



SWEDISH INTERNATIONAL DEVELOPMENT
COOPERATION AGENCY

WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS

Building Regional HIV Resilience

SIX MONTH REPORT June -November 2008



Submitted to:
The Swedish International Development Cooperation Agency

Contact:
Fondation PH Suisse-*Partnerships in Health*
Bettina Schwethelm, Executive Director

Address:
60, route des Coudres
CH-1298 Céligny
Tel: +41 22 776 78 87
Fax: +41 22 776 79 27
e-mail: bsch@partnershipsinhealth.ch
Website: www.partnershipsinhealth.ch
www.balkans-fight-hiv.org

TABLE OF CONTENTS

ACRONYMS	3
EXECUTIVE SUMMARY	4
I. EPIDEMIOLOGIC AND COUNTRY REPOSES UPDATES	6
1. ALBANIA	6
2. BOSNIA AND HERZEGOVINA (BiH)	7
3. KOSOVO	8
4. MONTENEGRO	8
5. SERBIA	8
II. PHASE II YEAR 2 WESTERN BALKANS PRO GRAMME HALF YEAR PRO GRESS 9	
1. NGO TRUST FUND (TF)	9
2. NGO CAPACITY BUILDING	9
3. FELLOWSHIPS	ERROR! BOOKMARK NOT DEFINED.
5. STRENGTHEN HIV KNOWLEDGE AND RESPONSE CAPACITY AT WORKPLACE	11
6. CAPACITY BUILDING IN HIV SERVICES AMONG MENTAL HEALTH PROFES SIONALS	12
7. ADVANCED CLINICAL TRAINING ON HIV	12
8. COMMISSIONED STUDIES	13
9. THE FOURTH REGIONAL CONFERENCE	13
III. REGIONAL AND COUNTRY ADVISORY COMMITTEES	13
IV. WORKPLAN FOR SECONDHALF OF YEAR 2	14
V. PROGRAMME MANAGEMENT AND BUDGET	15
1. MANAGEMENT	15
2. PERSONNEL	15
3. FINANCIAL REPORT FOR THESE SIX MONTHS	15
ANNEX	17

ACRONYMS

ART	Anti-retroviral therapy
ARV	Anti-retroviral medication
AIDS	Acquired immuno-deficiency syndrome
BBS	Bio-behavioural surveillance
BCC	Behaviour change communication
CCM	Country Coordinating Mechanism
COMBI	Communication for behavioural impact
CPC	Country Programme Coordinator
CRIS	Country Response Information System
DOTS	Directly observed treatment short-course
FPH	Fondation PH – <i>Partnerships in Health</i>
GBV	Gender based violence
GFATM	Global Fund to fight AIDS, TB and Malaria
GIPA	Greater involvement of people living with HIV or AIDS
HDC	Human Development Centre
HIV	Human immune-deficiency virus
IDS	Infectious diseases specialist
IDU	Injecting drug user
IPH	Institute of Public Health
ISOP	Institute of Public Opinion Studies
KAP	Knowledge, attitudes and practices
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoE	Ministry of Education
MoS	Ministry of Sports
MSM	Men who have sex with men
MLSI	Ministry of Labor and Social Issues
MoU	Memorandum of Understanding
NAP	National AIDS Program
NGO	Non-governmental organization
PAF	Program Acceleration Fund
PLHIV	People living with HIV or AIDS
PMCT	Preventing mother to child HIV transmission
PMU	Project management unit
SDC	Swiss Agency for Development Cooperation
Sida	Swedish International Development Cooperation Agency
STI	Sexually transmitted infection
SW	Sex worker
TED	Tirana Education Directorate
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 counseling and confidential testing
VCT	Voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The number of HIV and AIDS cases in the Western Balkans has been increasing steadily since 2000, though slower than in Russia, Ukraine or in Central Asia. The lower numbers are in part due to lack of active surveillance and the pervasive stigma and discrimination against high-risk groups and people living with HIV or AIDS (PLHIV). This region is characterized by similar risk factors that have led to explosive epidemics, negative impact on socio-economic development and human suffering in other parts of the world. These factors include post conflict transition; poverty; change to market economy; lack of social safety nets; gender inequalities; trafficking of women for sexual exploitation; injecting drug use; and unemployment leading to outward migration.

