

Western Balkans Programme to Fight HIV/AIDS



Building Western Balkans Regional HIV Resilience: Multi-sectoral civil society and government partnerships together fighting against HIV and AIDS

**Six- Month Progress Report
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ACRONYMS

ART	Anti-retroviral therapy
ARV	Anti-retroviral
AIDS	Acquired immune-deficiency syndrome
BiH	Bosnia and Herzegovina
CCM	Country Coordination Mechanism
CIDA	Canadian International Development Agency
CME	Continuing Medical Education
CRIS	Country Response Information System
CSW	Commercial sex worker
DFID	United Kingdom Department for International Development
EAR	European Agency for Reconstruction
FHI	Family Health International, a US-based international non-government organization
FPH	Fondation PH – <i>Partnerships in Health</i>
GFATM	Global Fund to fight AIDS, TB and Malaria
GIPA	Greater involvement of People living with HIV or AIDS
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immuno-deficiency Virus
HPVPI	UNDP HIV Prevention Among Vulnerable Populations Initiative, Serbia and Montenegro
IDU	Injecting drug user
KAP	Knowledge, attitudes and practices
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NIPH	National Institute of Public Health
OB-GYN	Obstetrics and gynaecology
OI	Opportunistic infection
PMCT	Prevention of mother to child transmission of HIV
PLHIV	People living with HIV or AIDS
PSI	Population Services International
SDC	Swiss Agency for Development and Cooperation
STI	Sexually transmitted infection
UMCOR	United Methodist Committee on Relief
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
USAID	United States of America International Development Agency
VCCT	Voluntary counselling and confidential testing
VCT	Voluntary counselling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Since 2000, the number of HIV and AIDS cases in the Western Balkans region has been increasing steadily, though still slower than in countries such as Russia, Ukraine or in Central Asia. The lower numbers are in part due to the lack of active surveillance systems and the pervasive stigma and discrimination against high-risk groups and people living with HIV and AIDS (PLHIVs). This region is characterized by similar risk factors that have led to explosive epidemics and immense impact on socio-economic development and human suffering in other parts of the world (e.g., post war transition situations; poverty; change to market economics and elimination of safety nets for vulnerable groups; gender inequalities; trafficking of women for sexual exploitation; injecting drug use; and pervasive unemployment leading to migration in search of employment).

Based on lessons-learned, some UN and bilateral donors are supporting HIV and AIDS prevention and care efforts in the Balkans to strengthen the resilience of this region and keep prevalence low. For the most part, the activities are country-specific and limited. Sida is the only donor that is supporting the region as a whole, taking into account the fact that the countries in the region share many of the socio-political and economic risk factors, gender inequities and discrimination issues, and intervention challenges. On the positive side, there are economies of scale of working more efficiently with these countries, which individually has small populations, and the real benefits of improving harmonious relations by unifying the countries of this region around common goals and concrete tasks and challenges.

Sida's two-pronged regional approach has supported UNICEF to strengthen prevention activities for youth and the prevention and care activities of Fondation PH– *Partnerships in Health* (FPH) targeting the high risk and vulnerable populations (Roma, IDU, CSW, MSM, mobile worker, PLHIV) that have become the bridging groups to the general population, particularly given the gender context of this region.

The FPH Phase I Programme to fight AIDS included prevention, treatment, care and support activities. It reached members of the high risk groups via the NGO Trust Fund by supporting the activities and strengthening the capacities of local NGOs through directly reaching these populations. It also supported the establishment of voluntary and confidential counselling and testing centres, with particular attention to reduce barriers related to gender inequity and the creation and strengthening of PLHIVNGOs.

The Phase II programme was designed with the help of the local partners and programme staff with the goal to slow down the HIV epidemics in the Western Balkans by creating an enabling environment that strengthens HIV resilience through the engagement of multiple sector partners. It is built on an analysis of the continuing needs and key activities not supported by a quickly dwindling group of donors in the region. Three objectives provide the structure for the main activities:

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

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

Objective 3 Strengthen regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized and vulnerable populations, PLHIV networks and clinical services.

