiday period, the program was formally launched in January 2004. Subsequently, two significant planning workshops were held with major stakeholders in Macedonia in February and in Croatia in May. Representatives of the Ministries of Health, National Aids Committees, academic and health institutions as well as international coordination mechanisms from all seven countries/entities participated in these workshops, in a joint effort to develop the best possible work-plan from the available resources.

These workshops were followed by a bidding process for the Trust Fund applications, the selection of the grant recipients, revisions and contracting process, and the disbursement of the first round of Trust Fund in three countries.

For the care and support component, the project made use of a newly established HIV/AIDS training center in Zagreb, and selected staff and local partners to participate in several HIV/AIDS training modules, starting in May 2004.

A training needs assessment of the infectious disease specialists treating cases in each entity/country has been completed. A training curriculum for the first regional workshop in Zagreb in October 2004 and subsequent practical training in Zagreb and Belgrade for infectious disease specialists is being finalized and the preparation for the implementation of the course in mid October is in progress.

The laboratory assessment started in July 2004 and covered Macedonia, Albania, and Kosovo during the first phase.

While the project is still under spent at this time, due to some delays in recruitment for the key positions and the start-up of activities related to the holiday season, it is expected that the project will be on target by about mid-way of the second project year.

## **II. Project Background**

Over the past 20 years, HIV/AIDS has grown into one of the most devastating epidemics that has ever faced humankind. It is estimated that more than 42 million people worldwide are infected, more than 23 million have died, and tens of millions will die in the next decade without the significant sustained allocation of resources to HIV prevention, care and support.

Based on the officially reported prevalence rates, it is assumed that HIV/AIDS has not yet reached epidemic levels in the countries of Central and Eastern Europe, including the Western Balkans. However, given the current complex political and socioeconomic factors within the region, the risk for the rapid spread of the disease is increasing. The presumed low prevalence rates within these countries offer the opportunity for a timely intervention, but failure to act at this particular moment may result in a large-scale spread of HIV/AIDS.

Between November 22, 2002 and the end of January 2003, with the support of the Swedish International Development Cooperation Agency (SIDA), Project HOPE conducted an assessment in the Western Balkans, including Albania, FYR Macedonia, UN administrated Province of Kosovo, Serbia and Montenegro, Bosnia and Herzegovina and Croatia. This assessment led to the design of a comprehensive prevention, treatment and care proposal which was submitted to SIDA in February 2003.

Between March 2003 and the end of October 2003, the proposal was reviewed by SIDA. The final contract between Project HOPE Switzerland and SIDA was signed in early December 2003.

The results of the assessment mission pointed to three main issues, which existed in varying degrees throughout the seven countries/entities:

1. The scarcity of reliable or verifiable data on HIV/AIDS (i.e., the number of infected people, size and access to specific risk groups)
2. The general weakness of the NGO sector (general lack of focus, a widespread tendency to simply "work against AIDS" without concentration on and specialization in certain target groups)
3. The weakness of the Health Care Sector (i.e., considerable discrepancies in the countries' ability to provide adequate care and support for those affected by HIV/AIDS)

In general, the assessment mission confirmed that the overall preparedness in terms of skills, tools and systems for effectively implementing a sustainable prevention and treatment approach was not commensurate with the existing level of risk of an epidemic.

Common findings for all the countries from the Western Balkans region were:

- There is insufficient coverage with competent VCT services and surveillance systems, resulting in a lack of crucial information about the epidemic
- High-risk groups are not adequately covered by prevention, care, support and VCT activities
- With few exceptions, local NGOs are ill equipped to play a major role in prevention and care, often lacking strategy and focus, as well as management and technical skills
- Primary health care workers do not have the knowledge and skills to prevent infection in the workplace, how to recognize high-risk individuals, and work supportively with them to contribute to efforts of prevention, diagnosis and care
- With few exceptions, clinical specialists do not possess the necessary tools enabling them to provide adequate treatment for STIs, AIDS, and opportunistic infections.

The program that was developed based on the findings of the country assessments consisted of two major components: *Prevention*, and *Care and Support*.

**The Prevention component** assists local non-governmental organizations (NGOs) to:

- Increase their technical and management capacity to implement results-driven HIV/AIDS prevention programs that target high-risk and /or hard to reach populations
- Supports them in implementing their activities through a NGO Trust fund
- Assist NGOs to improve the care and support networks of those living with HIV/AIDS via the NGO Trust fund.

**The Care and Support component**

- Enhances the clinical skills of the Western Balkans infectious disease specialists in the diagnosis and treatment of HIV/AIDS and opportunistic infections through regional training
- Develops national capacity to train primary care providers in HIV/AIDS transmission knowledge; early diagnosis, basic clinical management, and coordination of care with infectious disease specialists; as well as infection prevention and workplace safety procedures to reduce transmission
- Increases respect for the rights of PLWHAs through stigma and discrimination reduction education of primary and tertiary care providers

All activities are coordinated closely with the National AIDS Taskforce, the MOH, NGOs, and international and bilateral donors.

### **III. Project Goal and Objectives**

**Project Goal:** To contain the spread of HIV/AIDS in the Balkans, and to create conditions allowing the countries, individually or collectively, to seize the short window of opportunity to prevent the current situation from causing a major AIDS epidemic.

**Project Purpose:** To strengthen the various interdependent factors which are indispensable for the effective and sustainable containment of HIV/AIDS.

#### **Prevention component purpose**

- Strengthen prevention efforts of information dissemination and behavior change in order to significantly reduce the risk of additional infections.
- Increase the focus on high-risk groups, since effective prevention and care in high-risk groups brings the highest chances to avoid an epidemic in an overall low-prevalence environment.<sup>1</sup>
- Strengthen VCT in order to identify unknown existent cases of HIV infection. This helps actors to focus their efforts and strengthen their strategies, contributes to prevention by enabling infected people who have learned about their status to avoid infecting others and allows those infected to obtain care and support.

#### **Care and support component purpose**

- Strengthen the health sector's ability to provide adequate diagnosis, care and support through the training of specialists, linkage of clinical to support services in the community provided by NGO's, and adequate social referral systems within clinics. The availability of such services is one of the main encouragements for risk populations to engage in VCT, and is therefore a crucial support to prevention.
- Strengthen the primary health care providers' ability to recognize warning signs, refer patients to specialists and participate in their care and to approach suspected or confirmed HIV/AIDS patients without fear and without discriminatory behavior.

#### **Prevention Component Objectives**

- Increase the technical and management capacity of local NGOs to implement HIV/AIDS prevention education and VCT programs.
- Support local NGOs in improving the quality of their prevention education activities and/or increasing their ability to reach larger or hard-to-reach populations, particularly the main risk groups.
- Support local NGOs in establishing and providing quality VCT activities.

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<sup>1</sup> see "Effective Prevention Strategies in low HIV prevalence settings" UNAIDS best practice key materials, 2001

- Support local NGOs in the development of tools, particularly in the area of Monitoring and Evaluation, to better measure the impact of their work.

### **Care and Support Component Objectives**

- Promote a consistent and cost-effective approach to the care and support of HIV positive patients.
- Support the establishment of multi-disciplinary approaches to HIV care and support in each country through training of health care personnel in this model of care and support.
- Enhance the clinical skills of a cadre of Infectious Disease Specialists in each country in the diagnosis and treatment of HIV/AIDS and opportunistic infections.
- Improve infection prevention and workplace safety systems to reduce transmission in the health care setting.
- Improve the knowledge of primary care providers about early diagnosis, transmission, basic clinical management of HIV/AIDS and referral of patients to HIV clinics.
- Assure the rights of HIV positive patients through stigma and discrimination reduction education of primary care and tertiary care providers.
- Improve the care and support networks of those living with HIV.

## IV. Country Status Summaries through Spring 2004

### Macedonia

#### *Governmental Activities*

After the proposal to the Global Fund, the Macedonian Ministry of Health, (under the supervision of the AIDS Office) is now conducting its Country Coordinating Mechanism (CCM) meetings on a regular basis. The last of the meetings was June 2004 and the main topics included: UNOPS will make an external assessment for the UN and decide whether the Macedonian Ministry of Health is to be the final recipient of the Global Fund. This assessment should be completed by the end of the summer. A meeting of the CCM Working Group was held in June to develop a working and order plan. It is expected that as of the end of the summer, the Ministry of Health and the Global Fund will sign a contract for cooperation, and activities planned within the National AIDS Strategy are to start September 1, 2004.

#### *NGO Activities*

**HERA** has about 10,000 Euros allocated from Norwegian Church Aid for the support of the PLWHA Counseling Center located at the Institute for Communicable Diseases. There have been discussions within the organization to purchase CD4 count equipment, and should this happen shortly, Cooperazione Italiana has promised support in the form of training of lab technicians to properly use this equipment.

The Institute of Sustainable Communities (ISC), funded by USAID, has a core group of NGOs (**HERA, HOPS, EMSA, Doverba,**) who concentrate on different focal areas which include gender/marginalized populations, youth, conflict reduction and community development. ISC has also done extensive training on organizational development and technical areas. ISC's current programs end in September 2004, but they will apply for a new USAID Civil Society project. The request for application (RFA) is expected to be announced over the summer.

UNICEF is funding its third round of HIV/AIDS programs, which will end in November 2004. The focus has been on funding creative activities through the Right to Know Project, which includes theater, art and media programs.

PSI has funds for HIV/AIDS activities on both a regional level and for Macedonia specifically. This NGO is targeting high risk groups, including men having sex with men (MSM), injecting drug users (IDUs), commercial sex workers (CSW), and Roma, and will now be focusing on a mass media campaign. PSI has funds through the end of 2005, and expects an extension of their project. PSI has agreed to join funds with Project HOPE to fund **HOPS** in establishing a "daily drop-in center" for IDUs in Skopje.