Based on lessons-learned, some United Nations (UN) and bilateral donors are supporting HIV prevention and AIDS care and support efforts in the Balkans to keep prevalence low. Most of these efforts are country-specific and limited. Sida is the only donor that is supporting the region as a whole, taking into account that countries in this region share many of the socio-political and economic risk factors, gender inequities, discrimination, and intervention challenges. By working regionally, there are economies of scale, as these countries individually have small populations. The regional programme unifies countries of this region around common goals, concrete tasks and challenges, thus improves harmonious relation among these countries.

Sida's regional support enables Fondation PH – *Partnerships in Health* (FPH) contributing to strengthening the health systems. The Balkans regional HIV programme fills gaps in national responses to the needs of high risk and vulnerable populations such as Roma, injecting drug users (IDU), sex workers (SW), men who have sex with me (MSM), mobile workers, and people living with HIV or AIDS (PLHIV). Some of these populations are bridging groups to the general population given the gender context of the region.

The Sida's Phase I support to FPH in the Balkans Programme to fight AIDS initiated capacity building for both the public and civil society stakeholders in prevention, treatment, care and support. The NGO Trust Fund enabled developing the technical programme and financial management capacities of local NGOs to directly serving marginalized populations. It introduced a human rights approach to supporting the establishment of voluntary and confidential counselling and testing centres, while promoting greater involvement of PLHIV (GIPA) and creating and strengthening of PLHIV self-support associations.

Sida's Phase II support was designed with the participation of local partners in the Western Balkans. The Phase II Programme aims at creating an enabling environment to strengthen HIV resilience through engaging partners from multiple sectors. It is based on findings of analysis of the unmet needs, and gaps identified in responses in the face of a rapidly dwindling number of health sector donors in the region.

Three strategic objectives of the Phase II Programme are listed as follows:

Objective 1 Build social capital through participatory social networks at the community level: advocacy, risk-behaviour preventive education, 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 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 in the first six months of the second Year of Phase II.

Country epidemiological situation and responses The countries in the region report a steady increase of new reported cases. The proportion of women among reported new HIV cases is increasing, and countries start to report cases of maternal-to-child transmission, both indicating a generalization of the HIV epidemic in the region. Countries are strengthening their national AIDS strategy and policies. In some countries the safe-guarding of human rights have been included such as the development of policies protecting the rights of HIV infected and affected children for schooling. Since 2008, all countries have received Global Fund to fight AIDS, TB and Malaria (GFATM) grants. However there are still important gaps unfilled by the GFATM support. FPH works closely with the GFATM project implementation unit (PIU), the National AIDS Coordinators (NAC), the Ministries of Health (MoH), other relevant ministries, and the UN agencies to ensure these gaps are being filled through the Sida supported Balkans Programme.

Programme achievements

- √ Ten NGOs have received Round One of the NGO Trust Fund grants responding to the needs of PLHIV, MSM, Roma, sex workers, prison staff and prisoners, policy makers, and providers through Voluntary Counseling and Testing (VCT), condom promotion, health education, peer counseling, and training
- √ Six NGOs from Kosovo, Serbia and BiH have been selected for Round Two NGO Trust Fund support with one project already begun in November 2008.
- √ A regional Behavioural Change Communication Strategy and Methods Development Training was conducted by FPH for 25 NGOs and government representatives.
- √ A total of 1,119 primary health care practitioners have been trained in Albania, BiH, and Kosovo in HIV and AIDS, work place safety, stigma and discrimination reduction, and patient rights.
- √ The Bosnian authorities have adapted the generic mental health/social work HIV training curriculum that was developed by FPH and conducted the Trainers training course.
- √ Preparations have been completed in Albania to conduct a needs assessment for mental health practitioners and in Kosovo to start the training for mental health professionals.
- √ A workplace curriculum is being developed for training to start in 2009.