This report summarizes the achievements of the programme over the first six months of Phase II.

I. Building social capital

Programme Management. Advisory committee are in place for each country. Recruitment and appointment of country and regional team have taken place, but not all positions are filled due to some internal programme reorganization and country constraints.

Institution Development. Mental health curriculum preparation began and non-health sector stakeholders and potential partners are being identified in each country. Exploration started on workplace initiative related to HIV.

Human Development. Preparation of NGO Trust Fund grant specifically targets PLHIV support in each country. Review of good practice example of media in the region began.

II. Capacity building

Clinical services. PHC provider training and VCT training have started in BiH in collaboration with GFATM grant. Coordination and planning began in UNMIK-Kosovo. Albania, due to complete change of the government and Ministry of Health, the government requested a delay in decision and preparatory process. Similarly, the country's GFATM fund was also delayed in start-up by the MoH.

Civil society services NGO Trust Fund announcement made in Albania, BiH, UNMIK-Kosovo and Serbia. Review and selection of Trust Fund grantee began in BiH and UNMIK-Kosovo.

III. Regional collaboration

Third regional conference preparations are underway. The theme and programme content has been formulated, the country and venue selected. First announcement were distributed and programme speakers and resource people are being identified.

I. INTRODUCTION

1. Epidemiological Situation of the Region

Bosnia and Herzegovina Between 1986 and 2006, 133 cases of HIV infection were reported in BiH. Final data for 2007 are not yet available, but through November 2007, 5 new cases (4 in the Federation and one in Republic of Srpska (RS) were reported. The limited availability of VCCT centers in the RS limited access to testing. Also, a first case of mother to child transmission was reported in BiH in 2007. There are also currently an approximately 30 cases of HIV/TB co-infection. Occupation and geographic distribution data of patients are kept confidential in order to prevent possible stigmatization and discrimination of the patients.

Albania By the end of November 2007, Albania had reported 251 HIV infected cases. Even though Albania is still considered a low prevalence country (0.1%), the epidemic is rapidly growing. Between June – November 2007, 28 new cases of HIV infection were reported. This is an increase of 19% when compared to the same time period in 2006. Among these recent cases, the main mode of transmission was sexual (24 cases), in addition, there were two cases of vertical transmission and two from blood transfusions.

On the World AIDS Day, the Institute of Public Health confirmed that the HIV epidemic is increasing rapidly. The reported number of HIV infected cases has doubled from 2001 when there were about 20 persons diagnosed, compared to 2007, with a total of 40 cases, 27 male and 13 female. The table below compared the number of new cases reported by sex and mode of transmission between June and November in 2006 and 2007.

Time	Number	Sex		Mode of transmission		
		male	female	sexual	vertical	blood transmission
June-Nov	<i>Total</i>					
2006	23	19	4	19	4	0
2007	28	25	4	24	2	2

There are no official data of HIV and related co-infections of TB, Hepatitis C, and Hepatitis B for the period June- November 2007.

According to the IPH, the higher number of reported HIV infection in 2007 compared to 2006 is due to the low awareness and education of general population on HIV prevention and the lack of a blood surveillance system in Albania. The increased availability of VCT may also have contributed to an earlier detection of new cases. The above data may not necessarily represent the actual profile of HIV infected populations in Albania due to the lack of an active surveillance system, gender related access problems, and difficulties to reach marginalized populations.

UNMIK Kosovo Since 1986, 69 HIV cases have been registered by the Department of Epidemiology, National Institute of Public Health Kosovo is still a low prevalence area.

The majority (65%) of AIDS patients are male, with most between the ages of 30 and 39. The existing surveillance system for HIV and AIDS is very weak, as it is based on passive reporting from a limited number of health institutions.

