



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

Progress Report January – September 2006

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ACRONYMS

APRAD	Association for Prevention and Rehabilitation from AIDS and Drugs, an Albanian NGO
BiH	Bosnia and Herzegovina
CSGD	Center for Social Group Development, a UNMIK-Kosovo NGO
DFID	United Kingdom Department for International Development
FHI	Family Health International, a USA NGO
FPH	Fondation Partnerships in Health
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with HIV or AIDS
GNP+	Global alliance of people living with HIV or AIDS
GO	Governmental organisation
HERA	Health Education and Research Association, a Macedonian NGO
HOPS	Healthy Options Projects Skopje, a Macedonian NGO
ISOP	Institute for social research on public opinions, an Albanian NGO
IDS	Infectious diseases specialist
IDU	Injection drug user
MSM	Men who have sex with men
MoH	Ministry of Health
NAC	National AIDS Coordinator
NGO	Non-governmental organization
PHC	Primary Health Care
PHCP	Primary health care provider
PLHIV	People living with HIV
RS	Republic Srpska, an entity of BiH
SDC	Switzerland Agency for Development and Cooperation
SW	Sex worker
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VCCT	Voluntary Counseling Confidential Testing

EXECUTIVE SUMMARY

The Western Balkans Regional Programme to fight HIV and AIDS (the Programme) covers Albania, Bosnia and Herzegovina, Croatia, the United Nations Administered Province of Kosovo (UNMIK-Kosovo), the Former Yugoslav Republic of Macedonia, the newly independent Republic of Montenegro and the Republic of Serbia. Based on passive surveillance data, these countries are considered low in HIV prevalence. Yet, the combination of vulnerabilities and multiple bridging populations (IDUs, SWs, MSM) coupled with substantial past and continuing population movements threaten with a potential for explosive HIV epidemics. This threat is exacerbated by the extremely high societal stigma and discrimination against people living with HIV (PLHIV) and many of the bridging populations.

Fondation PH- *Partnerships in Health* (FPH) with support from Sida, has been implementing the Western Balkans regional HIV and AIDS Programme from 2004 to 2006. The Programme consisted of two main components:

- *Prevention* – To strengthen the technical and managerial capacity of local non-governmental organizations.
- *Care and support* –To strengthen the capacities of infectious diseases specialists and primary health care providers, both in terms of diagnosis and treatment, work place protection and in assuring the rights of PLHIV.

In addition, an NGO Trust Fund has facilitated building prevention, care and support networks. Special efforts have been made to ensure outreach to and inclusion of marginalized populations, such as IDUs, sex workers (SWs), MSM, Roma populations and other mobile populations. This progress report covers activities from January through September 2006, the third year of Programme implementation.

Despite of the inadequacy of passive surveillance, the number of new HIV cases rise steadily, doubling in increasingly shorter time intervals. This is due to improved public awareness, better outreach to high-risk populations, availability of voluntary counselling and confidential testing services (VCCT), and some bio-behavioural surveillance, in addition to the actual growth of the epidemics. The appearance of cases of mother-to-child transmission in most of these countries indicates the generalizing nature of the epidemic. By 2006, all countries in this region provide ART, but the availability and coverage varies from country to country, and between different administrative zones. New cases are often at a symptomatic stage of AIDS at the time of diagnosis, due to discrimination and inadequate access to services.

All countries have national AIDS strategies. As of 2006, GFATM's AIDS funding is available to all countries except the UNMIK-Kosovo, but is already ending in some, and has yet to start in the round V (awarded in 2005) countries. In addition, donor activities are fragmented, supporting important studies and initiatives only in select countries or areas (mostly in the capital city regions only). Sida is the only donor that assists these countries in addressing non-covered critical programmatic areas within each country, as well as tackling the epidemic from a regional and multi-sectoral perspective

NGO Trust Fund. *During this reporting period, approximately EUR130'000¹ was invested in an additional nine new NGO projects (for a total of 25 NGO grants by the end of Phase I) in six countries. Six of these NGOs had shown improved capacity in financial management, effectiveness from prior rounds of support, and one project each for the newly established PLHIV association in Albania; a PLHIV group in BiH (split off from the NGO who worked with it during the round I support); and a Roma youth outreach support group in Macedonia. Some highlights of the NGO work during this period include:*

- √ 4 new VCCT centers established and operating
- √ About 400 HIV counseling and testing were performed with 1 positive case.
- √ Approximately 720 hotline calls
- √ Education/informational materials produced and disseminated (23,000 HIV preventive information brochures; manuals and guidelines on *positive living*, HIV prevention and skills-training information in English, Albanian and Roma languages)
- √ 40 IDU self-help group meetings conducted
- √ 46 PLHIV self-support meetings held
- √ 15 Roma community education team formed and 30 peer education sessions conducted
- √ 2 policy and coordination round tables held;
- √ 31 sex workers counseled; 232 truck drivers reached
- √ 30 TV, radio and other media spots shown
- √ Approximately 2,000 additional marginalized populations in the communities trained on HIV prevention.

Regional capacity building activities during the reporting period included a **regional VCCT exchange study** visit on July, 26 – 29, 2006 hosted by one of the programme's NGO partners, *Anti-Dans*. This exchange made it possible to share insights about the challenges and opportunities of VCCT services for different target populations: IDU, MSM, sex worker, Roma and other mobile populations. The study visit was facilitated by the Programme Manager and involved 18 public and private programme partners from Macedonia, Albania and Kosovo. The visit also stimulated the beginnings of an informal network of VCCT providers in this region for continued future sharing of experiences.

At the request of PLHIV, FPH organized the first ever regional **PLHIV directed consultation** in Macedonia, September 23-25, 2006, in collaboration with GNP+. This consultation provided safe space and support for PLHIV from the whole region to share experiences, identify concerns and areas of mutual interest for self-support networks at country and regional levels; to learn about the *positive living* approach; and to develop strategies for self-support and advocacy at local, national, and international levels. The results and recommendations from this consultation will be reported at the October

¹ EUR102'000 during the first six months

Regional Conference and will provide direction for the strengthening of the groups and regional network during Phase II.

Clinical component. After initial delays related to the organizational changes, the clinical component, particularly the training of primary health care providers (PHCPs), moved along quickly and dominated programme efforts during the first half of the reporting period. Two country training needs assessments were conducted in Albania and Montenegro, based on similar assessments in BiH, UNMIK-Kosovo and Macedonia conducted in 2005. A well-designed Trainer Skills Training Course (TSTC) with attention to adult teaching methodologies and HIV content was implemented in Albania and Montenegro resulting in six multi-disciplinary trainer teams for Albania and three for Montenegro for a total of 72 active trainers (and 24 teams) in four countries.