The Balkans Regional HIV Taskforce met in Montenegro in November 2008 attended by country representatives to provide guidance and suggestions in planning of the fourth regional conference in March at Durres, Albania. The conference agenda have been developed and key stakeholders and potential speakers identified

Key activities for December 2008 – May 2009 Key activities for the second half of year two include the Fourth Balkans Regional HIV Conference, mental health and social worker training in Bosnia and Kosovo, completion of curricula for police and local administrations at the workplace, advanced HIV training for gynecologists/obstetricians and dentists -- the two specialties identified by national authorities to be the major gaps in current health sector responses to HIV and AIDS in the region. In addition, there is a regional study exchange planned for prison response in HIV, STI, Hepatitis B and Hepatitis C and TB.

I. EPIDEMIOLOGIC AND COUNTRY REPOSSES UPDATES

1. Albania

Epidemiology In this six-month reporting period, there were 20 new HIV cases, bringing the total number of reported PLHIV to 291. All the new cases acquired HIV through sexual transmission. The average age is 34 to 44. According to data from the Institute of Public Health (IPH), 18 of these 20 cases indicated that they were infected while outside of Albania. For 2008 as a whole, 35 new HIV cases were reported: 20 were males and 15, females. Refer to Table 1 below.

Table 1 Trend in reported HIV and AIDS cases in Albania, 2006-2008						
Year	Total	Sex		Status		
		Male	Female	AIDS	HIV	Death
Prior to 2006	180	125	55 (30%)			
2006	32	21	11 (34%)	7	21	4
2007	44	31	13 (30%)	10	32	2
2008*	35	20	15 (43%)	9	26	0
TOTAL	291	197	94			

The data in this table are from the Institute of Public Health, Albania. However, the percent of female infected and the interpretation is by FPH. * Data as of 30th November

From Table 1, in just three recent years, one can see the following trends:

- **Timing of HIV testing**

Although voluntary counseling and confidential testing (VCCT) of HIV has been available in Albania since 2005, the rate of detection at the stage of HIV versus AIDS remains for every 4 cases tested positive, 1 is already with AIDS.

- **Availability of Anti-retroviral therapy (ART)**

Since the availability of ART in 2007, the death rate has declined.

- **Increasing feminization of the epidemic in Albania**

As all recently reported cases were from sexual transmission, the proportion of infected females has increased from 30% to 43%, closer to that of males. As most of the infections were reported to be acquired from abroad, and through sexual transmission, the statistics are early warning signals for taking into account gender and mobility factors in HIV responses.

Country responses

Policy A revised HIV and AIDS legislation was adopted by the Albanian Parliament in July focusing on a human rights approach for prevention, treatment, and care. It covers issues on discrimination, rights at the workplace, confidentiality, and free access to information and treatment.

Country activities

The United Nations Development Programme (UNDP) supported the development of the new National AIDS strategy, currently in draft form. In addition, it supported the development of the Communication on Behavioural Impact (COMBI) strategy, now in draft form.

The Global Fund to fight AIDS, TB and Malaria (GFATM) A second round of 18 NGO projects is currently on-going. A second Bio-Behavioural Surveillance (BBS) was completed in July. This study focused on men who have sex with men (MSM) and Roma communities in Tirana, Elbasan, Lushnje, Fier and Korce.

PLHIV children's rights to schooling A round table on "Managing HIV and AIDS cases in the schools" was organized in June with participation from the Ministry of Health (MoH), Ministry of Education (MoE), Institute of Public Health (IPH), Teachers Education Department (TED), Ministry of Labour and Social Welfare (MLSI), and director of schools. The round table focused on identifying normative actions to assist the education system in managing HIV cases in both public and private institutions in Albania.