AIDS patients have access to treatment and care at the Department for Infectious Diseases at the University Clinical Centre. Since March 2005 antiretroviral treatment is available for all eligible patients. Doctors responsible for the treatment of people living with HIV and AIDS have been trained on AIDS treatment in the U.S. and France (Dartmouth Medical Hitchcock Centre and European AIDS Clinical Society).

Voluntary Counseling and Confidential Testing (VCCT) is available at four facilities: Prishtina, Ferizaj (with a high concentration of sex workers), Mitrovica (North) serving the northern Kosovo-Serbian and other minority populations, and the Student Centre in Prishtina. To date, approximately 2800 people have utilized the available VCCT services, the majority males, approximately 50% younger than 26. Six people (0.2% of the total number who went for testing at the VCCT centres) tested positive for HIV at these VCCT centres.

A number of factors in Kosovo could lead to a rapid spread of the epidemic. These are a large young population (57% are under the age of 25); high unemployment (over 50%, mostly affecting young people, with significant underemployment); widespread poverty (49% of population is poor and 15% live in extreme poverty); recent and rapid social changes; increase of drug use (up to 0.3% of the total population); a thriving sex industry, connected with human trafficking and organized crime (number of sex workers is estimated at 1500–2000¹); a highly stigmatized MSM population; high mobility of Kosovars to and from Europe and Balkan countries of higher HIV prevalence; and a large international community (estimated at approximately 40,000 development, government, and military personnel), including many unaccompanied workers.

Accurate data about the number and types of sexually transmitted infections (STI's) in Kosovo is not available. Many Kosovars are treated for STIs in the private health-care system and there is currently no reliable system for public or private sector reporting. A Health Information System (HIS) is being established, but is in an early stage. Occasional data from programmes working with sex workers and trafficked women suggest a very high prevalence of STIs among these women, primarily non-ulcerative.

Data collected from the VCCT site of the IDU NGO *Labyrinth* shows that 26% of tested IDUs were positive for Hepatitis C and 20% for Hepatitis B. The 2006 biological-behavioural surveillance (BBS) study revealed an HBV rate of 13% and an HCV rate of 20% among those IDUs who agreed to be tested. In addition, data collected from blood banks showed that 2% of donors were positive for Hepatitis C and 7% for Hepatitis B.

The BBS 2006 with IDUs, MSM and SWs found that knowledge on HIV-prevention behaviours was high (e.g. 90% of IDUs, 86% of MSM and 74% of SWs agreed that using condoms correctly during every sex act may protect against HIV). Unfortunately, knowledge rarely translates into behaviour with low percentages of respondents using condoms consistently: 38% of IDUs with non-regular partners in the past 12 months; 15% of SWs with paying partners in the past 30 days; and 6% of MSM with non-paying

¹ IOM, 2006

Development Goal

To slow the HIV epidemics in Western Balkans by creating an enabling environment to strengthen HIV resilience of the countries with
sector partnerships.

Objective 1. Build social capital through participatory social networks at the community level: advocacy, risk-behaviour prevention, and de-stigmatization with institutions and for human development.

<i>Expected results</i>	<i>Activities</i>	<i>Time frame</i>	<i>Comments and C</i>	
		Q3	Q4	Comments and C
Programme Management				
Country advisory groups and regional steering committee in place in each country and for the region.	<ul style="list-style-type: none"> Regional advisory committee established and first meeting during annual conference in March 08. 			<ul style="list-style-type: none"> Country ad held for Ser the third qu
	<ul style="list-style-type: none"> Country Advisory groups involved in NGO proposal selection, and planning of other key activities on a scheduled and as-needed basis 			BiH continue its
<ul style="list-style-type: none"> Country and regional Programme team in place 	<ul style="list-style-type: none"> Review/revise job descriptions, publicly announce vacancies, select and recruit country and regional Programme staff as described in the Programme organigramme and management section 			<ul style="list-style-type: none"> Re-open re regional pro Review pro use of regi officer roles
<ul style="list-style-type: none"> Annual progress review completed 	<ul style="list-style-type: none"> Meet with staff and steering committee members to review what has been accomplished and establish the work plan for the coming year. 			During the fourth