By September 2006, the One-day Basic course for primary health care providers had been offered 156 times for a total of 3'782 doctors and nurses trained/educated in HIV, stigma and discrimination, patient confidentiality, and workplace safety. For each country, PLHIV participated as resource people in some of the Basic courses to address the stigma and discriminations faced by PLHIV. The training courses were very well received, the demand remains high, and participants receive national continuing medical professional development credits for their participation, indicating the strong local support from medical chambers for this activity. Post-training assessments have provided encouraging evidence for changes in attitudes, confidentiality issues and workplace protection, as well as feedback from participants about greater collaboration between primary care providers and specialists.

Other Activities. With strong encouragement from Sida Headquarters and specific requests from the NACs, local NGOs and other partners, FPH initiated a consultation process to develop the Phase II proposal. Regional and country consultations with representatives from governments, GFATM PR, Sida country offices and United Nations agencies, NGOs and marginalized populations, as direct beneficiaries, were involved in this process to ensure that the Phase II proposal targets the priorities and gaps identified by each country and are consistent with national and international HIV and AIDS priorities. The resultant Phase II proposal (submitted to Sida in June and again updated and submitted in October to the new Sida officer) has received strong support and endorsement by every NAC of the participating countries.

Remaining Activities. The key remaining activities for Phase I include the 2nd Western Balkans Regional Conference on HIV which theme is "Multi-sectoral Partnership to Build HIV Resilience" to be conducted on October 5-6 in Montenegro. The Conference is supported by Sida, UNAIDS Secretariat and SDC. Mahidol University of Thailand, WHO-Euro, GFATM Secretariat, IAN-Global Psychiatric Alliance, UNHPVPI-UNDP, BiH are planning to contribute to the Conference sessions, sponsor marginalized populations and non-health sector government ministries or donate technical reference materials for distribution at the Conference. The Conference goal is to build multi-sectoral partnerships for effective responses to enable universal access to prevention,

treatment, care and support at community, national and regional levels. More than 150 participants from 13 countries are expected.

FPH is also preparing for a three and a half day regional training workshop on behavioural change communication (BCC) development as part of the regional capacity building activity on 7-10 November 2006 at FPH's training centre in Sarajevo, BiH. This workshop is for practitioners of BCC, both governmental and NGO. In addition, the programme will support five infectious diseases specialists from Albania, BiH-Republic Srpska, Macedonia and Serbia to attend the IAPAC European Session, 12-13 October in Budapest, and a regional ARV update is planned for 3rd to 5th November, 2006 in Zagreb, Croatia in collaboration with the School of Public Health Andrija Stampar. Finally, three more one-day basic training courses for approximately 65 providers will be conducted in November and December, one in Tirana and the other two in other prefectures of Albania.

The Programme also has rich data sets from the NGO activities and the PHCP training in Albania, BiH, Macedonia and Montenegro. In the remainder of the year and transition to Phase II, these data sources will be further analyzed and disseminated via the webpage and programme reports.

I. INTRODUCTION

The Western Balkans Regional Programme to fight HIV and AIDS (the Programme) covers Albania, Bosnia and Herzegovina, the United Nations Administered Province of Kosovo (UNMIK-Kosovo), the Former Yugoslav Republic of Macedonia, the newly independent Republic of Montenegro and the Republic of Serbia. Croatia is also part of this Programme mainly for training collaborations and to strengthen regional networks. Based on passive surveillance data, these countries are considered low in HIV prevalence. Yet, the combination of vulnerabilities and multiple bridging populations (IDU, SW, MSM) coupled with substantial past and continuing population movements threaten with a potential for explosive HIV epidemics. This threat is exacerbated by the extremely high societal stigma and discrimination against people living with HIV (PLHIV) and many of the bridging populations, particularly, MSM.

The epidemics in this region are rapidly changing in the context of transition economy and capacity constraints. There is high rate of hepatitis B and C among injecting drug users (IDU); increasing injecting drug use (particularly among youth); sex work; human trafficking; economic migration; in addition to internally and externally displaced populations due to past wars in the region.

The Fondation PH- *Partnerships in Health* (FPH) with support from Sida, has been implementing the Western Balkans regional HIV and AIDS Programme from 2004 to 2006. The Programme consisted of two main components:

- *Prevention* – To strengthen the technical and managerial capacity of local non-governmental organizations.
- *Care and support* –To strengthen the capacities of infectious diseases specialists and primary health care providers, both in terms of diagnosis and treatment, work place protection and in assuring the rights of PLHIV.

In addition, an NGO Trust Fund has facilitated building prevention, care and support capacity and networks. Special efforts have been made to ensure outreach to and inclusion of marginalized populations, such as IDU, sex workers (SW), MSM, Roma populations and other mobile populations. In particular, the Programme supported establishing the first PLHIV support groups in Albania and BiH. It also promoted destigmatization while advocating and implementing the greater involvement of PLHIV (GIPA) in its programmatic areas. This included the first involvement of PLHIV in training clinicians in this region. The Programme, through Sida, provided NGO grants, which established ten VCCT centres in Albania, Kosovo, Macedonia and Montenegro, most of these are the very first for each of these countries:

- the first MSM operated and targeted VCCT centre in Kosovo
- a centre targeting IDU for both VCCT and Hepatitis B and C screening in Kosovo
- a centre at the border of UNMIK Kosovo serving mobile populations
- a VCCT Centre in Macedonia that combines harm-reduction and VCCT; and

- a VCCT centre with outreach to Roma, IDU, MSM and transsexual in Albania.

This January to September 2006 progress report covers activities of the third year of the Programme implementation. At the encouragement of Sida Headquarters, through a consultative process with government, NGO and beneficiaries of these countries, a Phase II Programme proposal was developed during this reporting period and submitted to Sida in June 2006. An up-dated, revised version was submitted on 17th October, 2006.

II. REGIONAL UPDATE

1. Political situation

Two entities have been in negotiation for independence from Serbia: Montenegro and UNMIK-Kosovo. Montenegro gained its independence in July 2006. However, despite international efforts to facilitate negotiations, the prospect of a clear resolution for UNMIK-Kosovo this year is uncertain. There is programmatic implication for FPH once the country gains independence because all administrative procedures and registrations will need to be re-arranged. After the independence of Montenegro, we have re-submitted the country registration for Serbia in October 2006. Montenegro is establishing its own governmental structures, policies, strategies, programmes and procedure to separate from the system under Serbia. UNMIK-Kosovo would need to establish its own financial source for governmental operations in addition to establish its own security and domestic policing systems.