### *Project HOPE Activities*

Project HOPE has worked diligently to establish good relationships with relevant authorities, such as the National AIDS Coordinator, Ministry of Health, and other key stakeholders in the fight against HIV/AIDS. The PH program was introduced to the MoH, and a draft version of the Memorandum of Understanding was submitted to the MoH for revision. It is expected to be signed by the end of August.

Project HOPE has received over 80 proposals from local NGOs in response to the Request for Applications released on April 10. The selection process in the June 4<sup>th</sup> Advisory Board meeting resulted in the selection of three proposals for funding during this first round of grant disbursement. Contracts with the selected NGOs will be signed by the end of August.

The Clinical Coordinator for the program has already prepared a draft needs list for Macedonia, which was completed after her assessment of the training needs in June. The laboratory assessment for Macedonia was completed in early July.

Project HOPE Macedonia has also acted as the central program office for the Western Balkans Programme to Fight HIV/AIDS, and has provided overall logistical support, as well as numerous coordination, administrative, financial and NGO-specific duties.

## **Bosnia and Herzegovina**

### *Governmental Activities*

There have not been any large HIV/AIDS projects implemented by the government of Bosnia and Herzegovina (BiH), but progress is visible. However, there have been a few new initiatives within the country. The BiH application was submitted to the Global Fund, but was unfortunately rejected in early July of this year.

There is also a new network of Cantonal Coordinators established by Dr. Zlatko Čardaklija, the National HIV/AIDS Coordinator for the Federation. Taking into consideration that the Federation is divided into 10 cantons with their own Ministries of Health and Institutes of Public Health, the government decided to establish a network of Cantonal Coordinators in order to facilitate data collection and field work. There are two coordinators per canton, one who is an infectologist/epidemiologist, and the other who is a public health specialist.

The working group, lead by Dr. Čardaklija, developed clinical treatment protocols, with technical assistance from Professor Begovac, who is the head of the Clinic for Infectious Diseases in Croatia. These protocols will be presented officially in the near future.

The Solidarity Fund has been established to facilitate the payment of HIV/AIDS medications, and the fund makes antiretroviral drugs available at no cost in BiH.

Dr. Čardaklija managed to change the method of reporting of HIV/AIDS cases at the Public Health Institute. The change has had a great impact on confidentiality, since cases are no longer reported by name, and the new reporting form only includes a patient's number code.

Memorandums of Understanding have been signed with between the Federal Ministry of Health and Ministry of Health and Social Welfare of Republic of Srpska and Project HOPE.

The Federal Ministry of Health will establish 10 voluntary counseling and testing (VCT) centers in September 2004, and each canton will have one VCT center. Also, the Ministry of Health and Social Welfare of the Republic of Srpska will establish one VCT center within the Institute of Public Health. Dr. Čardaklija asked if Project HOPE could provide assistance with educating the VCT staff on pre- and post-test counseling, as the Ministry has funds for equipment and staff salaries, but not for training expenses. Project HOPE is presently in negotiation with Lena Schönnesson, a Swedish consultant from the Gay Men's Health Clinic in Stockholm to conduct this training in November 2004.

#### *NGO Activities*

There are many different NGOs involved in the HIV/AIDS activities in Bosnia and Herzegovina. Some of these include **Youth Action Against AIDS**, **Association for Sexual and Reproductive Health XY**, **International Forum of Solidarity**, **Margin**, **DUGA**, **UG PROI** and **SOS KINDERDORF International**. All of them are directly or indirectly involved in HIV/AIDS programs.

**Youth Action Against AIDS** conducts the following projects: MPS Press project, funded by Soros Open Society Fund; AIDS info telephone line project, funded by CESVI, Ministry of Foreign Affairs of Italy; Watch on Contact project, funded by CESVI; HIV/AIDS Assessment and Response Project, funded by UNICEF and DUGA; School for peer educators, funded by UNAIDS and UNESCO; and the Right to Know project, funded by UNICEF.

**Association for Sexual and Reproductive Health XY** is conducting following projects: Youth Sexual Health and HIV/AIDS at the Balkans: Prevention-Protection-Provision sponsored by IPPF EN; Risk Net Gatekeeper project funded by USAID; Advocacy on Sexual and Reproductive Health and Rights with Parliamentarians project, funded by UNFPA.

**Margin** is running the Youth Friendly Services in Zenica, Dobož, and Middle Bosnian Cantons project, funded by UNICEF.

**UG PROI** is a NGO comprised of former drug addicts, their families and drug treatment experts. They are involved in a wide range of support activities for drug addicts including a prevention programs and addiction treatment project, funded by the Ministry of Health

of Sarajevo Canton, a family counseling center, and counseling at the detoxification department at the Clinical Center, Sarajevo.

**SOS-KINDERDORF** International is also supporting HIV/AIDS and drug abuse prevention. Their main target group is vulnerable children, ages 3-19, and they are running the Social Center in Sarajevo that provides support to their target population.

**The NGO International Forum of Solidarity (IFS)** works in Sarajevo, Tuzla and part of Doboj municipality. They deal with victims of human trafficking, victims of domestic violence, MSM, IDUs, CSW, displaced people, homeless and high school children. All of their staff is trained in VCT, and most of them were involved in high risk behaviors. They also have safe houses for victims of trafficking and domestic violence in Sarajevo and Doboj.

#### *Project HOPE's Activities*

Project HOPE participated in the development of the Global Fund application and National Strategy for HIV/AIDS. As a result of this involvement, Project HOPE is already recognized by NGOs and the Ministry of Health as one of the key players in the HIV/AIDS field.

Project HOPE conducted a start-up meeting for the Western Balkans Programme to Fight HIV/AIDS for the Republic of Croatia, Bosnia and Herzegovina, and Serbia and Montenegro. The project presentation took place in Zagreb, Croatia, on May 11, 2004. The presentation was greatly appreciated by the country officials, and it was attended by highest level officials including Dr. Marin Kvaternik – Minister of Health of Republic Srpska, Tomo Lučić - Minister of Health of Federation Bosnia and Herzegovina, National Coordinators for HIV/AIDS from Republic Srpska, Federation BiH, Croatia and Serbia, high representatives from Ministries of Health from Croatia and Montenegro.

On April 10, 2004, Project Hope BiH published a request for applications, which invited local NGOs to develop and submit their project proposals for funding. On May 10, 2004 Project Hope began to receive project proposals, and ultimately, 43 proposals were received.

The selection process in the June 7<sup>th</sup> Advisory Board meeting resulted in the selection of three NGO proposals for BiH. Three contracts were signed with these local NGOs at the end of July 2004.

The laboratory assessment for BiH is planned to start in early September.

The Clinical Coordinator began her assessment of the training needs in BiH in June, and completed her appraisal in July.

## **Croatia**

### *Governmental Activities*

There are dynamic ongoing activities in the governmental sector in Croatia related to HIV/AIDS. Croatia has received \$ 3,363,974 from the Global Fund for a three-year project named “Scaling up the HIV/AIDS response in Croatia.” The total amount of financial resources for all accepted programs during the first year of the project totals \$1,478,945. The Ministry of Health and Social Welfare implements the National Action Plan (NAP), and the NAP uses financial resources from the Global Fund, the budget of the Croatian government, and the Lottery.

The following activities are a part of the NAP:

- peer education for youth
- access to VCT
- continuous provision of treatment and support to PLWHA
- work with high risk groups (MSM, IDU, CSW and migrant populations)
- improvement of the surveillance system.

### *NGO Activities*

There are still not many NGOs involved in HIV/AIDS activities in Croatia. However, Croatia is still the only country in the region with a PLWHA association. The PLWHA association, **CAHIV/HUHIV** is the most active in the fight against HIV/AIDS.

**CAHIV/HUHIV** was established in 1999. It works on psycho-social support to PLWHA, through a counseling and testing center within the Infectious Diseases Clinic in Zagreb. CAHIV also runs a research project on life quality for PLWHA, and is planning a wide range of activities on the reduction of stigma and discrimination through a major national campaign. In the past, this NGO implemented the HIV/AIDS INFO project, which was comprised of discussions, a web page, printing of pamphlets and posters and editing the “HIV/AIDS INFO” magazine. The magazine published articles about activities of the NGO and treatment information. CAHIV also plans to begin a legislative reporting program in Croatia in order to assess whether Croatia should prepare antidiscrimination laws for PLWHA. This report will include labor, social and health legislations.

Since 1996, **HELP** has implemented harm reduction programs in Split. Activities include syringe and needle exchange, condom distribution, distribution of educational materials, as well as work with IDUs and CSWs.

**TERRA** from Rijeka has implemented harm reduction programs since 2000. This NGO also has counseling programs for IDUs and their families, programs for CSWs, and a

drop-in center where needles can be exchanged. Also, they are implementing MEMOAIDS (a peer education for youth project) in Rijeka and Primorsko-goranski canton.

**LET** from Zagreb implements harm reduction programs in Zagreb through mobile needle exchange, condom distribution to CSWs, and improvement of harm reduction programs in Croatia. The improvement of the harm reduction is done by publishing harm reduction pamphlets and organizing public discussions.

The **CROATIAN RED CROSS** is running drop-in centers in Zagreb, Pula and Rijeka. They are also publishing and distributing HIV/AIDS campaigns of the International Red Cross Federation.

The **PRO – REPRO Association**, in cooperation with the Reproductive Health Department of the Pediatric Hospital in Zagreb, implements the MEMOAIDS program throughout Croatia.

The **CROATIAN ASSOCIATION OF SCHOOL MEDICINE** implements an educational program for doctors and school medicine specialists.