1.1. Institution Development

<ul style="list-style-type: none"> • Three countries have initiated integration of HIV prevention and AIDS care and support into community mental health centres. 	<ul style="list-style-type: none"> • Develop plans, in consultation with community mental health services (MoH and Social Welfare), PHC system, and National AIDS Committee for integration of HIV prevention and psychosocial support, including counselling for PLHIVs and their families, mental patients, and individuals of high-risk groups (Roma, CSW, IDU, etc.) in the communities, with emphasis on destigmatization, gender issues, and life skills. (B&H and Serbia, Albania) 		<p>Consultation process has been completed in BiH, and the focus will be on Serbia.</p> <p>Albania, based on Sida office advise, will not start this component.</p>
	<ul style="list-style-type: none"> • Conduct needs assessments with mental health/social workers in BiH and one other country (Serbia) to determine training needs of mental health/social workers in HIV prevention counselling and psychosocial counselling for PLHIVs and their families. The needs assessment will look at mental health/social worker knowledge and the institutional facilities and connectivity potential, i.e., the potential to build linkages with NAC, PHC, social services, etc. 		<p>Needs assessment already done in BiH and is planned for Serbia in the third quarter due to continued delay from GFATM and its contracted training entity IAN (the training event is where FHP plans to conduct the needs assessment).</p> <p>Albania will not have needs assessment due to it infeasible at present to train mental health professionals.</p>
<ul style="list-style-type: none"> • Annual consultation held on coordination between health and relevant non-health sectors and between different health sectors (IDS, primary health care, relevant secondary health care, and mental health). 	<ul style="list-style-type: none"> • Organize consultations involving public and private sector, community mental health centres, primary health care groups, social welfare, employers, local NGOs and local community partners on coordination of services at community level for PLHIV, Roma, and other marginalized populations. 		<p>Began in BiH based spurred on by the IDU issue.</p> <p>Exploration will start with Albania, Serbia, UNMIK-Kosovo once MOU signed.</p>

<ul style="list-style-type: none"> • HIV and AIDS in the workplace initiated with interested relevant governmental agencies 	<ul style="list-style-type: none"> • Governmental agencies involved with PLHIVs and at-risk groups meet in a working group to review sample policies from other countries and discuss how to adapt them to their settings. 			<p>Explorations will start Q3 to identify possible agencies interested, then setting priority by selecting top 3 sectors.</p>
<ul style="list-style-type: none"> • Strengthened governance mechanism for accountability for 15 NGOs in the region. 	<ul style="list-style-type: none"> • Identify NGOs for capacity building on governance mechanisms and management issues. • Provide project management training to 15 NGOs including those located outside of capital cities on project work planning, budgeting, human resources management, strategic planning, financial accounting, resource mobilization, monitoring and evaluation and activity reporting. • Promote gender equity in NGO project activities including analysis of gender impact of activities. • Promote GIPA among NGOs. 			<p>Through NGO TF the mentoring needs and possible matching, including those mentoring to be provided by FPH will be identified and arranged.</p> <p>This principle is in the NGO TF selection and review for each country.</p>
<p>1.2 Human development</p>				
<ul style="list-style-type: none"> • Improved quality of life of PLHIV members through strengthened PLHIV self-support network and strengthened marginalized groups networks and partnerships with local community, NGOs and government institutions. 	<ul style="list-style-type: none"> • Develop criteria and qualification for NGO mentors. • Identify and prepare a list of qualified mentor NGOs. 			<p>Prepared and included in NGO TF announcements.</p>
<ul style="list-style-type: none"> • Up to 3 PLHIV groups and/or NGOs serving marginalized populations mentored. 	<ul style="list-style-type: none"> • Involve PLHIV & marginalized group networks and potential NGO mentors in developing terms of reference for mentoring and indicators for monitoring and evaluation. • Pairing of PLHIV & marginalized groups self-support network with strong, qualified local NGOs as mentors. • Monitor and evaluate mentoring experience with feedback from both network members and mentor NGOs. 			<p>Incorporated as part of NGO TF selection process.</p>