2. Epidemiologic situation

The number of new HIV cases reported by countries in this region has been rising steadily since the first cases were detected in mid 1980s. This increase reflects a combination of factors including improved public awareness, better outreach to high-risk groups, availability of voluntary counselling and confidential testing services (VCCT), bio-behavioural surveillance, in addition to the actual growth of the epidemics. As of 2006, all countries have a limited number of VCCT centres, some at public clinics and hospitals of the Ministries of Health and some in the communities operated by NGOs. Many of the VCCT centres were established with the support of Sida's Western Balkans Programme. The first bio-behavioural surveillance among IDU, MSM, sex worker and Roma population have been conducted in the capital cities in Albania (USAID-FHI, Synergy), Macedonia (GFATM), Serbia (DFID) and Kosovo (USAID-FHI).

The majority of these countries still rely on passive surveillance. This means that HIV cases are reported mainly from major hospitals in the capital cities of the country. Most people are diagnosed with HIV when they seek services in the late stage of infection, for organ donation or prior to surgical procedures. In the past three years, some VCCT facilities were set-up, mostly in the capital cities. However their distribution is very uneven, and access to VCCT overall still remains very limited. For example, whereas

there are 10 VCCT centres in the Federal BiH, there is only 1 in Republic Srpska where staff have not yet been trained.

Few if any, active sentinel surveillance systems are in place. Table 1 shows country-reported HIV prevalence and cumulative numbers of HIV cases.

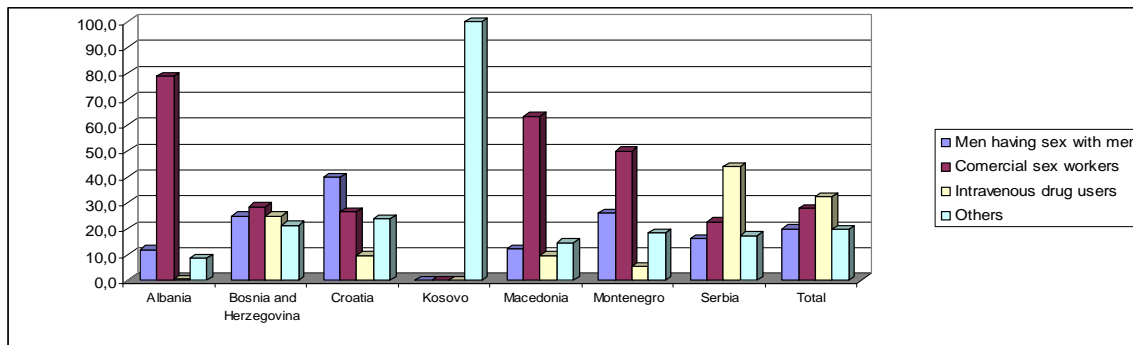
Table 1 Cumulative HIV and AIDS cases by country as of end of 2005				
Country	Cumulative cases by 2000	Cumulative cases as of end of 2005	Population in million	Prevalence
Albania	42	173 <i>(198 as of Sep 06)</i>	3.1	<0.1
BiH	27	116 <i>(122 cases by June 06)</i>	3.7	<0.12
Kosovo	6	65 <i>(67 as of Sep 06)</i>	2.1	<0.001
Macedonia	40	82 <i>(94 by Sept 06)</i>	2.0	<0.1
Serbia	1,521	2,014 <i>(2,142 as of Sep 06)</i>	7.5	0.2
Montenegro	15	54 <i>(66 as of Sep 06)</i>	0.6	<0.26

Source: UNAIDS/UNICEF/WHO Epidemiological Fact Sheets on HIV/AIDS and STI, 9 February 2006, updates from country NAC & IPH.

Based on official statistics from 2000 to 2006, the number of cases increased more than ten-fold in Kosovo, more than four-fold in Albania and BiH, three-fold in Montenegro, more than doubled in Macedonia and was 30% higher in Serbia. Based on official data, over 70% of newly diagnosed HIV cases were men between the ages of 20 to 49. The main modes of transmission among those diagnosed were reported to be *heterosexual*, *MSM*, and *IDU*. There were also some reported cases of mother to child transmission in most countries which reflected the generalized nature of the epidemics in this region. For example, there were 15 children infected in Serbia and 11 in Albania and a first case was detected in BiH.

The data may not necessarily represent the actual profile of HIV populations due to the lack of an active surveillance system, gender related access problems, difficulties to reach marginalized populations such as sex worker, IDU and mobile populations (Roma, internally displaced people, sailors, mobile workers or trafficked persons), as well as the reluctance of individuals to report their sexual orientation or to access public testing facilities because of the strong discrimination against MSM, sex worker and PLHIV. The graph below showed the distribution of transmission routes based on available data by country in percentages.

Graph on Distribution of transmission routes by country in percents



By 2006, all countries in this region have ART, but the availability and coverage vary from country to country, between different administrative zones (i.e., Bosnia and Herzegovina in the Federation vs in Republic Srpska), and capital cities vs. the rest the countries. There is a gradual reduction in the annual AIDS mortality which correlates with the availability of ART. However, the number of new HIV cases accelerated faster annually. Many of the new cases detected were already at a symptomatic stage of AIDS because of lack of access and discrimination.

3. Status of support from Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

GFATM's AIDS funding has become available to all countries as of 2006 except the UNMIK-Kosovo. Croatia (2003-2006), Macedonia (2004-2007) and Serbia (2003-2006) have been the three countries in this region currently receiving GFATM support. Croatia and Serbia's GFATM funding end in 2006. Croatia will no longer be eligible for GFATM resources due to its ascension to the European Union. By end of 2006, BiH and Montenegro will begin receiving GFATM Round 5 funding for AIDS, approved in 2005.

For Round 5, Albania has not finalized its negotiation with GFATM Secretariat so the MOU has not been signed yet. BiH has adjusted its Principle Recipient from the Prime Minister's office to that of UNDP. Serbia is completing its current GFATM grant. The country has learnt important lessons from the weakness of the existing PR and has formed a GFATM secretariat.

Kosovo, Macedonia and Serbia submitted Round 6 application for HIV; BiH and Montenegro, on TB. Table 2 shows the status of GFATM support on AIDS and TB by country.

Country	Round	Disease component	Program start date	Program end date
Albania	5	HIV/AIDS	To be signed	--
Bosnia and Herzegovina	5	HIV/AIDS	Signed in Oct 06	--
Croatia	2	HIV/AIDS	01-Dec-03	Dec-2006
Kosovo	4	TB	01-Jul-05	No HIV funding

Macedonia, FYR	3	HIV/AIDS	01-Nov-04	Nov-2007
	5	TB	01-Apr-06	--
Montenegro	5	HIV/AIDS	Signed in Oct 06	--
Serbia	1	HIV/AIDS	01-Nov-03	Oct-2006

In BiH, FPH is an active member of the Country Coordinating Mechanism (CCM) since 2002. FPH's country operations director has been the vice-chair of the CCM since 2005. The BiH government will implement its VCCT GFATM programme component, in partnership with FPH, and will integrate lessons-learned from the training of VCCT providers for the Ministry of Health of the Federation with the collaboration from the Sida Western Balkans HIV and AIDS Programme.