**ISKORAK** is a gay and lesbian association from Zagreb, which implements peer education programs for homosexual populations through condom distribution, distribution of educational materials, organization of an SOS telephone line, counseling center and a web page.

The **International Organization for Migration (IOM)** is implementing a program for the education of doctors and occupational medicine specialists, who are educating migrant workers prior to migration.

**CROMSIC** is an association of medical students as well as a part of the international medical students' association. They are implementing education activities on HIV/AIDS in high schools and faculties.

**TERRA, HELP, LET** and the **RED CROSS** are implementing a joint behavioral study among IDUs and CSWs. **IOM** implements a study of migrant populations, and **ISKORAK** of MSM populations.

#### *Project HOPE's Activities*

As mentioned above, Project HOPE conducted a start-up meeting for the Western Balkans programme to fight HIV/AIDS for Croatia, Bosnia and Herzegovina, and Serbia and Montenegro on May 11, 2004.

On April 10, 2004, Project HOPE BiH published a request for applications in Croatia, inviting local NGOs to develop and submit their project proposals for funding. On May 10, 2004 Project HOPE BiH had received 3 project proposals from Croatian NGOs. The

selection of Croatian NGOs for funding has been rescheduled for the second round of grant disbursement.

The Clinical Coordinator conducted her assessment of the training needs of Croatia in June, and completed her appraisal in July.

The laboratory assessment for Croatia is scheduled for early September.

## **Kosovo**

### *Governmental Activities*

One of the main activities of the Kosovar government was the preparation of the application for the Global Fund. The Kosovar Aids Committee submitted an application to the GF, but it was unfortunately rejected in early July.

The Ministry of Health in Kosovo has allocated funds for the introduction of ARV Therapy for PLWHA for the next 5 years, totaling approximately 100,000 Euro. Prior to this action, two infectologists from the Infectious Diseases Clinic in Pristina have undergone ARV treatment training for three months at Dartmouth University in the United States.

The National Institute of Public Health has been equipped with new laboratory equipment for Western Blot confirmatory testing. However the new equipment has not yet been made available for public use.

UNMIK is also conducting an internal awareness raising campaign for the UN police forces.

### *NGO Activities*

Project HOPE has had limited interaction to-date with Kosovar NGOs. Kosovar NGOs participated during the start-up meeting of the Western Balkans Programme to Fight HIV/AIDS and contributed information about the priorities and needs of Kosovar NGOs, as well as their capacities to address HIV/AIDS issues. However, there are very few active Kosovar NGOs that focus on vulnerable groups, and almost all NGOs (other than an anonymous organization) are working with MSM or victims of trafficking (IOM.) Most NGOs in Kosovo are focusing on peer education with the general youth population.

There are some new activities, implemented by **Family-Advocacy**, a Pristina-based local NGO comprised of health care professionals. This NGO will start working on the testing of CSWs in the area of Ferizaj. A project proposal is expected to be submitted to Project HOPE by the end of August or early September 2004.

**UNICEF**, in cooperation with **KOSMA** (a local social marketing organization which is a spin-off of PSI) is carrying out a campaign for general youth in peer education activities. **UNFPA** is also involved in smaller HIV/AIDS-related activities with women's groups in Kosovo.

### *Project HOPE's activities*

Project HOPE has submitted its project proposal to the Kosovar Ministry of Health and National AIDS Committee for approval, with a draft Memorandum of Understanding (MOU.) We are currently waiting for the Ministry's approval and comments on any changes in the MOU. With the approval of the Memorandum of Understanding, Project HOPE will officially become a member of the Kosovo Aids Committee and will be eligible to participate and share ideas in the fight against HIV/AIDS.

Project HOPE has also been establishing contacts with key persons and prepared for the assessment mission of the main reference laboratories in Pristina. The assessment was conducted July 2-7.

Project HOPE has also identified professionals through the National AIDS Coordinator to attend the training modules for Second Generation Surveillance in Zagreb in September 2004.

In May, a Request for Applications was issued for NGOs to submit project proposals. The selection of Kosovo NGOs has been rescheduled for the second round of funding disbursement. Project HOPE is planning to re-issue the Call for Applications in Kosovo for the second round of funding in the month of September 2004.

The Clinical Coordinator has completed her assessment of the training needs of HIV/AIDS specialists in Kosovo in early June, and is involved in ongoing preparations and discussions with the respective lecturers about activities that will take place during the training seminar in Zagreb.

## **Albania**

### *Governmental Activities*

The Albanian government, through the Ministry of Health and the National AIDS Committee, submitted its application to the Global Fund earlier this year. Unfortunately, Albania was rejected both for its TB and its HIV/AIDS applications, as it is considered a low prevalence country. However, the technical side of the application was rated highly, considering that this was Albania's first application. At present, the Albanian government is struggling with its own capacities and relies heavily on direct NGO and bilateral funding.

The commitments of the Albanian government related to HIV/AIDS include an initiative to start training health providers and provide ART for the first time in 2004 for PLWHA. The guidelines are being developed by the HIV/AIDS specialist Dr. Arjan Harxhi, from the Infectious Diseases Clinic in Tirana. The tender for drug selection is open, and ARV drugs should arrive in Albania during July 2004. ARV therapy should start shortly thereafter.

The Institute of Public Health (IPH) and the Infectious Diseases Clinic in Tirana, which act as referral centers for laboratory matters, have serious gaps in their confirmatory testing equipment. The Albanian Ministry of Health has made a commitment to purchase Western Blot testing equipment through UNICEF funds. In addition, the diagnostic capacities of IPH in Tirana are increasing, and activities to establish Polymerase Chain Reaction (PCR) techniques are ongoing. During Project HOPE's visit to the IPH in Tirana in early July 2004, a part of the equipment for Western Blot testing had arrived and it was expected to be installed shortly.

#### *NGO Activities*

Albanian NGOs such as **APRAD** and **Aksion Plus** continue their activities in established Harm Reduction Centers. Their main activities, similar to other NGOs interviewed during the assessment visit in Albania in January 2003, included their input to the preparation of the National Strategy for HIV/AIDS 2004-2010.

#### *Project HOPE Activities*

Project HOPE has established contacts with the head of laboratories at the Institute of Public Health (referral center), Infectious Diseases Clinic and Blood Transfusion Department (referral center) and conducted an assessment mission of the existing laboratory facilities and needs in early July.

Assistance was provided to Dr. Roland Bani, a National AIDS Team member at IPH in attending the first module of the Second Generation Surveillance training. This one-week training was held in Zagreb, Croatia and began on 12 June 2004. He is to follow the fourth and the fifth modules expected during November and December 2004.

As only 11 NGOs submitted proposals in response to the Request for Applications in May 2004, which was much smaller than the number who asked for applications, Project HOPE re-issued the call with assistance from the National AIDS Committee. The request will be distributed further to the network of NGOs which is working with vulnerable groups.

The process of selection for NGOs is expected to start once the Call for Applications is re-issued in early September and registration in Albania is complete. Registration papers have already been submitted to the government. Project HOPE will also sign a Memorandum of Understanding with the Albanian Ministry of Health once registration is

finalized. Currently Project HOPE is in the process of recruiting a local Country Program Coordinator for Albania, who will be based in Tirana.

The Clinical Coordinator has completed her assessment of the training needs in Albania in early July. Country-specific preparation activities related to the training seminar in Zagreb are ongoing.

## **Serbia**

### *Governmental Activities*

In the months after the last elections in December 2003, the structure of the National AIDS Committee has slowly changed. All key positions have finally been defined and official announcements were released in June. The new National AIDS Committee (NAC) is now a multi-sectoral organization, but will work more closely with the Ministry of Health than previously. The new National AIDS Coordinator will be Dr. Tomica Milosavljevic, the Minister of Health of the Republic of Serbia, the Deputy National Aids Coordinator will be Dr. Nevena Karanovic, and Secretary of the NAC will be Dr. Ivana Mistic. The National AIDS Strategy has been developed in the past months, and the first draft for public discussion is expected to be released in the very near future.

The Ministry of Health of Republic of Serbia and the new NAC are very much involved in the implementation of the Global Fund Program in Serbia. Since the beginning of the program, two major events have taken place:

- ToT for Health Care Professionals organized by the Medical University in Belgrade and Economic Institute as the implementing partner for the Global Fund Program. The training was carried out by trainers from the Pacific AIDS Education and Training Center, University of Southern California, Los Angeles. (February 2004)
- Conference “Vanguard 2004 – Reducing drug related harm and prevention of HIV/AIDS spread.” The goal of the conference was to raise awareness about the need to have a national harm reduction policy. (May 2004)

### *NGO Activities*

The number of NGOs that are currently active in Serbia is significantly higher than in Montenegro. It is encouraging that these NGOs are not only involved with different kinds of prevention among youth, but also with such vulnerable groups as MSM, CSWs, PLWHA, trafficked women, refugees and IDPs, and Roma populations. Some of the major NGOs working with high-risk groups include JAZAS, Youth of JAZAS, Medicins du Monde, SPY, and GOD. However, there are no NGOs presently working with IDUs or CSWs in Belgrade.

In addition, Project HOPE has formed a cooperative relationship with the UNDP project that will provide funds to NGOs working with groups at risk for HIV/AIDS in Serbia and

Montenegro. Project HOPE and UNDP have worked closely in selecting their NGO partners, in order to ensure that all regions were adequately covered, and activities were not duplicative. UNDP will also begin a network of NGOs working on HIV/AIDS issues, and Project HOPE will participate in the set-up, organization, and training activities of this network, as well as encourage future NGO partners to be actively involved in the alliance.

#### *Project HOPE Activities*

Project HOPE has established good cooperative relations with the National AIDS Coordinating mechanism and has been in close contact with the UNAIDS office representatives in Belgrade. The Western Balkans Programme to Fight HIV/AIDS has also been presented to the Ministry of Health, health care providers, local NGOs, international organizations, and other members of the development community.