<ul style="list-style-type: none"> Improved media reporting on HIV and AIDS. 	<ul style="list-style-type: none"> Set standards of good media reporting practices, including finding good practice examples internationally. Link and involve media in NGO and GO events, where appropriate. Review media reporting for good practice examples and encourage submissions of good reporting examples at Regional Conference. Organize annual good media reporting on HIV and AIDS from within the region and provide exhibition space at the annual regional conference (could be a film, a video, an article or a TV programme); facilitate linkages of local media with international media award mechanisms. 			<p>Explore with partners in country.</p> <p>Selection of good practice example.</p> <p>One media good practice example to be selected and included from the region for the regional conference.</p>
<ul style="list-style-type: none"> Increased community voluntarism by engaging young professionals, students and communities at the community level and in the programme activities. 	<ul style="list-style-type: none"> Advocate and facilitate hospital/clinic and NGO partnerships with local schools and communities from non-health sectors for HIV prevention awareness raising, innovative ways for information dissemination, community enterprise for PLHIVs and especially poor and marginalized population group/communities. Include volunteers directly in the programme activities. 			<p>Encouraged as part of the NTO TF criteria and selection and negotiation process.</p> <p>Begin in Q1 and is an on going process.</p>
<p>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.</p>				
<p><i>2.1 Clinical services</i></p>				
<ul style="list-style-type: none"> 7000 PHC providers received Basic Course on HIV and AIDS in 3-4 countries. 	<ul style="list-style-type: none"> Coordinate with NACs and select additional trainers from promising graduates from previous training to conduct Basic HIV course for PHC & secondary level providers in Albania, B&H, Kosovo, and Montenegro. Conduct Basic course to have reached 7000 PHC & secondary level providers (combined Phase I and Phase II). 			<p>BiH already began in Q1-Q2.</p> <p>Albania will start as soon as MOU signed.</p> <p>UNMIK-Kosovo started exploration.</p> <p>Will not be conducting additional training in Montenegro due to the GFATM supported activities in country.</p>
	<ul style="list-style-type: none"> Adapt the Basic Course for medical, nursing or dental school consideration in UNMIK -Kosovo and another country. 			<p>Will first identify master trainers and build training capacity in Kosovo before this.</p>

<ul style="list-style-type: none"> • Improved understanding and awareness of quality assurance standards on VCCT and services for PLHIVs. 	<ul style="list-style-type: none"> • Develop terms of reference, selection criteria and work schedule of QA working group. • Identify potential resource people and select members to form the QA working group. • Organize the QA working group to elaborate and develop quality assurance standards and mechanisms for PLHIV clinical services and VCCTs. • Prepare and produce QA guidelines. • Introduce quality assurance guidelines at regional conference and into training activities. 			<p>BiH began in collaboration with GFATM for VCT guide and clinical guide.</p> <p>Will include review and update of European guidelines and standards.</p> <p>Will hold the guideline session during the regional conference in March.</p>
<ul style="list-style-type: none"> • Up to date clinical information available through web-link for IDSs on ART, management of OI, TB co-infection, PEP and work place universal precautions, and PLHIV nutrition support. 	<ul style="list-style-type: none"> • Identify guidelines and protocols (i.e., workplace safety, PEP, ART, PMCT, TB-HIV co-infection prevention and management, nutrition support to PLHIVs) and provide Programme web links to these resources. 			
<ul style="list-style-type: none"> • About 780 PHC providers who have successfully completed the Basic Course & selected secondary health care providers received the Advanced HIV and AIDS training course in 3 countries. 	<ul style="list-style-type: none"> • Solicit inputs from PHC & secondary level provider Basic Course graduates that are willing to serve PLHIVs or are serving PLHIVs on their training needs. • Develop advanced level PHC provider HIV training curriculum in consultation with NACs and IDSs for select providers at the PHC level. 			<p>Begin exploring topic focus.</p> <p>Will identify resource expert to prepare curriculum.</p>
	<ul style="list-style-type: none"> • Select trainer candidates from the Basic HIV course trainers and promising graduates from the Basic level course. • Conduct training for these trainers to offer the Advanced course. • Plan, organize and conduct the training of 780 providers in collaboration with health professional training schools and/or doctor/nurses' chambers and arrange for continuing education accreditation in collaborating countries. 			<p>Year 2 activity</p>