At present GFATM funding and FPH's regional programme supported by Sida, are the only two sources of external funding support to Macedonia for HIV. With GFATM fund ending, Sida's potential support to FPH in Macedonia would become the only source.

4. National AIDS strategy and policy

Albania, BiH, Montenegro, Serbia and UNMIK-Kosovo are currently implementing their national AIDS strategic plans which end in 2008 and 2009. Although the use of hard drugs is increasing and services for IDUs are few, the current law in BiH is not conducive for harm reduction responses. The planned support for an IDU drop-in centre where counselling is provided for demand reduction and harm reduction, has not been able to start due to the restrictive laws. Efforts are being made to advocate with the High Representative of BiH to review the law with the aim of amending it in order to facilitate HIV prevention among IDUs.

Macedonia has drafted its strategy. With a change of government post election, Macedonia has appointed a new Minister of Health and a new coordinator for its GFATM grant. UNMIK-Kosovo is in the process of deciding on the future directions in the Ministry of Health, as well as national AIDS coordination. Table 3 below provides summary information about the status and time frame of the national AIDS strategies of these countries.

Albania has approved the CRIS based monitoring and evaluation plan and operations manual and began data collection and entry this year. UNMIK-Kosovo also began operating the CRIS M&E system.

Table 3. National AIDS Strategy time-frame by country					
Albania	BiH	Macedonia	Montenegro	Serbia	UNMIK-Kosovo
2004-2008	2004-2009	2007-2011 In preparation	2004-2008	2004-2008	2004-2008

5. Activities supported by other organizations

UNAIDS consulted South Eastern European sub-regional countries on universal access towards prevention, treatment, care and support between January and March 2006. Four key areas identified were:

- Sustainable financing
- Human resources capacity, improvement of health and social system
- Affordable commodities and low cost technologies
- Uphold human rights, destigmatization, anti-discrimination and gender equity.

Country level consultations were held in Albania and UNMIK-Kosovo in January and February of this year.

The NGO network previously coordinated by UNICEF in Albania was discontinued. Additional country-specific detail can be found in the individual country progress reports.

III. WESTERN BALKANS REGIONAL PROGRAMME UPDATE

1. NGO Trust Fund

The Programme had provided 25 NGO grants to 18 NGOs in the six countries and entities since 2004. During this reporting period, a third round of a total of 9 NGO Trust Fund grants was issued. Six grants were awarded to NGOs who had previously received the Trust Fund: 4 from round I and 2 from round II. These NGOs had demonstrated effective management and timely performance, and are also filling an existing gap in the national responses. In addition, three new NGO grants were issued: one for a newly established PLHIV association in Albania; one PLHIV group in BiH, split off from the NGO who worked with them during the round I support; and the third is a Roma youth outreach support group in Macedonia. By now 16 NGO grants have been completed. (Refer to country reports for details of each NGO project accomplishments).

From January to September 2006, 4 new VCCT services have been established in the region: 1 for migrants in Prizren and 1 for MSM in UNMIK-Kosovo; 1 for IDUs, combined with harm reduction services outside of Skopje in Macedonia; and 1 for the general population with an emphasis on youth in BAR, Montenegro. Together with the other centres supported by the Programme, about 400 HIV counseling and testing were performed with 1 positive case. Approximately 720 hotline calls were received; 2,500 hits registered for PLHIV web-page; 1,700 condoms distributed; over 23,000 HIV preventive information brochures produced and distributed; manuals and guidelines on positive living, HIV prevention and skills-training were produced in English, Albanian and Roma languages and distributed; 40 IDU self-help group meetings conducted; 46 PLHIV self-support meetings held; 15 Roma community education team formed and 30 peer education sessions conducted; 2 policy and coordination round tables held; 31 sex workers counseled; 232 truck drivers reached; 30 TV, radio and other media spots shown; in addition to approximately 2,000 additional marginalized populations in the communities trained on HIV prevention. The summaries below provide highlights of country achievements during this reporting period. However, for details on activities by country, please refer to the country reports.

In *Albania*, all three NGOs supported by the round II 2005 Sida NGO Trust Fund have completed their project implementation.

- *FHA* has completed its KAP assessment in the prefecture of Elbasan and the results were publicized at a round table this year. The Roma peer educators trained formed the basis of support for *FHA*'s next phase of focus which is to establish two VCCT centres in Elbasan with the round 5 GFATM fund.
- *ISOP* has completed its community health centre worker education project as of December 2005.
- *APRAD* has continuous delays in its project implementation. FPH approved a six-month no-cost extension until June 2006 to ensure planned outputs could be achieved. The extension strengthened *APRAD*'s project implementation and resulted in reaching 50% more at risk populations for counseling with 20% more counseled and tested than the target planned for the project. One PLHIV was identified during this time period. *APRAD* is yet to complete its financial and programme report for closure of account. In April this year, Sida, Albania alerted FPH regarding complaints of *APRAD*'s conduct relating to some other project activities.
- *PLHIV Association* This is a new project supported by the round III 2006 Sida NGO Trust Fund. This is the first Albanian PLHIV self-help association. The Trust Fund support enabled this NGO to develop a HIV and AIDS manual with 1,000 copies produced and a leaflet on "*living with HIV/AIDS in a healthy way*" with 1,000 Albanian and 200 English copies produced and distributed. The NGO also organized the very first round-table to advocate on needs of HIV+ children in Albania in June. The consultation resulted in the Ministries of Health, Education and Sciences, and Ministry of Labour, Social Issues and Equal Opportunity committed to prepare laws and policies to implement the recommendations. Being a new NGO, FPH provided a great deal of assistance in training the organization in preparing the leaflet, financial management and programme reports.

In *BiH*, upon the successful completion of previous rounds of Sida NGO trust fund grants, UGPROI, APOHA received round III 2006 support.