Field activities have been monitored; including UNAIDS initiatives, local NGO projects, and the Global Fund Program. Project HOPE has formed a close relationship with the Clinic for Infectious Diseases and the Department for HIV/AIDS in Belgrade, with regards to the participation of their HIV/AIDS specialists in the health care professional education component of this project.

A MOU was submitted to the Ministry of Health in late June, and the signing was delayed due to the holiday season. It is expected to be signed in August.

The laboratory assessment is planned to be conducted in Serbia in early September.

The NGO RFA was released in April 2004. The decision making process in the June 10<sup>th</sup> Advisory Board meeting resulted in the selection of two proposals for funding in Serbia. Contracts were signed with two local NGOs on July 1<sup>st</sup>, 2004.

The Clinical Coordinator began her assessment of the training needs in Serbia in June, and completed her appraisal in July. There are ongoing discussions with the future lecturers about the specific activities of the regional course for infectious disease specialists, as well as the practical follow-on training for some of the individuals in Belgrade.

## **Montenegro**

#### *Governmental Activities*

There has yet to be any large HIV/AIDS project undertaken by the government of Montenegro, although there is visible progress. Recently, a Global Fund application has been finalized with the help of Ranko Petrovic (UNAIDS National Officer) and submitted in April 2004. Similarly to Albania and Kosovo, it was rejected in early July. The Republican AIDS Committee has focused on developing the National Strategy for

HIV/AIDS and creating an action plan for drug abuse prevention among children and young adults in Montenegro. The next major issues are the preparation of a new law for communicable diseases, as well as the improvement of the surveillance system on STIs.

### *NGO Activities*

During the needs assessment process in December 2002, and the period after (especially after the Request for Application was published in April 2004), Project HOPE has been in touch with the following NGOs involved in the HIV/AIDS activities in Montenegro: **CAZAS, OKC Juventas, Creative Center Mediteran, Povjerenje, Zastita Bar, Youth Education Centre, Fortuna, Youth Center**. Most of these NGOs are currently implementing programs targeting youth through peer education in schools on reproductive health and HIV/AIDS, drug abuse prevention, and info phone line activities. There is a significant lack of NGOs focusing on the high-risk groups.

### *Project HOPE Activities*

Project HOPE has established good relationships with the relevant authorities, including the National AIDS Coordinator. The Western Balkans HIV/AIDS program was introduced to several important key stakeholders in country and a number of country representatives participated in the start-up meeting in Zagreb in May 2004 to contribute the priorities and ideas.

With regards to the Request for Applications, Project HOPE received 10 proposals from local NGOs in Montenegro. The final selection process was delayed to the second round of funding.

A MOU was submitted to the Ministry of Health in late June, and it is expected to be signed shortly. The reference laboratory assessment was completed in Montenegro in early July.

The Clinical Coordinator began her assessment of the training needs in Montenegro in June, and finished her appraisal in July.

## **V. Start-Up Meetings**

### **1. Skopje, February 19, 2004**

The planning meeting held in Skopje, on February 19, 2004, the official launch of the Western Balkans Programme to fight HIV/AIDS, introduced the program to important key players in the field of HIV/AIDS in the countries of Macedonia, the UN Administrated Province of Kosovo, and Albania. It is important to point out that upon invitation of Project HOPE Macedonia, the Central Program Office for this project, all the relevant figures from the above mentioned countries, such as representatives from the Ministries, key health professionals working in HIV/AIDS, UN Agencies, NGOs

(international and local), donor agencies, and other interested individuals participated actively in the meeting.

The presentation was opened by Katerina Takovska, Country Director of Project HOPE Macedonia, with a welcome note to all the participants. This was followed by a presentation from Judit Csiszar, the Regional Director for Central and Eastern Europe, and Bettina Schwethelm, the Director of Project HOPE Switzerland, about the planned program activities and overall aim of the program. Please refer to Annex 3 for the agenda of the meeting, list of participants, questions provided to the working groups, and recommendations (both theme and country related).

The purpose of the start-up meeting was not only to disseminate information about the program, but also to gain a better understanding of changes that had occurred in the countries since the assessment was completed, and to seek active involvement of the local partners in the program activities.

Project HOPE's plan and strategy were considered highly appropriate by the country representatives, particularly the special emphasis placed on the combination of training of health care professionals and strengthening the NGO sector in the countries, as these two are two closely interrelated and very important in the fight against HIV/AIDS. The project was seen as a unique and a very comprehensive program that was welcomed by the participants, and expected to have a great impact on HIV/AIDS.

#### **Zagreb, May 11, 2004**

As a part of the commencement of the Western Balkans Programme to Fight HIV/AIDS, Project HOPE held a conference to officially present the project to countries of Croatia, Bosnia and Herzegovina, and Serbia and Montenegro, which were not included in the first start-up meeting in Skopje.

The presentation took place in Zagreb, Croatia, on May 11, 2004. It was major event attended by the Ministers of Health of Bosnia and Herzegovina, representatives of the Ministries of Health from Croatia and Serbia and Montenegro, National AIDS Coordinators of all three countries, specialists for infectious diseases, representatives of donor agencies and international agencies dealing with HIV/AIDS. National AIDS coordinators presented a comprehensive overview of the current HIV/AIDS situation in their countries.

A number of international agencies have given special interest to this project and as a result, the conference was attended by representatives of UNFPA and UNICEF from Bosnia and Herzegovina, UNDP and USAID from Croatia, SIDA from Serbia, and several others. The UNDP Resident Representative Cornelius Klein, and UNAIDS sub regional focal point Jadranka Mimica also warmly welcomed the project with a brief presentation. They both emphasized the great need for such projects and expressed their hope for future cooperation.

The overall feedback was that this project greatly needed and welcome, and activities would have strong support from both governmental and non-governmental institutions.

## **VI. Trust Fund**

### **Activities and Accomplishments**

The Trust Fund component of Project HOPE's Western Balkans Programme to Fight HIV/AIDS has taken great strides over the last months to select, assess and finalize partnerships with local NGOs. A request for applications was published in all countries in early May, and all offices received an overwhelming number of proposals in response.

In total, Project HOPE received 222 proposals from local NGOs throughout the Balkans:

- 87 from Macedonia,
- 25 from Kosovo
- 9 from Albania
- 3 from Croatia
- 55 from Serbia and Montenegro
- 43 from Bosnia and Herzegovina

In order to ensure that proposals best meet the project's programmatic goals, the Trust Fund Manager/Deputy Program Manager, respective Country Program Coordinators, and Country Directors conducted a thorough review of all proposals received. The team then eliminated all proposals that did not focus on the selected target groups, and created a manageable list of finalists.

While this internal review was being conducted, the Trust Fund team met with various NGOs, UN agencies and governmental offices to assess other donor funds available in each country and the region, complementary programs that are being implemented and/or planned for the future, and existing gaps in funding.

Ultimately, the Trust Fund team decided to award grants for this first funding round in Macedonia, Bosnia and Herzegovina, and Serbia. This decision took into account a number of factors including size of risk groups, country population size, quality of proposals received, and management/logistical capabilities. Staff worked diligently with the deadline of June 30<sup>th</sup> as the final date to sign contracts, and implementation to start shortly thereafter.

### **Advisory Boards**

While the proposals were being internally reviewed, the team met with UNAIDS focal points, National AIDS Coordinators, and other relevant officials to introduce the role of the Advisory Board (AB), ascertain their willingness to participate in the selection process, and determine the best time for review.

- **Macedonia:** The AB meeting was held in Skopje on June 4<sup>th</sup> and was comprised of the National AIDS Coordinator, the Public Health Coordinator from the Soros Foundation, and a member of a local NGO involved in capacity building, **Kocka**.

- **Bosnia and Herzegovina:** The AB meeting was held in Sarajevo on June 7<sup>th</sup> with the UNFPA representative, and the National AIDS Coordinators from both the Federation and Republica Srpska.
- **Serbia:** In Belgrade, the AB was held on June 11<sup>th</sup> with the UNAIDS focal point, a member of the National AIDS Committee, and two members of UNDP who are the implementing partners of a DFID/Imperial College program that is also funding NGOs in Serbia working with HIV/AIDS risk groups.

The one-day Advisory Board meetings consisted of each member reviewing and ranking proposals using a standard checklist of criteria, as well as informal discussions about NGO capacities, proposal quality and complementary activities in the country. After the close of the session, proposals were formally selected as finalists after the marks were tallied. Three NGOs in each country were eventually selected as finalists. The selection criteria and ranking forms are attached at the end of this report (please see Annex 5.)

### **Pre-Monitoring Visits**

After the Advisory Board meetings, the Trust Fund Manager and Country Program Coordinators set up meetings with each NGO to meet their executive and program staff, review activities, address budget concerns, as well as learn more about the organization as a whole. The pre-monitoring visits also provided the opportunity for Project HOPE to explain more about the overall objectives and schedule of the Western Balkans Programme to Fight HIV/AIDS, the narrative and financial monitoring requirements, as well as the capacity building and training component which is planned to begin in late autumn.

Project HOPE ultimately decided not to fund two of the finalists after the pre-monitoring visits. This decision was due to poor organizational capacities as well as a poor reputation from other donors.

Each NGO accepted into the Trust Fund component was asked to submit a revised version of their narrative and budget within one week of the initial screening visit, which incorporated the comments and concerns from both Project HOPE as well as Advisory Board members.

### **Notification of the Selection Process**

All NGOs who applied for funding but were not awarded grants were notified through email. Many NGOs called Project HOPE offices with specific questions as to why they were not selected, and Project HOPE staff took the time to answer each question and concern. All NGOs were also told about the capacity building and organizational trainings which will be organized over the next year, and were invited to participate.