<ul style="list-style-type: none"> • About 750 community mental health /social workers trained in HIV and AIDS prevention counselling and psychosocial support to PLHIVs, marginalized groups and their families in up to 3 countries. 	<ul style="list-style-type: none"> • Conduct training needs assessments of mental health and social workers at the community level of care in three countries. • Design, in collaboration with NACs, IDSs, mental health and social work services, PLHIV & marginalized population networks where relevant, and in-country trainers, a Mental Health HIV training course for community mental health providers (social workers, psychologists, nurses, defectologists, etc) based on identified needs. • Prepare and produce the Mental Health HIV training course materials and country training plan (adapted from the Basic HIV course and Advanced level course curriculums). The courses will involve willing PLHIVs as resource people, as feasible. The curriculum will first be developed as a generic one, and then be adapted with the local partners to fit each country's health system, structure and provider needs. • Train Mental Health HIV course trainers. • Plan, organize and conduct Mental Health HIV course in B&H, Serbia, and Albania for about 750 community mental health/social workers. 		<p>Postponed in Albania until Q3-Q4</p> <p>Training curriculum generic design began will continue and finalize in S3.</p> <p>Training curriculum will be adapted from generic to country specific in Q3 then produced in Q4 in BiH.</p> <p>Year 2 activity for BiH and explore Serbia. Note will not do Albania.</p>
<p>2.2 Civil society services</p>			
<ul style="list-style-type: none"> • 4-6 NGO projects supported by NGO trust fund each year. At least one project will have regional scope. 	<ul style="list-style-type: none"> • Develop NGO trust fund policy guidelines and selection procedures. • Publicly announce call for proposal with special encouragement on social support, poverty reduction, sustainable livelihood support projects by NGOs in partnership with local enterprise, government or other INGOs, school & non-HIV NGOs. • Encourage pairing of strong NGOs situated in the capitals with outlying NGOs for better outreach to marginalized populations. • Review and select NGOs for support in consultation with country technical advisory groups/steering committee. • Provide mentoring and technical inputs to assist selected NGOs to strengthen their capacity to implement their projects. 		<p>All announcement for each country out.</p> <p>AC for Albania and Serbia to meet in 3^d quarter.</p>
<ul style="list-style-type: none"> • 2-4 VCCT centres established for marginalized populations in outlying or border zones outside of capital cities. 	<ul style="list-style-type: none"> • Select and support NGOs to operate VCCT with priority for MSM - Kosovo, Roma (Albania), CSWs, and migrant workers, including truck drivers. • Train these NGOs to apply QA mechanisms for VCCTs. • Monitor and evaluate the implementations. 		

Objective 3. Strengthen regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized populations, PLHIV networks and clinical practice.

3.1 Clinical practice

<ul style="list-style-type: none"> Up to 3 fellowships for regional clinical practice exchanges per year. 	<ul style="list-style-type: none"> Coordinate with regional or neighbouring countries with higher clinical AIDS or PMCT cases to facilitate clinical practice exchanges. 		Will be during Q3-4
<ul style="list-style-type: none"> Regional technical updates for IDSs and other providers 	<ul style="list-style-type: none"> Conduct needs assessment on priority topics with specialists With regional and international resource specialists, conduct targeted and region-specific update during the regional conference. 		Will be discussed in one clinical session during conference in March.
<ul style="list-style-type: none"> Regional workplace safety trainings for workers in health and non-health settings. 	<ul style="list-style-type: none"> Include in annual Regional Conference in year 1 or year 2 as skills building session and in ongoing training activities. 		One session with ILO in regional conference.