- *UGPROI* trained 5 staff and outreach worker for harm reduction to distribute sterile injection kits. Unfortunately BiH laws forbid such an activity thus hindering its progress. 1,000 brochures were produced but not all distributed yet in view of this circumstance. 500 brochures for youth were delivered, 40 self-help groups held and 3 lectures given on drug use and HIV prevention.
- *APOHA* is the first PLHIV self-support NGO previously receiving NGO trust fund support through XY- a sexual and reproductive health NGO. Strengthened by the previous round of Trust Fund, APOHA is now established and received

round III support directly for its project implementation. The key focus of 2006 is to expand to include PLHIV from the Republic Srpska (RS), first through the Infectious Diseases Clinic contacts in Banja Luka. A first joint PLHIV meeting was held. Agreement was reached with another NGO “*Your rights*” to provide free legal assistance to APOHA members and one member used the service. APOHA continues to provide psycho-social support as well as transportation and nutrition assistance to enable its members uninterrupted access to ART.

In **Macedonia**, the Macedonia Red Cross (MRC), the Macedonia Interethnic Association (MIA), and HOPS have received round I Sida NGO Trust Fund support in 2004. Due to savings and lower than planned outputs, FPH granted no-cost extensions to these NGOs thus reaching the desired output targets by 2006. The good results and gaps identified with HOPS on harm reduction and support to IDUs resulted in HOPS receiving round III 2006 support. In addition, HERA also received round III support to open a youth-friendly sexual and reproductive health and education centre in the heart of a major Roma settlement in Skopje this year.

- The *MRC* project for outreach to mobile workers including sex workers had a 3-month no-cost extension ending in January 2006. MRC exceeded most of its output targets except for printing 6,000 instead of 8,000 brochures. The funding for printing the remaining 2,000 brochure was shifted to cover the cost of purchasing 1,200 additional condoms for distribution. This project provided the first outreach to sex workers in Macedonia. The counseling services continued due to high demand during post-project funding period.
- *MIA*'s project for Roma was completed in April 2006 after a 2-month no-cost extension. The project produced a manual for Roma NGO staff on team building, campaigns, communication and conflict resolution and used it to train 50 Roma youth peer educators.
- *HOPS* received round I 2004 Sida NGO Trust Fund support and ended the project after a 5-month no-cost extension in February 2006. During the round I project implementation, with technical advice from FPH, HOPS initiated the first harm reduction and VCT combined service in Macedonia and this region. It also received round III 2006 support in view of its strength in outreach to IDUs, sex workers, MSM and Roma. The new activities started in May 2006 to expand this new service model outside of Skopje. The first few months were focused on conducting 7 focus groups in 7 cities as needs assessment for VCT centre selection and establishment and one VCT staff training session.
- The *Health Education and Research Association (HERA)* received round III 2006 Trust Fund support to open an HIV awareness, sexual and reproductive health and rights promotion centre for young Roma. This project is jointly supported by the GFATM Macedonia grant, IPPF and UNICEF. The Centre was selected and renovated during the summer and began operations in September. It developed

and produced 5,000 flyers and 900 posters in Macedonia, Albanian and Roma language.

In **Montenegro**, Juventas after delays due to a tragic assault to their Roma partner, had a no-cost extension and completed its project. In view of its successful project performance in round II support and the identified gap, CAZAS received additional Sida NGO Trust Fund support in round III 2006.

- CAZAS supported by the Trust Fund, operates the first VCCT center in Prodigorica, Montenegro. It is now opening a second one in BAR and trained 15 counselors. In addition, with the trust fund support, it established the first psychosocial and legal support centre for PLHIV in Montenegro. This new centre for PLHIV received 626 hotline calls, held 15 individual consultations for PLHIV and 2 skills building workshops with 6 PLHIV participating, as well as 3 self-support group meetings with 10 participants.

In **Serbia**, the Novi Sad Humanitarian Centre working with Roma has successfully completed its previous Trust Fund supported project and has been awarded support in round III 2006 to expand its outreach to additional Roma communities. It printed 8,000 additional copies of information brochures, held 23 media campaigns, 13 education workshops, and 2 focus groups for Roma community peer educators.

In **UNMIK-Kosovo**, there were three NGOs supported by the trust fund: Labyrinth, CSGD and Anti Dans.

- *Labyrinth* received Round II 2005 support to develop IDU community outreach and established a VCCT service targeting IDUs with peer outreach for needle and syringe exchange and screening for Hepatitis B and C. This grant was completed by the end of 2005, and a final project report received in early 2006. The project reached 98 IDUs, more than the 65 IDUs planned for.
- *CSGD* received Round II 2005 support to conduct a KAP study about MSM. With Round III 2006 support it opened the first MSM targeted and operated VCCT service in July 2006. CSGD trained 7 counselors and 3 laboratory technicians. KAC agreed and certified these counselors. In the short period since its opening, 60 tests were done indicating that the centre is filling a real gap.
- *Anti-Dans* receives round II 2005 support to pilot 3 VCCT centres in Kosovo and selected the Prizren centre to receive round III 2006 support for operation. The Ministry of Health and IPH have provided the premise in Prizren and will assume its operation after 2006. Anti Dans adapted the TV and radio announcement for the Prizren centre based on the model set-up during the pilot phase. Ten sessions were aired in radio Helix, and six sessions were aired on TV Opinion in June. Many young people have already visited the centre. Anti-Dans also met with Prizren Family Medicine clinic to arrange for referral of their clients who might need VCCT to the VCCT center. A total of 29 people were counseled and tested, none positive. Among these, 12 were sex workers and 2 were their clients.

Impact of community-based VCCT, Kosovo

A client came to the FPH supported Anti-Dans pilot VCCT centre in 2005. He was very pleased with the counseling and service he received. Being a frequent visitor to a local brothel, he persuaded the brothel owner to have the sex workers there tested for HIV. The owner was convinced and sent a first group of workers for testing. He received very good feedback from the workers. Now the owner is advocating VCCT to the other brothel owners in town for their workers, too. With the opening of the Prizren centre, the owner is regularly sending his workers to the VCCT centre.

Challenges

- What was planned but not done

BiH laws forbid distribution of sterile needles and syringes, so the planned harm-reduction drop-in centre was not opened, limited number of harm reduction brochures were distributed and media publicity was also canceled.

Remedial action: Currently the NGO is in discussion with the Office of High Representative for BiH, the NGO advocates for a change of law.