In Croatia, Montenegro, Kosovo and Albania, all applicant NGOs, government officials, UN agencies and other relevant institutions were adequately informed about the funding process for this first round, and that grants would not be disbursed in their countries at the present time. While many were not completely satisfied with this decision, they understood fully that funds would be made available in the near future, and that Project

HOPE would personally inform each of them when the next round of funding would begin.

### **NGO Partners**

Contracts were signed on July 1 with the two selected NGOs in Serbia, both of whom will be implementing 12 month programs. The **Center for Sustainable Development** was awarded a grant of €43,188 for psychosocial counseling to PLWHA; assess the needs and gaps in services for policy and program advocacy; and produce a website and informational materials for PLWHA in Serbia and the general population. The **Novi Sad Humanitarian Center** was awarded a grant of €38,810 for the capacity building of psychologists and social workers in 28 municipalities in Vojvodina to conduct 150 workshops for Roma, IDPs and other mobile populations; monthly dialogue and advocacy sessions with local government officials; and condom and pamphlet distribution.

In BiH, the Trust Fund team is working on proposal revision with selected local NGOs and is aiming to sign contracts in late July for an August 1 start date. The **Association for Sexual and Reproductive Health XY** will be awarded a grant of €21,187 to create the first NGO for PLWHA; conduct seminars for PLWHA and their families; train health workers throughout BiH infectology clinics; and develop a newsletter on HIV/AIDS. The **Citizen's Association for the Support Treatment & Re-Socialization of Drug Addicts UG PROI** will be awarded a grant of €20,866 to strengthen their 24 hour help line for IDUs and HIV/AIDS; scale up detoxification ward patient counseling; scale up of the Narcotics Anonymous self-help group; and provide retreats for recovering addicts. **Viktorija** will be awarded a grant of approximately €20,000 to expand psycho-social counseling for PLWHA and IDUs; SOS help line and operator training; and provide capacity building of smaller organization working on HIV/AIDS and drug addiction. All projects in BiH will be implemented for 12 months.

In Macedonia, the Trust Fund team is in process of revising proposals with selected finalists, as well as assisting these potential partners in further developing their project ideas. We anticipate that three NGOs will be funded, with implementation to begin September 1. The **Macedonian Interethnic Association for Health Promotion and Education (MIA)** will be awarded a grant of approximately €38,000 for 14 months, to conduct training activities and raise the awareness of Roma female educators and Roma NGOs in six communities throughout the country. In partnership with Population Services International, Project HOPE will provide a 15-month grant to **Healthy Options Project Skopje (HOPS) for approximately €16,000** to establish a IDU daily centre which will include VCT, hepatitis C testing and counseling, drug counseling, and conduct outreach activities for HIV/AIDS and STI prevention among IDUs. We are also considering funding the **Macedonian Red Cross** for €37000 to conduct outreach work regarding HIV/AIDS, reproductive health and STIs with commercial sex workers, truck drivers and migrant workers. This program will be conducted for 12 months.

### **Capacity Building and Training**

Once agreements are signed with the local NGO partners, Project HOPE will conduct a thorough needs assessment with each of them to gauge their strengths and weaknesses and plan appropriate trainings. These needs assessments will be conducted in autumn, once the NGOs have begun their program implementation, and the findings will be utilized to plan an appropriate training schedule for the next year.

Based on the experiences of the Trust Fund team with the NGOs to-date, it is expected that these trainings will focus on organizational development, i.e. financial management, project proposal writing, and project cycle management, as well as program specific issues related to their activities and their targeted risk groups.

### **Barriers and Constraints and how they are addressed**

#### *Length and Intensity of Revision Process*

Although most of the NGOs selected to receive Trust Fund monies were experienced in creating budgets and proposals, Project HOPE staff ultimately had to work with selected finalists to intensively revise their proposals. Specific areas that needed to be altered in almost every proposal were indicators, sources of verification, and sustainability plans. Proposals and budgets oftentimes were modified five or six times, and on one occasion took up to two months to complete. However, Project HOPE considers this process to be a part of its overall capacity building activities, and felt that investing the initial time to work with NGOs on narratives and budgets would improve their overall implementation and accountability in the long-term. In addition, this process has also indicated the strong need for the organization of a future training seminar on proposal and budget preparation for all partners in the region.

## **VII. Health Care Component**

### **Infectious Disease Specialist Training**

Given the relatively small number of doctors involved directly with specialist care of HIV/AIDS patients and the fact that ARV are beginning to be used in several of the countries, it was envisioned that the clinical training of specialists would be the first major activity in the care and support component of the program. For reasons of costs and creating a regional technical clinical care network, this component focuses on regional training.

The timeline for the clinical activities completed during the reporting period and through the end of this year is presented below:

*Training of HIV Specialist for 2004*

	May	June	July	August	September	October	November	December
Development of Protocols for Needs Assessment	x							
Assessment of the Training Needs (ATN) in MK	x							
ATN in Serbia		x	x					
ATN in Montenegro		x		x				
ATN in Albania			x					
ATN in Kosovo		x						
ATN in Croatia		x	x	x				
ATN in BiH				x				
Development of Curricula for Training Seminar					x	x		
Accreditation at Doctors Chamber in each country			x	x	x			
Obtaining Official Approval			x	x	x			
First Training Workshop						x		
Formal Practicum in HIV Centers in Serbia and Croatia (5 days)							x	
Training Follow-Up on Site							x	x

**1. Assessment of the training needs of the HIV/AIDS specialists**

The clinical component of the Western Balkans Programme to Fight HIV/AIDS began with a detailed assessment of the training needs of HIV/AIDS specialists in the region. The purpose of the assessment was to organize the first training course for the specialists with the greatest needs to catch up, and to design the curricula content based on the immediate needs. The assessment methodology used semi-structured interviews with key informants during field visits.

Key informants included specialists of the HIV/AIDS treatment centers, directors of the infectious diseases clinics, the National AIDS Coordinators, representatives of the Ministries of Health, and UN agencies. Input was also obtained from potential participants regarding their needs, which was incorporated in the assessment report.

The conclusions of the assessment were as follows:

- There are significant discrepancies in the level of training and experience of the HIV/AIDS specialists in the region.
- There is a lack of systematic and continuing training programs in most of the countries.
- Most HIV/AIDS specialists have very limited practical experience, because of the small number of patients in their countries. Enhancing practical skills is a particular need of these specialists.
- The absence of clinical protocols in the countries of the region constitutes a further obstacle to consistent, coherent and up-to-date provision of care.

- Training in the management of opportunistic infections (OIs) is needed urgently for the better management and health outcomes for the patients. This topic will be an important component of the planned training course in October.
- The recently started/or soon expected availability of ART brings additional demands for capacity building of the health care professionals.
- The lack of contacts and cooperation among the HIV/AIDS treatment sites in the region is an additional gap. The specialists are trying to find ways to cope with local circumstances, without having the opportunity to share and exchange information and experiences.
- The lack of supporting teams means that HIV specialists have greater responsibilities and duties
- The lack of collaboration with PLWHA is also a gap in the comprehensive approach to HIV/AIDS care and support. A more active involvement of the PLWHA should be encouraged and supported by the healthcare providers.
- The health care management recognizes a need for continuing and expanding provider training to enhance and maintain the clinical skills of the cadres.

## **2. First training workshop – Zagreb, October 16-22, 2004**

**The overall design of the first regional workshop has been initiated.**

### **Goals and objectives:**

- Bring together and establish contacts between the specialists in the region
- Diminish the differences in knowledge among the specialists of the different countries
- Introduce clinical protocols based on international recommendations and adapted to local conditions
- Provide knowledge-based clinical information on HIV/AIDS to enhance the overall knowledge base of the specialists
- Improve knowledge about diagnosis, treatment and prophylaxis of the OIs with focus on the most common OIs in the region
- Introduce the most recent recommendations on when and how to initiate ART, monitor the patients, change the regimens
- Provide knowledge on ways to prevent mother-to-child transmission
- Improve knowledge about infection control and prevention of professional exposure
- Assist with creating a database and follow-up forms
- Start establishment of comprehensive HIV/AIDS care
- Promote the role of NGOs in care and support with the specialists and facilitate linkages in country
- Improve provider case-presentation skills and practice

**Lecturers include:**

- Prominent specialists from the region (Professor Begovac, Professor Jevtovic, Prof. Vince, Dr. Tesovic, Dr. Civljak)
- International global experts (Dr. Sherer, University of Chicago and Project HOPE)
- Clinical Coordinator – experienced in treating HIV/AIDS

**The Curriculum** is being developed with clear learning objectives, taking into account international standards and based on the needs identified in the assessment

**Participants:** 25-30 HIV/AIDS specialists from the region. Clear selection criteria for participation have been established and were shared with country authorities to complete the recruitment and selection of the participants in collaboration with the MoHs.

The list of participants will be made in cooperation with the health care authorities in each country. Participants must possess one of the following criteria:

Infectious Diseases specialists

- Provide care of HIV/AIDS patients in the HIV center/department in the relevant country either regularly, during after hours duty, or as a locum
- Have a special interest in HIV infection
- Might encounter HIV infected patients in an early, undiagnosed stage
- Are potentially involved in following upon the HIV/AIDS treatment established in the main center

### **3. Practical training in clinics for HIV specialists**

**The purpose of this training is to provide HIV/AIDS specialists who have a still small caseload of patients and therefore limited experience with the various HIV/AIDS related problems to a broad variety of cases.** This practicum will take place in the HIV/AIDS centers in Belgrade and Zagreb, where the largest number of HIV/AIDS patients are treated in the region (500 patients in Belgrade, 250 in Zagreb). These Centers also use appropriate medical management of the patients, following established protocols. This practical training experience will further create a strong network of regional specialists and encourage an exchange around treatment issues.