Tripartite meeting A FPH representative participated in an ILO organized round table for Government, labour unions and the Employers' Association to advocate the code of practice on HIV and AIDS in the world of work. Most participants had minimal knowledge or awareness of HIV issues at the work place. This illustrated the critical need to introduce HIV information and policy at work places in Albania. FPH is currently collaborating with ILO in developing an Albania-specific workplace HIV training curriculum. In the second half of year 2, FPH will collaborate with the Albanian Local Administration to implement nation-wide workplace HIV training for capacity building.

FPH is supporting a consortium of NGOs in initiating a pilot project for preventing maternal to child HIV transmission (PMCT). This is the first such effort in Albania. The protocol for PMCT is being developed, and VCCT will be provided to pregnant women at the maternity wards. At the request of the Government, FPH also supported the promotion of VCCT in the Roman community of Elbasan.

2. Bosnia and Herzegovina (BiH)

Epidemiology There were 147 reported cases at the end of this reporting period. The main mode of HIV transmission is heterosexual, injecting drug use (IDU), and homosexual.

Country responses

Policy The national TB strategy is current. A national drug strategy is presently under review. A new National AIDS strategy will be developed.

Country Activities

GFATM Phase I of the fifth round of the grant, in the amount of 4.8 million USD, was concluded in October 2008. Phase II, with a funding of 6.2 million USD, will be concluded by October 2011. There is a component dealing with TB-HIV co-infection. BiH also has a TB grant to strengthen the directly observed treatment short-course (DOTS). Phase I of the TB grant is 2.7 million USD. The aim is to increase TB case detection, ensure access to TB treatment by vulnerable populations, and

control drug resistance. BiH is currently preparing for a round 9 HIV proposal. A new country coordination mechanism (CCM) is being formulated. It is proposed that the new CCM will have 29 members, with 30% of civil society representation.

NGOs FPH is supporting VCCT in prisons in both the Republic Srpska and in the Federation. In addition, FPH is building the capacity of APOHA, an NGO that supports PLHIV to provide care. Innovations include income generation capacity building to build self sufficiency among PLHIV.

3. Kosovo

Epidemiology There was no new case reported in this period.

Country responses

Policy UNDP is supporting the Kosova government in developing a new National AIDS strategy, 2009-2013.

Country Activities. A GFATM grant was signed in September with UNMIK. A project management unit (PMU) has been established. It is anticipated that NGO sub-grant implementation will commence in January 2009.

FPH has initiated VCCT in prisons by supporting local NGO Labyrinth while continuing its support to the MSM VCT centre operated by CSGD, another local NGO.

4. Montenegro

Epidemiology There were 41 PLHIV and 11 AIDS cases as of end of November 2008. Among the AIDS cases, 24 are currently on ART.

Country responses The GFATM grant has started. Due to limited capacity in the country, FPH agreed to defer its activities until the second half of year 2.

5. Serbia

Epidemiology At the end of November 2008, there were 87 new cases of HIV. Of the new cases, 71 were males and 60% of these new cases were from Belgrade. Most of the new cases are between 20 and 49 years of age, and acquired through sexual transmission. There was one case of vertical transmission. Among the 45 reported drug resistant TB cases, 13% (6) are HIV+.

Country responses

Policy Preparation began in October to develop a new national AIDS strategy, 2010-2015. Four working groups were formed covering: prevention, treatment and care, support to PLHIV, and monitoring and evaluation of national responses to HIV and VCCT. A joint TB-HIV consultation was held in October. FPH supported one fellow for a training course on TB-HIV co-management at the Sondalo WHO collaborating centre in July.

Country Activities

GFATM The 6th round grant started in July with 37 sub-recipients, of which 19 were NGOs, the rest are governmental organizations. The activities support the decentralization of health services.

United Nations UNAIDS together with UNICEF, UNHCR and the National HIV office is conducting a HIV risk survey among most at risk adolescents in Belgrade and Kragujevac.