Table 4 Summary of NGO grants as of 30 September 2006					
Country	NGO	Grant status			2006 Grant amount In Euro
		2004	2005	2006	
Albania	APRAD		x	x	
	FHA		x		
	ISOP		x		
	PWHA network			x	10,000
Bosnia & Herzegovina	UG Proi	x	x	x	13,530
	XY	x	x		
Macedonia	APOHA			x	16,503
	HOPS	x	x	x	5,540
	MIA	x	x	x	
	MRC	x	x		
Montenegro	HERA			x	15,483
	CAZAS		x	x	27,624
Serbia	Juventas		x	x	
	CSD	x	x		
UNMIK-Kosovo	NSHC	x	x	x	20,000
	Anti Dans	x	x	x	11,610
	CSGD	x	x	x	8,825
	Labyrinth	x	x		
Total new Trust Fund grant in 2006 = 129,115 Euro					

2. Regional capacity building

The regional capacity building activities carried out during this reporting period were as follows:

- ***Regional VCCT exchange study visit***

The Programme, based on needs assessment conducted in February this year, organized a regional exchange study visit on VCCT for both GO and NGOs working in VCCT on 27-28 July in UNMIK-Kosovo. The goal of this study visit was to provide a regional forum for VCT workers from Albania, Macedonia and UNMIK-Kosovo to share their insight about the challenges and opportunities of VCCT services for different target populations: IDU, MSM, sex worker, Roma and other mobile populations². This exchange study visit stimulated the beginning of an informal network of VCCT providers in this region for continued future sharing of experiences. Kosovo was chosen as the visit site due to its being the first country in this region to establish VCCT services and the range of VCCT models operated by both government, NGO and private sectors for different high-risk populations.

There were 18 people participating in this exchange visit. Six participants were from Macedonia representing *Youth Club* of Stip; *Help* of Gostiva; *HOPS* of Kumanovo; *HOPS* of Skopje; *Zona* of Kavadarci and *Opcija* of Ohrid. These NGOs deal with IDU and are affiliated with HOPS. Three participants were from Albania representing *APRAD*, an NGO dealing with IDU and operating a VCT service supported by FPH; *ISOP*, a research NGO studying high risk populations and a representative from the government *Institute of Public Health*. From Kosovo there were two members from *Labyrinth*; two staff from a newly established former drug user self-help group hosted by *Labyrinth*; one from *CSGD*; and the Director of *Anti-DANS*, the NGO which hosted this exchange visit. FPH staff: one from Macedonia, one from Kosovo and one from Albania also participated. (A report on this study visit is in the annex)

- ***First regional PLHIV consultation***

FPH through the Programme initiated the first ever regional PLHIV directed consultation for this region on 23-25 September 2006 in Mavrovo, Macedonia in collaboration with GNP+. There were previous attempts by other entities to establish PLHIV networks. However, those attempts failed as they were made on behalf of PLHIV and not by PLHIV themselves. The aim of this consultation was to provide a safe space for PLHIV to discuss issues of mutual interest and identify ways forward for positive networking and mutual support. In addition to logistics support, FPH collaborated with two PLHIV facilitators from GNP+ to assist the group in its work. The consultation achieved the following:

- Identified key gaps, concerns and area of mutual interest for self-support network at country and regional levels.
- Discussed the *positive development and living* approaches.
- Identified strategy for self-support and advocacy network lead by and serving for PLHIVs, taking into account available networks and resources at local, national, and international levels.

² The Montenegro and Bosnian colleagues were unable to join due to their other obligations and summer vacation.

The PLHIV Jointly identified means of maintaining communication and information sharing among themselves within Western Balkans. They also articulated a vision and a strategic plan for a regional positive development self-help network with country groups. FPH will provide a platform at the upcoming 2nd Western Balkans Regional HIV and AIDS Conference for two of their chosen representatives to report back from this consultation. It will be the opportunity for the participants to inform the region of their vision and strategic plan, with the aim of garnering resource and other support to help materialize their strategic visions.

3. Clinical component

The clinical component consisted of IDS knowledge/skills upgrades and primary health care provider (PHCP) HIV knowledge and skills training. The PHCP training consisted of the Trainer Skills Training Course (TSTC) and the Basic HIV and AIDS Training Course (Basic course).

A. PHCP training on HIV knowledge

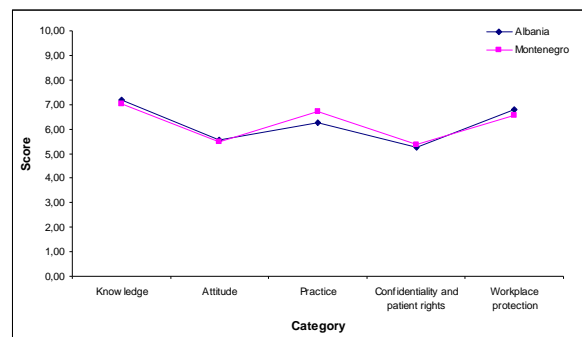
- *Needs assessment*

Assessments of PHC provider HIV knowledge needs were conducted in 2006 in Albania and Montenegro, in addition to similar assessments conducted in 2005 in BiH, UNMIK-Kosovo and Macedonia. FPH trained 6 Albanian volunteers who collected data from PHCP in 6 Prefectures of Albania. The findings from the assessment were incorporated into the TSTC training. Figure 1 presents the results from the assessment, 10 is the highest score. As shown in figure 1, the attitude and confidentiality categories received the lowest scores.

Figure 1. Needs assessment results from Albania and Montenegro

- *PHCP Trainer Skills Training courses (TSTC)*

TSTC courses began in April in Albania, and were conducted twice in Montenegro (March and April). The TSTC aimed at building capacities of trainer teams (consisting of one infectious disease specialist, one PHC doctor and one nurse) to deliver quality basic HIV training to PHCP for each country. The TSTC included didactic classroom work, team building exercises, coaching, and trainer skills evaluation. TSTC courses were conducted in Albania from 19th April to 14th June and granted certificates to 18 trainers (6 each of IDS, PHC doctors and nurses) selected from a pool of 31 candidates of general practitioners, nurses and IDS.



In Montenegro, an initial TSTC course started in March. However, the infectious diseases specialists who participated in the training demanded extremely high daily payments for implementation of the one day course. In view of the unreasonable demand contrary to

the agreement signed with the MoH, FPH discontinued the training. In consultation with the Infectious Disease Clinic Director, the National AIDS Coordinator, and the Director of Podgorica Primary Health Care Centre (PHCC), FPH agreed to re-conduct a TSTC with only PHC doctors and nurses. This second TSTC began on 12th April and was completed in June with 9 trainers receiving FPH's certification of competency to conduct basic HIV training for PHCP.

With the exception of Montenegro*, the TSTC were conducted by local trainers. The TSTC trainers were selected from a public solicitation and competitive proposal review process. All trainers collaborated closely with FPH's regional training coordinator and Country Programme Coordinators. FPH monitored each training session to ensure that the FPH-designed TSTC curriculum was properly implemented. The master trainers who had conducted the TSTC also evaluated the Basic Course implemented by the trainers certified from the TSTC to ensure quality of training and to refine their trainer skills.