The practical training component is planned to last one week, and will follow the more theoretical workshop in October. It will be organized for 14-16 HIV specialists from the region. They will be assigned in groups of 2- 4 to either the clinic in Belgrade or the clinic in Zagreb.

### **4. On site monitoring and follow up of the impact of the training**

The Clinical Coordinator will continue to meet with the course participants to monitor the impact of the training on the quality of care they provide for their patients after the

completion of the training. She will coordinate with the faculty from the two main teaching centers: the Zagreb and Belgrade clinics to assure the quality of the mentoring and coaching they provide.

### **Primary Care Provider Training**

In all countries of the region, primary care of HIV/AIDS patients is provided not only by GPs and nurses, but also by dentists, pediatricians and OB/GYN specialists working in the outpatient ambulatory care units (in some places called *Dom Zdravljas*.) Based on feedback from HIV/AIDS specialists, their primary care colleagues' knowledge of HIV/AIDS is limited. Their attitude towards caring for HIV/AIDS patients is often poor, based on feedback from their clients and the general public.

As a result, the need for training providers at the primary care level remains substantial. Since this involves the training of large number of providers, it is necessary to start with a Training of Trainer (ToT) component to develop a pool of competent local trainers who will then provide training through a cascading mechanism in all countries.

A detailed needs assessment is planned for September to map out the specific needs of PHC providers. This will be followed by the development of a ToT curriculum and the PHC provider curriculum. Project HOPE is reviewing and will use samples and best practices adopted from similar training activities performed by Project HOPE and other organizations worldwide.

#### **Activity plan**

##### *TOT and Provider training*

The most effective way to cover a critical mass of providers is to concentrate on training trainers, and then to give trainers the opportunity to practice their new skills and assist them in the organization of the first courses for which they are themselves fully responsible.

For the first year of the project, provider and TOT training is planned for BiH, Kosovo and Macedonia. In BiH, the project will combine the training with the already on-going family medicine ToT program which targets the same population of trainees.

##### *Necessary Steps:*

- 1. Obtaining authorization from the health authorities**
- 2. Conduct a statistically relevant general assessment of knowledge, attitude and practice (KAP) of the providers**

The assessment will be conducted with internationally established protocols. The choice of data collection methods and relevant indicators will be made with the support of a specialist in health information. The assessment will be conducted with a representative

sample of health care workers (HCWs), and in partnership with the respective National IPH and MoH.

The results of the assessment will determine the content of the training, and will be used for an evaluation of the training activities by conducting a second assessment 6-12 months after the training.

### **3. Select/develop appropriate materials**

Some materials for these trainings have already been developed. Lectures given during the workshop for HIV specialists will also be used as a basis for further trainings, after being appropriately adapted.

### **4. First training course for providers**

A first training course for providers from selected sites will be organized, covering 40 - 50 trainees per country. Physicians trained during the specialists' training, could be included as teachers. During this first training, participants with interest in becoming trainers will be selected for participation in a ToT course (15-20 per course).

### **5. TOT course**

A ToT course will be designed, based on lessons-learned from the ToT course for family medicine in BiH. The content of the training will complement the trainers' clinical knowledge with pedagogical skills and teaching principles

### **6. Second provider course**

A second provider course will be supported for a different set of participants, to allow the newly established trainers to practice their new skills under the monitoring and guidance of external trainers.

### **7. Third provider course**

A third course will be supported, with most of the organizational and teaching responsibility left to the new local trainers.

### **Training in Second Generation HIV surveillance**

A comprehensive knowledge of HIV/AIDS epidemics and their trends within a country (as well as for sexually transmitted diseases and sexual behaviors) is vital for the accurate planning, allocation of resources, implementation, monitoring and evaluation of HIV/AIDS programmes. Thus, while Project HOPE did not originally intend to focus on second generation surveillance of HIV/AIDS, we are continuously monitoring the various HIV/AIDS related training programs and activities in the region and beyond. Project HOPE therefore decided to support key stakeholders from the countries of the Western

Balkan region who are responsible for planning and implementing HIV prevention polices and services to attend a series of training events on second generation surveillance which are being organized in Croatia throughout 2004. Participation in these trainings will allow Project HOPE to capitalize upon these regional opportunities and assist our local partners in accessing the latest information regarding the fight against HIV/AIDS.

In the late 1990s, a framework termed “second generation HIV surveillance” was developed by WHO and UNAIDS with the aim to tailor surveillance systems to the needs of the specific epidemic states. A training program has been organized by the Andrija Stampar School of Public Health in Zagreb, Croatia and WHO for second generation surveillance. The goal of this training course is to improve the surveillance of HIV and STIs (sexually transmitted infections) in the countries of Central and Eastern Europe and the Newly Independent States. In total, the training is comprised of five modules, conducted from June 2004 through November 2004, and they include:

- Introduction to 2<sup>nd</sup> generation HIV/AIDS surveillance
- Behavioral surveillance
- Biological/sero surveillance
- Surveillance of sexually transmitted infections
- Surveillance in hard to reach population

The first module “Introduction to 2<sup>nd</sup> generation HIV/AIDS surveillance” was held from June 14-18, and it enabled participants to better understand and use the components of 2<sup>nd</sup> generation HIV surveillance. The training event provided the following recommendations for surveillance in low-level epidemics:

- Cross-sectional surveys of behavior in subpopulations with risk behavior
- Surveillance of STDs and other biological markers of risk
- HIV surveillance in subpopulations at risk
- HIV and AIDS case reporting
- Tracking of HIV in donated blood

The following professionals attended the first module:

Dr. Vesna Velich Stefanovska – National AIDS Coordinator, Macedonia  
Dr. Boban Mugosa – Centre for Epidemiology, Institute of Public Health, Serbia and Montenegro  
Dr. Roland Bani – National AIDS Program, Institute of Public Health, Albania  
Dr. Jadranka Nikolik – Infectious Diseases Clinic, Clinical Center Mostar, BiH  
Dr. Shime Zekan – Infectious Diseases Clinic, Clinical Center Zagreb, Croatia  
Dr. Irina Valkova – Clinical Coordinator, Project HOPE  
Dr. Marina Panova – Medical Coordinator, Project HOPE

The second module: “Behavioral Surveillance,” focuses on the contribution that monitoring behaviors can make in understanding the determinants of the HIV epidemic and their changes over time, as well as the planning and implementation of HIV

prevention programs. The following professionals were supported to participate in the “Behavioral surveillance” module which took place at the Andrea Stampar Public Health School, Zagreb from June 21-25, 2004:

Dr. Vesna Velich Stefanovska – National AIDS Coordinator, Macedonia  
Dr. Shime Zekan – Infectious Diseases Clinic, Clinical Center Zagreb, Croatia  
Dr. Jelena Brkovic – Institute for addiction, Belgrade, Serbia and Montenegro

During September and November 2004, three additional modules are planned to take place as follows:

1. Biological/Serosurveillance during September 06-10, 2004
2. Surveillance of sexually transmitted diseases during November 01-05, 2004
3. Surveillance in hard to reach populations during November 08-12, 2004

Project HOPE will support an additional 11 professionals coming from the Western Balkan region to participate in the forthcoming modules organized by WHO and Andrea Stampar Public Health School. Countries need to develop high quality surveillance systems which can provide relevant, accurate and timely data in order to preventing HIV epidemics and scale up resources for interventions. Project HOPE recognizes this training event as a unique opportunity to develop of local technical capacity in Western Balkans in order to improve the existing surveillance systems, as well as provide better data for advocacy and resource mobilization, planning of prevention programs and their monitoring and evaluation. It is expected that the trainees supported by the project will serve as trainers and experts, when needed, in related trainings of specialists, primary providers, and NGOs.

### **VIII. Lab/Drug Assessment**

The purpose of this assessment is to assist the countries to have an up-to-date knowledge about their laboratory and drugs needs, so they can use this information for approaching other donors. Project HOPE Switzerland also plans to use this information to seek additional resources to remediate gaps in this component.

Project HOPE Switzerland contracted Ms. Aletta Kliphuis of PharmAccess International, the Netherlands. PharmAccess is an international non-profit organization engaged in increasing access to highly active antiretroviral therapy for more people, mostly in underdeveloped countries in Africa. Ms. Kliphuis is a laboratory technician who has worked for PharmAccess for number of years, mostly in African countries and Russia.

As previously agreed, the mission in its first part included trips to visit laboratories in Macedonia, Kosovo, Albania and Montenegro. During nine working days 11 laboratories were visited, and their technical competence for the diagnosis of HIV was assessed.

In the second phase of the assessment, laboratories will be assessed in Serbia, Bosnia and Herzegovina, and Croatia. This is planned for early September, 2004, depending on Ms. Kliphuis' availability.

### **Country Specific Comments**

Below is an initial draft of Ms. Kliphuis' first assessment mission to the region. As agreed with PharmAccess, the first draft of the completed assessment prepared by Ms. Kliphuis will be available in October.

#### **Albania**

There are 26 public district labs in Albania and 26 district blood banks. All district labs and blood banks perform HIV rapid tests. For all district labs, confirmation testing is done directly at the National Institute for Public Health (NIPH), for all district blood banks, a confirmation test (ELISA) is done at the National Blood Transfusion Centre (NBTC) first, and only the confirmed positive samples are sent to NIPH for confirmation (ELISA and WB). Both centres are situated in Tirana.

Thus far, there are no VCT centres in Albania. NIPH has counsellors, but no guidelines/protocols have been written, nor is there a National HAART protocol in place. Three doctors are trained in Albania on HAART, and five people receive HAART via the private sector, with only one year guaranteed supply for ARVs. There is no long term involvement from the government side in designing treatment scenarios, nor in allocating a budget for long term treatment.