FPH co-financed through the Sida NGO Trust Fund the local organization Youth of Jazas, to review, in collaboration with the United Nations system in Serbia, the national HIV legislation. The process began in July. The review covered law on health insurance, social protection, media, etc.

II. PHASE II YEAR 2 WESTERN BALKANS PROGRAMME HALF YEAR PROGRESS

1. NGO Trust Fund (TF)

There are eight NGO Trust Fund grants for 10 local NGOs under implementation from round one in Year One that are continuing into Year Two of the Programme. During the first half of Year Two, these NGOs distributed 49,845 condoms and 5,470 HIV preventive education leaflets to their target populations; one TV spot was aired and 21 workshops conducted for 868 professionals, prisoners and Roma women. A total of 686 HIV, HBV and HCV (each) tests were provided with counseling, of which 31 individuals tested positive for HCV and three for HIV.

The second round of TF was announced in July in Serbia, October in BiH, November in Kosovo, and will be announced in Montenegro in December. The Albania NAC requested a delay in the TF announcement until after their granting the GFATM NGO sub-contracts. This will ensure that the NGO TF is used to fill the gaps in the country. Two projects each have been selected in Serbia, BiH and Kosovo.

Details on each TF grant, the title, amount of grant, duration, target populations, objectives, achievement indicators, and implementation results from June to November have been summarized by country, by grant, in *Annex I. NGO Trust Fund Status Summary*.

2. NGO capacity building

FPH conducted a regional training course on behavioural change communication strategy and methods development in Tirana, Albania, 15-19 September. There were 25 participants from Albania, BiH, Kosovo, Montenegro, Serbia and Kazakhstan (the latter was self-supported). The goal was to strengthen the capacities of government and NGOs in reducing HIV vulnerabilities through behavioural change communications. Participants learned, step by step, how to develop a BCC strategy and worked in groups to refine their BCC designs. In addition, there was a daily critique session where the materials from each country were presented, and a participatory critique was made jointly with the resource trainers. During the training course, the participants practiced in groups developing tailored communications and approaches for HIV prevention targeting different at-risk populations. The Senior Technical Advisor of FPH and a BCC specialist formed the trainer team. A BCC methods guide will be released by FPH during year 2.



FPH conducted the second Balkans Regional Behavioural Change Communication Strategy and Methods Development Training Course 15-19 September, 2008, Tirana, Albania (Photo by FPH, Albania)

3. Fellowships

One fellow each from *Albania* and *Serbia* received FPH fellowship support, and together with the Senior Technical Advisor participated in the training course on TB and HIV Co-management, conducted by the Sondalo TB Collaborating Centre of WHO. The GFATM provided co-financing for the travel costs of the fellows. The other countries invited did not participate due to potential candidates taking summer vacations.

The National AIDS Coordinator of the Federation of *BiH* also received fellowship support. He participated in the International AIDS Congress in Mexico, together with the FPH's BiH Country Director.

4. Capacity building of primary health care (PHC) providers in HIV responses

From 1st June to 30th November, 2008 FPH conducted 50 sessions of training for PHC providers in Albania, BiH and Kosovo. A total of 1,119 PHC providers were trained. Among those, between 22 to 44% were doctors, the remainder were nurses. Approximately 80% of the participants were females. Table 2 summarizes the training results by country.

Albania has made a great deal of progress during the last couple of years in HIV responses. In view of the great deal of changes occurring in Albania, an update was prepared to the FPH's 2005 version of the PHC provider training manual. The 2008 version of the FPH training curriculum has new epidemiologic data, a list of newly established VCT centres in the country, additional new HIV resources, the expanded country responses, and an update in policies and the national AIDS strategy.