As of 30th September 2006, FPH had trained and certified 72 Basic Course trainers making up 24 multidisciplinary training teams. The number of FPH certified trainers and training teams for each country are listed in table 5 below.

- ***PHCP one-day basic training course***

By September 2006, FPH has reached the target of 15-20% (dependent on the size of PHCPs in a country) coverage of training PHCP through its Basic course in Bosnia & Herzegovina, Macedonia and Montenegro and part of the training in Albania - the last country to start the training. The training in Montenegro began in July and was conducted in collaboration with the Podgorica Primary Health Care Center (PHCC). The PHCC arranged for the PHCP trainees, and FPH was responsible for the logistics, administration and monitoring of the training. The gradual shifting of the training responsibility to a local institution is to build its capacity to conduct future training course in country.

Accreditation for the training has been approved in BiH, Macedonia and Montenegro. Albania does not yet have a medical training accreditation system. As of 30th September, 3,782 PHCP in the region have received basic training.

The Basic course aims to strengthen primary health care providers' knowledge and skills in care and support of PLHIV. The course also dealt with stigma, discrimination, and workplace safety. Training courses were conducted in both the capital and outlying cities.

For each country, PLHIV participated as resource people in some of the Basic courses to address the stigma and discriminations faced by PLHIV. Given the small number of PLHIV that are openly willing to share their status, it was not always possible to include PLHIV in the courses. While the course participants thought that the PLHIV perspective was very valuable, FPH learned that the PLHIV training functions have to be clear, and

* The training providers for both TSTCs in Montenegro were from Serbia and Macedonia due to lack of local training capacity.

that they could equally benefit from building their training and communication ability to become effective agents for changing stigma and discrimination.

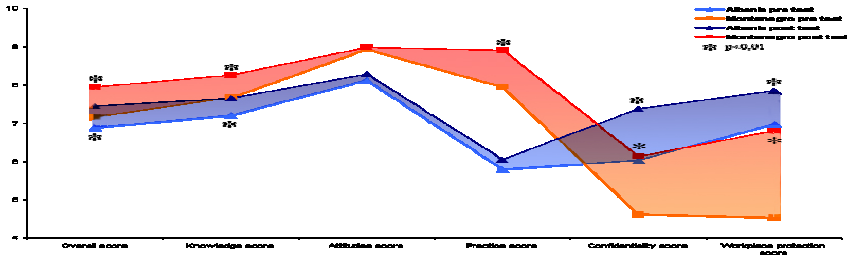
- ***Impact of training***

FPH has designed the training with rigorous evaluation from several perspectives. These included trainer performance, participant learning, course satisfaction and influence of the training on providers' attitudes. Each training course in each country was monitored by FPH for logistical concerns (which were addressed on the spot); course evaluation forms were administered and collected; and participant and trainer concerns were addressed in a timely manner.

Table 5 Number of trainers, training teams, courses, geographic region, PHCP trained & time frame by country						
Country	No of trainers	No of training teams	No of regions covered	No of PHCP trained	No of courses	Time frame
Albania	18	6	9	542	27	5-30 June
BiH	27	9	8	1313	54	6 Feb-23 May
Macedonia	18	6	5	1406	51	16 Feb-9 Jun
Montenegro	9	3	3	521	24	1 Jul-2 Oct
Total	72	24	25	3782	156	

The course monitors have also been responsible for problem solving and highlighting areas that need attention to FPH management. In addition, a mid-course review was conducted to ensure consistency in the application of training methodologies, content, improvements in trainer skills and knowledge improvements.

Figure 2. Pre and post test results on knowledge, attitudes and behaviour of Albanian & Montenegro PHC providers trained



Through monitors' feedback based on the courses conducted in BiH and Macedonia, FPH improved the tools to measure participant learning and course evaluation. In May, true/false post test were revised, and the course evaluation form was modified and standardized across countries. The real impact from these trainings on PHCP' knowledge, attitudes and skills could only be determined over time.

The feedback from the PHCP participants showed that the trainings were well received. Several PHCPs after the training became advocates for the rights of PLHIV. Some of the FPH certified trainers have now been asked by their ministries and other agencies to provide trainings for other health-related initiatives. This is a positive validation of strengthened training skills and capacities built through FPH's training approach. In view of the overall positive reception and demonstrated capacities built, both PHCPs and clinical directors from the countries receiving the training are now requesting FPH to scale up these training in order to increase the coverage of trained PHCPs around the countries.

Another positive outcome of FPH's training is the accreditation of the PHC training courses by countries. The course has been recognized by the medical chambers for continuing education credit for doctors' license renewal. In Macedonia, the FPH training course has been accredited through the Doctors' Chamber. The course has been ranked second out of a total of 50 courses accredited in terms of number of credits approved. At present, the Dentists' Chamber is considering granting accreditation to this FPH course also. In BiH, the accreditation by Doctors' Chambers in the Federation (Sarajevo, Tuzla, Mostar and Zenica) and RS and Montenegro have also been approved. Albania has not yet set-up a formal accreditation procedure. This is an independent external validation of the quality of the training. Few training courses offered by an NGO have ever been recognized for accreditation in these countries.

B. Clinical fellowship

One fellowship was granted for a IDS from Macedonia to attend the NIAID research conference in Opatija, Croatia in June 2006.

4. Other activities

- ***Preparation for Phase II regional programme proposal***

With strong encouragement from Sida Headquarters and specific requests from the NACs, local NGOs and other partners, FPH initiated a consultation process to develop the Phase II proposal. A regional consultation was held in Skopje, Macedonia in February 2006, and because several countries were unable to participate due to canceled flights, a series of country consultations were also conducted, involving in addition governments, GFATM PR, Sida country offices and United Nations agencies, NGOs and marginalized populations as direct beneficiaries to get their input and identify key gaps.

FPH reviewed the National AIDS strategic plans, the recommendations from the country and regional Universal Access consultations, Sida strategic plans for HIV and AIDS and Sida country programmes, and the United Nations Secretary General's report to the UNGASS 2006 to ensure that the Phase II proposal targets the priorities identified by each country and are consistent with the "Three-Ones"³ and international agenda and priorities for HIV and AIDS. The resultant Phase II proposal (submitted to Sida in June and again updated and submitted in October to the new Sida officer) has received strong support and endorsement by every NAC of the participating countries.