#### **National Institute of Public Health**

The laboratory of NIPH is capable of high throughput ELISA and WB, although the ELISA washer was broken down during our visit and repair/renewal for this washer was not budgeted. No viral load is possible as of yet (quantitative PCR might be possible soon), nor CD4 count (possible at University hospital via flowcytometry.) New lab equipment has been ordered, a PCR lab space is identified, but lab personnel needs to receive proper training prior to implementation of these techniques. Also confidentiality issues are an important factor to examine, as there are no computers in the laboratory. This means that all information is written in books with names of individuals next to HIV results, no coding systems are in place. NIPH is the reference laboratory for all confirmation testing on HIV. From 1993 (first case) until December 2003, 119 HIV+ individuals have been identified (figures from NIPH). Important note: All HIV+ identified individuals are known at NIPH (name, date of birth, address, profession etc).

#### **University Clinical Centre**

The laboratory of the University Clinical Centre was under construction, and therefore difficult to assess properly. The head of the lab operates as a counsellor, but is not trained in counselling techniques. As successful HAART programs have more than just

HIV diagnostics, the haematology and routine biochemistry labs were visited as well. Both labs are not suited for supporting a HAART program, since both labs lack automated machines; all equipment was at least 20 years old, all techniques are open system (open tubes), and vacutainers are missing. The University Clinical Centre laboratory has identified 32 HIV+ individuals from 1998 onwards.

Both the NIPH and University Clinical Centre expressed the difficulty of receiving the desired laboratory reagent kits. This strongly correlates with tenders and budget available. Therefore kits used for the same parameter (HIV screening ELISA or WB) can differ within the same centre from one month to another. This is not advised for quality control purposes.

### **National Blood Transfusion Centre**

In the year 2003, 12.250 donations were executed in all blood banks together. Half of all donations are done at the National Blood Transfusion Centre in Tirana. Questionnaires are in place and used, and 60% of all donors are paid donors. In 10 years time, the NBTC confirmed 22 HIV positive tests by ELISA. In the year 2003, 4 HIV+ donors were identified. The laboratory of NBTC is capable of high throughput ELISA and standard screening (Hepatitis B, Hepatitis C and THPA). Blood group typing is done using various techniques, depending on state of centrifuges for example. No computers are in place though, meaning all results are written down manually in lab journals as well as on donor files, resulting in an increased chance of writing errors and difficulties in running proper statistics. Unlike the other two visited sites, the NBTC has a separate budget, and they therefore rarely run out of kits/reagents.

In all sites visited, the involvement of NGOs is visible, (donated fridges, centrifuges, machines etc), but since these NGOs are not entirely committed to just HIV/AIDS, their achievements in this field are fragile and easily undone. For instance, the laboratory of the University Clinical Centre has had no ELISA reagent kits from November 2003 until the day of the assessment (July 2004), because the NGO which was supplying the kits has left the country.

### **Recommendations**

Training of lab technicians on HIV RNA/DNA techniques, samples storage, confidentiality issues, safety issues, CD4 and quality control, etc. Also investments are required in various labs in laboratory equipment (automated haematology, automated bio chemistry machine, Viral Load assay, CD4 flowcytometry) and computers. Training of personnel on these machines/computers is needed, vacutainers need to be in place and emphasis on streamlining of ordering scenarios is required for all medical facilities in terms of HIV screening/confirmation test kits.

### **Important Remark**

According to the Head of the National Institute of Public Health, 80% of all identified HIV+ individuals in Albania is infected with HIV-2 (a study done by NIPH in collaboration with a group from Italy shows this, but is not finalized yet). If this is indeed the case, it is highly unusual, as to my knowledge, HIV-2 is known to circulate in

Western Africa only. It is important to check this properly, as treatment differs for HIV-2 compared to HIV-1 infected individuals.

## **Kosovo**

### **Locations visited in Kosovo, Pristina**

1. University Clinical Centre, Infectious Diseases Clinic
2. University Clinical Centre, National Centre for Blood Transfusion
3. National Institute of Public Health, Reference Laboratory for HIV/AIDS

HIV screening is done in two ways in Kosovo. One is by rapid test in a VCT centre, situated at the Infectious Diseases Clinic, the other method is by ELISA, executed by the National Centre for Blood Transfusion. The National Institute of Public Health is the reference laboratory for HIV/AIDS. For now, no ELISAs are done there and WB is not possible in all of Kosovo. Suspected HIV+ individuals (ELISA+) are referred to Skopje, Macedonia for confirmation testing. All above centres are at the same compound, not more than 5 minutes walking distance from each other.

### **National Blood Transfusion Service**

There are 7 district blood banks (field centres in regional hospitals) for family donors only. In all centres together about 23.500 donations are executed on a yearly basis, 15.000 of these donations are done in Pristina. For now, all field centres test on HIV (ELISA), and separate red cells from blood plasma, but in the future this will be centralized in 2-3 years time in Pristina. The laboratory is very capable of high throughput ELISA tests; all serological tests are done using one automated machine, using tests from one supplier, with barcodes, no names of individuals. Computers are in place, as is an easy tracing system of previous results of donors. Important note: Blood bank reports to NIPH in case of HIV positive result, revealing identity of HIV+ individual. Therefore all information, next to HIV+ result is known at the NIPH (name, date of birth, address, profession.)

### **University Clinical Centre, Infectious Diseases Clinic**

The laboratory of the Infectious Diseases Clinic is large and strikingly unequipped. Only one microscope is present, so only a WBC differentiation is possible next to urine examination. No other tests are possible. There is however a VCT centre attached to this Clinic. This is a special zone with a separate entrance. 2 HIV rapid tests are performed in parallel here, with a 3<sup>rd</sup> rapid test available in case of discrepancy. 25-30 individuals are tested on HIV here on a monthly basis, but also people come to the blood bank for VCT (2 persons every month.) Since 1986 until December 2003, 54 HIV+ individuals have been identified in the VCT centre. The laboratory for haematology and biochemistry was not visited.

For now, 7 HIV+ individuals are monitored closely for Viral Load and CD4 by a very motivated and knowledgeable medical doctor (head of HIV/AIDS department), together with the head of Laboratory. Samples are sent to Paris every 3 months (Pasteur Institute)

at a reduced price. Counselling is done at the VCT centre, training was provided by UNAIDS. Results are kept in a computer, in coded format. All HIV+ individuals in Kosovo receive a code in a standardized manner, deriving from initials and date of birth.

### **National Institute of Public Health**

The laboratory should serve as a reference laboratory for HIV/AIDS, but is not functional as yet; the serology laboratory is used as a storage room right now, although the space is allocated for future lab use. The serology lab will be at ground floor, 4 lab techs are trained on ELISA and WB. No viral load is possible, nor CD4. A fluorescent microscope is present, so CD4's could be counted manually. The correct filter should be in place though. A PCR machine was ordered recently, but is not in use (no separate PCR space allocated yet.)

All labs visited rely heavily on donors (for instance, SIDA, Canada and USAID are present and donating equipment, training, etc.) There are problems with ordering of kits, due to the new approved law which calls for a minimum of a three tender scenario. The only exception is the Blood Bank, as they order only twice a year and have a separate budget and ordering system anyway.

The exact role of the National AIDS coordinator in Kosovo is unclear. For example, no coordinating roll is fulfilled in designing national treating guidelines (the reality is that doctors are downloading WHO guidelines), nor is there coordination between the HIV screening/confirmation laboratory (which is awaiting funding for construction) and the financial department (apparently budget for renovation is already approved.).

### **Recommendations**

For blood banks, all requirements are basically met. The department of Infectious Diseases lab is not really active now (except urine examination) and could rely on haematology and routine bio chemistry labs, (even though we did not visit these labs, they are on the premises). The VCT centre should also be equipped with vacutainers, in case blood drawing is necessary for confirmation testing and follow-up (VL and CD4). The serology lab in the NIPH should be realized ASAP, so confirmation ELISA/WB can be done in the country. A Viral Load assay should be implemented as well as CD4 enumeration. The design of the laboratory should be looked into in great detail (PCR upgraded versus VL assay and serology).

## **Macedonia**

### **Locations visited in Macedonia, Skopje:**

1. HIV/AIDS Dept, Clinic of Infectious Diseases, Reference Laboratory for HIV/AIDS
2. National Centre for Blood Transfusion
3. National Institute of Public Health, Reference Laboratory for HIV/AIDS

There are 10 regional Institutes of Public Health centres in Macedonia, 20 local centres and 3 regional blood bank centres. All Public Health centres fill in a weekly epidemiological report on communicable diseases. From this a monthly report is made by the National Institute of Public Health in Skopje, and all these data compiled make the annual report. Six labs outside Skopje screen for HIV (ELISA), confirmation testing is done via WB at the Department of Infectious Diseases in Skopje. 60% of all HIV screening (excluding blood donors) is done in Skopje.

There are no VCT centres in Macedonia yet, except the one inside NIPH. The HIV/AIDS Dept. in the Clinic of Infectious Diseases is a reference laboratory for HIV screening/confirmation. One doctor in the Department of Infectious Diseases reads all WB results. This is the only place where WB is performed in the entire country, WITH the authorisation for HIV infection diagnosis. No HIV+ individual is receiving HAART in Macedonia, even though 4-5 patients need treatment now, but no budget is available. Only one doctor has been trained on ARVs (Department of Infectious Diseases), and there are no National guidelines in place.