3.2 Building regional knowledge and resource base

<ul style="list-style-type: none"> Improved knowledge and response to special populations or emerging issues based on up to two commissioned studies. 	<ul style="list-style-type: none"> Monitor information needs, in consultation with NACs and NGOs. Identify and call for two commissioned studies on special/emerging issues or population groups (e.g., CSWs, mobile populations, gender issues, etc.). Disseminate study results & encourage NGOs to apply for NGO Trust Fund to provide activities in response to the findings, where relevant. Monitor materials produced within the region Include key materials and research findings in annual conference as a satellite session. Facilitate regional MoH collaboration. 		Q3 explore, design for possibly early start into 1 st year. Originally planned for year 2
<ul style="list-style-type: none"> Up to date Programme website with resource materials. 	<ul style="list-style-type: none"> Bi-annual up-loading of key references and materials from international, regional, and research sources. 		
<ul style="list-style-type: none"> A regional inventory on NGO and donor information. 	<ul style="list-style-type: none"> Collect inputs, including a website questionnaire. Synthesize information into an inventory. Upload inventory online, including option for requesting further information. 		Begin through NGO TF and GFATM listing from each country.

<ul style="list-style-type: none"> • Annual regional conference conducted 	<ul style="list-style-type: none"> • Determine thematic focus for the annual conference in 2008 and 2009 (topic for 2007 has been already determined at will be gender issues as related to HIV and AIDS). • Plan conference content, identify key note speaker and other technical resource people. • Solicit input and finalize agreement and select conference host country and venue on a rotating basis, where feasible. • Collaborate with NACs, NGOs, other sectors and partners to organize the conference. • Issue first announcement with call for abstracts. • Arrange abstract review committee and select abstracts. • Issue second announcement with tentative conference programme reflecting selected abstract tracks, etc. • Prepare conference package. • Make logistics arrangements for conference. • Organize and conduct the conference to exchange approaches and strategies to link to other regional networks besides the HIV, PLHIV, IDU harm reduction, Roma and migrant networks • Prepare conference monograph and disseminate by uploading to website. 		<p>Conference on 27-28 March 08</p>
<p>3.3 Regional outreach to marginalized groups</p>			
<ul style="list-style-type: none"> • Strengthened regional Roma, PLHIV, IDUs and mobile populations self-help group networks. 	<ul style="list-style-type: none"> • Identify media used by mobile population and support NGO production of HIV awareness messages via these media. • Include in NGO inventory the relevant Roma, PLHIV, IDU and mobile population networks and resources. • Involve the regional networks in the annual regional conferences to enhance multi-sectoral networking, exchange and collaborations. 		<p>Regional conference session.</p>

VI. Budget

VII. Annexes

a. Country Advisory Committees

Albania

- Representative of Albania Ministry of Health, TBA
- Director of Albania Institute of Public Health, **Alban Ylli**
- The National AIDS Coordinator, Albania, **Klodjani Rrepaj**
- The UNAIDS HIV and AIDS National Coordinator, **Bujana Hoti**
- The representative of UNPFA, Albania office, **Manuela Bello**
- The Representative of Swedish International Development Agency, **Rezarta Katuci**
- A person living with HIV or AIDS, **Olimbi Hoxhaj**

Bosnia and Herzegovina

Amer

Serbia

1. Milos Stojanovic, UNAIDS representative
2. Simona Drljaca, Sida country office representation
3. Boris Micovic, representative of PLHIV organizations network
4. **Jasmina Dr Bagovic**
5. **Dr Jevtovic**

UNMIK Kosovo

- SIDA Representative in Kosovo, Mrs. Ervor Edman
- National AIDS Coordinator, Dr. Edona Deva
- UNAIDS HIV and AIDS Focal Point for Kosovo, Dr. Xhevat Jakupi