The proposed Phase II Programme will facilitate community-based multidisciplinary responses that reduce stigma and discrimination, promote gender equality and protect the rights of marginalized populations including that of PLHIV. The proposed approach would enhance regional synergies in resource sharing and exchange of experiences, and

³ A landmark agreement promoting universal coordination in the fight against AIDS adopted at a meeting held by UNAIDS, the UK and the US on 25 April 2004 in Washington D.C. Donors, developing countries and UN agencies agreed to three core principles – known as the "Three Ones" – to better coordinate the scale-up of national AIDS responses. The "Three Ones" principles are: one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sector mandate; and one agreed country-level monitoring and evaluation system.

is fully in line with international commitments (UNGASS 2006, Millenium Development Goals). The following are the three objectives of the proposed Phase II Programme:

Objective 1 Build social capital through participatory social networks at the community level: advocacy, risk-behaviour preventive education, promotion of gender equity and de-stigmatization with institutions and for human development.

Objective 2 Scale-up capacity and built sustainability of GO and NGO responses with integration of GIPA in sexual, reproductive and health services and civil society responses.

Objective 3 Strengthen regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized populations, PLHIV networks and clinical practice. *(Please refer to the proposal for in-depth analysis and details of the Programme).*

IV. REGIONAL PROGRAMME WORK PLAN OCTOBER-DECEMBER

1. 2nd Western Balkans Regional Conference on HIV

The feedback from participants and country governments attending the first Western Balkans Regional HIV Conference in 2005 was overwhelmingly in support of a regular annual regional forum. The 2nd Western Balkans Regional Conference on HIV will be held on 5th and 6th October 2006 in Przno, Montenegro. The theme is “Multisector Partnership to Build HIV Resilience”. This Regional Conference is being organized by FPH, in collaboration with its beneficiaries and partners. The Conference is supported by Sida, UNAIDS Secretariat and SDC. Mahidol University of Thailand, WHO-Euro, GFATM Secretariat, IAN-Global Psychiatric Alliance, UNIFEM, UNHPVPI-UNDP, BiH are planning to contribute to the Conference sessions, sponsor marginalized populations and non-health sector government ministries or donate technical reference materials for distribution at the Conference. It will be the first time health and non-health sector partners share the same regional venue.

The Conference goal is to build multi-sectoral partnerships for effective responses to enable universal access to prevention, treatment, care and support at community, national and regional levels. The objectives of the conference are as follows:

- To create shared vision for multi-sectoral partnership and strategic actions to enhance universal access in HIV prevention, AIDS treatment, care and support in the Western Balkans
- To provide a forum for dialogue to build regional capacities and collaboration among sectoral partners in governments, NGOs, research communities and beneficiaries

A total of 155 participants from 13 countries are anticipated. In addition to the seven countries and entities which participated in the 1st Regional HIV Conference in 2005

(Albania, BiH, Croatia, Macedonia, Montenegro, Serbia, UNMIK-Kosovo), this year, there will be participants from Denmark, Great Britain, Georgia, Sweden, Switzerland and Thailand. This year for the first time, there will be at least one PLHIV from each country participating in addition to members of marginalized or at-risk populations: previously trafficked woman, sailor, truck driver, ex-IDU, MSM and Roma.

From the government side, in addition to officials from the Ministry of Health, Institute of Public Health, infectious diseases specialists from the capital cities, there will be members from community health centres outside of the capitals, Ministry of Civil affairs, Ministry of Culture, Youth and Sports, Ministry of Defense and Office of Poverty Reduction. The other international organizations participating in addition to Sida will be UNDP, UNFPA, UNICEF, WHO and IOM.

2. Regional capacity building for prevention

FHP is organizing a three and a half day regional training workshop on behavioural change communication (BCC) development as part of the regional capacity building activity of the Programme. The training is scheduled for 7-10 November 2006 in FPH's training centre in Sarajevo, BiH. This workshop is for practitioners of BCC, both governmental and NGO.

The countries in this region are at an early stage of formulating effective prevention communications. There is a proliferation of Information, Education and Communication (IEC) materials in the form of written media such as brochures, pamphlets or posters. The potential of various forms of media remains to be under-utilized. In addition, there is a clearly identified gap in current responses to target communication that responds to and takes into account the culture, social milieu and life view of different at risk populations, such as youth, Roma, mobile workers, sex workers, etc.

This training will strengthen the capacities of government and NGOs working on improving the health and life of people by reducing HIV vulnerabilities through behavioural change communications. With this identified gap, staff of United Nations agencies has also requested to participate, at their own cost. It will be the first time a BCC development training is provided for this region. Due to the interactive and intensive individual guidance nature of this training, the course is capped at a total of 25 participants from the seven countries and entities of government, NGOs and UN agencies

3. Clinical capacity strengthening

a. IDS fellowship

The Programme will support five infectious diseases specialists from Albania, BiH-Republic Srpska, Macedonia and Serbia to attend the IAPAC European Session, 12-13

October in Budapest. The purpose of this fellowship is to strengthen the local capacities of tertiary care providers in improved ART and update on their knowledge and on the trend in treatment protocols. This session will include clinical research findings on advances in ART, treatment for adolescents, Hepatitis and HIV co-infection, mental health and HIV in addition to Atripla-the new one-dose per day medication.

b. Regional ART update course

The Programme is organizing a Second Regional Infectious Diseases Specialists Anti-retroviral treatment update from 3rd to 5th November, 2006 in Zagreb, Croatia in collaboration with the School of Public Health Andrija Stampar. The goal of this workshop is to update on the progress in treatment knowledge since the November 2004 training provided by the Programme. The curriculum has been designed following a needs assessment conducted among IDS in the region in the summer of 2006. It will focus on the latest information on opportunistic infections, ARV, drug resistance (including surveillance), mother to child transmission and pediatric HIV. The course will apply the updated knowledge in the context of each country using case studies. A total of 30 clinicians from the seven countries and entities have registered for the course. There will be 6 faculties from Croatia, Italy, and USA (the latter is co-sponsored with another activity of the Andrija Stampar School of Public Health).

c. One-day basic HIV course for PHCP

Three more one-day basic training courses for approximately 65 providers will be conducted in November and December, one in Tirana and the other two in other prefectures of Albania. The trainees, trainers and training teams will be evaluated during these courses. The evaluation will aid FPH in selecting promising PHC trainees for consideration of Phase II trainer skills training as future basic course trainers in order to build sustainability with prefectures outside of Tirana.

4. Evaluating lessons learned

The Programme now has collected rich data during the PHCP training in Albania, BiH, Macedonia and Montenegro. In the remainder of the year, the pre- and post-tests, evaluation of training skills data will be processed. Analysis of these results together with the needs assessment findings collected prior to the start of these trainings will provide insight and evidence for potential adjustment before expansion and scaling-up of these training in Phase II of the Programme.

Country by country reports on needs assessment, pre-post test results and evaluation of training will be prepared. A country specific and a regional training reports will be prepared during Phase II as the Albania training will not be completed until the end of the Phase I Programme.