### **National Institute of Public Health**

The laboratory of the NIPH is capable of high throughput ELISA and has a PCR up graded area. Here the qualitative assays on HIV, Hepatitis B and Hepatitis C (by PCR) are performed. The NIPH is looking into a quantitative assay for HIV (Viral Load), Hepatitis B and Hepatitis C, in order to monitor effectiveness of treatment. No assay is in place as yet. Lab appears specious, clean and organized. HIV+ plasma samples are stored in separate freezer (-20C). It is possible to be tested on HIV anonymously, but it is unclear how counselling is done in this case and by whom. No CD4 count is possible. HIV+ ELISA samples are sent to the Department of Infectious Diseases for confirmation (ELISA and WB). Remark: We were practically kicked out of the lab rather quickly by the head of the lab, as questions about which kits were used were seen as highly inappropriate.

We were however warmly welcomed by the head of HIV/AIDS department of NIPH, who informed us about the entire route of reporting results on the national level and gave us insight in the ordering/bidding/tenders procedures. In total about 60.000 – 65.000 HIV tests are done in Macedonia on a yearly basis, including donors. There are 6 trained counsellors in NIPH, (Canada: training for trainees). In 10 years time about 1000 people visited the VCT centre, situated at the ground floor of the NIPH building. This was possible due to Red Cross volunteers, (Macedonian/Albanian) who were working at the VCT centre every day from 10:00 -13:00 hours.

In the period of 1986-2003, 64 HIV+ individuals were identified in Macedonia. Also in Macedonia, donations were plenty during the Kosovo crisis, but after this period, the donations stopped. There is no National Budget for treatment according to NIPH.

### **HIV/AIDS Dept. Clinic of Infectious Diseases**

The immunology laboratory of the HIV/AIDS Department is capable of high throughput ELISA tests, especially now there is a new fully automated ELISA machine installed. It was not yet functional while we were visiting, but will be up and running shortly. Until it does, 3 readers/washers are currently running all ELISA tests. The Lab appears clean and organized with a very capable head of laboratory. About 1500 ELISAs are run yearly (HIV, Hepatitis B, Hepatitis C, Hepatitis E), and vacutainers are in place. Approximately 20-25 HIV screening tests are conducted weekly. A coding system is in place, no patient names on test tubes. HIV results are reported to NIPH including name, date of birth, address, profession etc.

Haematology and bio chemistry labs were also examined. Both labs are very capable of supporting a HAART program; both labs are situated next to the immunology lab and blood drawing area and are equipped with a fully automated (dry) bio chemistry machine and semi automated haematology machine. Both machines do utilize open test tubes though.

### **National Blood Transfusion Service**

About 50.000 donations are executed yearly in Macedonia, 30.000 of them by National Blood Transfusion Service in Skopje. All donors are volunteers, and no paid donor system is in place. This, together with a very strict questionnaire (used in all centres), results in selection of HIV- donors since 1985 until today (not one HIV+ ELISA has been seen since then). The Lab is clean, organized, well staffed and managed by a very capable team, which is also coordinating the 3 regional centres. The Lab is very capable of high throughput ELISA and even WB, but NBTS is not authorized for HIV diagnosis, only HIV screening, so HIV confirmation needs to be done by the Department of Infectious Diseases. HIV screening will be done with 4<sup>th</sup> generation screening tests in the near future (detecting both HIV antibody as well as antigen). A computer system is in place, as well as a coding system for donors, cumulative reporting is possible and easy tracing system for previous results of donors. NBTS has separate budget for ordering kits.

### **Recommendations**

There is not much to improve in the lab of the blood bank. A computer system should be in place in Clinic of Infectious Diseases, especially since this serves as the reference laboratory. Also the haematology and bio chemistry department should be hooked up with such a system. The lab of the NIPH should have a computer system too and good advice on which Viral Load (HIV) assay to buy which can also perform quantitative Hep B and Hep C. Again, PCR is not Viral Load. Training is necessary on confidentiality and HIV RNA/DNA issues. It remains unclear where CD4 counts are performed in Macedonia.

### **General Remarks**

In all facilities visited in Skopje Macedonia, taking digital pictures was not allowed. Except for the NBTS and head of HIV/AIDS department of NIPH, people seemed not particularly interested in our visit, nor willing to spend much time in answering questions. They seemed tired of yet another assessment (many different organisations

have visited, promising a lot, delivering zero). Plain distrust during our assessment was shown at times. The National AIDS coordinator (also head of AIDS Department Clinic of Infectious Diseases), stands alone in designing national treatment guidelines on HIV, organizing funding for treatment and finally treatment of patients. No coordinating activities were mentioned.

## **Montenegro**

### **Locations visited Montenegro, Podgorica**

1. HIV/AIDS Dept, Clinic of Infectious Diseases
2. National Blood Transfusion Centre (NBTC)
3. National Institute of Public Health (NIPH), reference lab. for HIV/AIDS

In Montenegro, there are nine centres for blood transfusion, linked to medical centres. The NBTC is situated very close to Clinic of Infectious Diseases, and directors of both facilities work very closely together and are very motivated and knowledgeable. The General Director of the Clinic of Infectious Diseases in Podgorica is also the Medical Director, and the director of NBTC is also president of the National Transfusion committee; the advisory board of the Minister of Health. This committee is, among other issues, currently working on re-organizing the testing labs for Transfusion (from 9 centres down to 3), standardizing protocols and implementing reference centres. Even though NBTC has the best equipped lab in the country, the reference laboratory for HIV testing is in NIPH.

VCT is not yet widely used, and the law will be changed in the near future so that anonymous HIV testing will become possible. For now, people in Podgorica can go to NBTC for VCT, but in reality, they all go to the director of NIPH for counselling and to NBTC for blood drawing.

### **HIV/AIDS Dept, Clinic of Infectious Diseases**

This clinic has no laboratory specialized in HIV screening and was therefore not visited. Also no haematology nor bio chemistry lab was visited. As stated above, the clinic is collaborating with NBTC organisation wise, has a very capable and motivated team. People are referred to NBTC for HIV screening.

### **National Blood Transfusion Centre (NBTC)**

Approximately there are 14.000 donations in total in entire Montenegro, of which half (7.000) of them are executed in NBTC in Podgorica. 20% are voluntary donors, 80% are family member donations. In absolute numbers, there are 5.500 – 6.000 donors in Montenegro. The Laboratory is very capable of high throughput ELISA (HIV, Hepatitis C, and Hepatitis B). TPHA is sent to NIPH. The Lab appears spacious, organized and clean. Strikingly missing are computers in NBTC. All donors are in filing cabinets, filed by blood type. Everything is written manually; there are numbers on test tubes in lab, results in lab journals and finally on donor files. Good and very organized system, but difficult to run statistics. In the period of 1987 until 2003, a total 6 or 7 HIV+ individuals

have been identified by all blood banks together, of which 4 HIV+ individuals were identified by NBTC in Podgorica.

National Institute of Public Health (NIPH), Reference lab For HIV/AIDS

According to the director of NIPH, the first case of HIV was reported in 1989. Until 2003 there have been 54 HIV+ individuals identified in Montenegro. 23 of them died and 12 of them developed AIDS. Director of NIPH operates as general counselor. All HIV+ individuals are known by the director personally. Confidentiality was seen as very important, but in reality this is a very difficult issue to manage properly. The lab of the NIPH appears large, organized and clean. Computers are in place, cumulative reporting is possible. As far as the role of this lab being the HIV reference lab; this is theoretically the case, but practically, all HIV ELISA requests are sent to NBTC and all samples for WB are sent to Belgrade, as no test kits are available (3 tender scenario)

### **Recommendations**

Computer system for NBTC and for all labs, focus on steam lining ordering test kits.

### **General remarks**

A lot of discussion with the director of NIPH on confidentiality issues, testing algorithms and different ways to organize VCT, as he is the direct advisor to the Minister of Health who is also the National AIDS coordinator.

### **General Remarks and Recommendations**

- There is always a balance between VCT uptake and fear for disclosure. In all countries visited, the identity of the HIV+ individual is disclosed to the NIPH. Reason for this, is to be able to track and trace individuals who have been at risk due to sexual contact with the HIV+ person. (TBC approach: Public Health versus privacy individual).
- Even though Kosovo is the only country which uses rapid tests in their VCT centre, Montenegro is by far the most advanced country in recognizing the necessity to revise the VCT approach as a whole. Besides above scenario, Montenegro is ready to start anonymous HIV testing and this is already propagated via radio.

It is questionable is if this is a good idea though:

In scenario 1:

All information is available (for statistics) of HIV+ person, resulting in low VCT uptake

In scenario 2:

No information is available (for statistics), but one could anticipate a higher VCT uptake

Desirable would be: a high VCT uptake and sufficient information for statistics.

This could be an alternative scenario 3:

No disclosure of individual HIV status (either + or -), combined with sending coded information only to NIPH for statistics.

For instance; date of test, gender, age group, HIV result.

This scenario however, requires a tremendous change in mindset about VCT approach in general and HIV infection in particular.

- There is a lot of difference between National AIDS coordinators in terms of proactiveness, level of commitment and influence. For example, in Montenegro this is the Minister of Health, in Macedonia it is the head of HIV/AIDS Dept. in Clinic of Infectious Diseases. Logically, these differences in position will have a great impact on effectiveness of programs and level of coordination activities.
- Nearly all counties work with the 3 tender systems for ordering (either for kits or equipment); meaning 3 independent companies MUST have had the opportunity of sending a pro forma. In some cases, there are not even 3 tenders available for certain specialized lab equipment, resulting in months and months of delay in supply. For a reliable HAART program this can not be the case. If this is happening for test kits, drug procurement is not guaranteed either.
- A successful HAART program can not be carried by one person alone, it is a team effort per se, and therefore, the entire medical team should be involved. Training for medical personnel in general (not solely medical doctors) would be desirable in many different disciplines.