Table 2 Summary of PHC provider training results by country, 1 June – 30 November 2008

Country	No of courses	No of doctors % of total trained	No of nurses	Total trained	% female
Albania	24	183 (33%)	378	561	80%
BiH	15	57 (22%)	213	270	81%
Kosovo	11	126 (44%)	162	288	77%
TOTAL	50	366	753	1,119	



A primary health care provider Basic HIV knowledge and skills training course, BiH

5. Strengthen HIV knowledge and response capacity at workplace

Albania FPH is collaborating with ILO in developing a generic workplace HIV knowledge, policy and management training manual. FPH plans to collaborate with the Government to train civil servants from 15 Ministries in the Public Administration on workplace HIV policies and management. This is an identified need of the Public Administrators based on recent cases at the work place.

BiH FPH will collaborate with the Ministry of Defense to conduct training for military medical personnel and peace keeping troops from BiH prior to their overseas engagement. Actual workplace training for both countries will begin in 2009.

Serbia A generic curriculum for uniformed service personnel, specifically for police is being developed by FPH in collaboration with specialists as well as legal scholars. The curriculum will include the policy and legal interpretations of police power and limitation of authorities and jurisdictions pertaining to HIV-related matters. Particular emphasis will be on human rights protection of marginalized populations as it relates to HIV prevention.

6. Capacity building in HIV services among mental health professionals

Albania Mental health centres are managed by the Ministry of Health whereas social workers and psychologists in schools report to the Education Directorate. Exploratory meetings have taken place with both sectors. Both sectors expressed interest in engaging in HIV knowledge training for their mental health and social work staff. A needs assessment on HIV knowledge, attitudes, and practices among psychologists, psychiatrists and social workers will be conducted in 2009 to determine the potential training needs.

Bosnia and Herzegovina FPH developed generic HIV and MH training curriculum was adapted for BiH by a working group with members from both the Federation and Republic Srpska. An additional section on the role of social workers and on psycho-active drugs and anti-retroviral medication interactions were developed. A 3-day training of trainer course was conducted from 5 to 7 November with 21 participants from both the Republic Srpska and the Federation. The trainers were nominated by the Ministry of Health and Welfare of the Republic Srpska, and the Ministry of Health of Federation.

Eight regional MH training sites were identified, i.e., in Sarajevo, Mostar, Zvornik, Tuzla, Zenica, Doboj, Banja Luka and Bihac. The training plans to cover the 260 staff from 47 community mental health centres, staff from psychiatric clinics, hospitals and social workers in prisons and non-health facilities. The MH training courses will start in early 2009.

Kosovo The mental health system in Kosovo is managed by the Ministry of Health through its Division of Public Health, and the Center for Development of Family Medicine. There are 7 mental health centers in 7 regions with a total of 200 staff. The staff composition includes psychologists or psychiatrists, MH nurses, and MH social workers.

FPH, in collaboration with the Center for Development of Family Medicine, will adapt FPH's generic MH training curriculum for Kosovo. The curriculum will include the Kosovo mental health law and policy, available HIV-related institutions, in addition to the module on the role of mental health workers in HIV prevention, AIDS care and support.

FPH will collaborate with the Association of Family Medicine of Kosovo to conduct a mental health care provider HIV trainer skills training course (TSTC) for four teams in 2009. Each team will consist of a MH Family Medicine Doctor, an MH officer (Psychologist or Psychiatrist), a MH nurse, and a MH social worker. The MH training will conclude by the end of year 2.

7. Advanced clinical training on HIV

Serbia Countries in the region have identified a critical gap in HIV responses by the OB-GYN and dentistry professionals as two priorities to be filled. FPH is currently collaborating with Obstetric and Gynaecology specialists in a maternity centre in Serbia to develop a generic HIV training curriculum for OB-GYN practitioners. This Serbia centre has received and managed the highest

number of HIV positive females in the Balkans. It is also the regional referral centre. The curriculum will be available in 2009. FPH is also planning to complete the development of a generic HIV training course for dental professionals within the second year.

8. Commissioned studies

BiH A study on prison inmates' reformation training was initiated with the Banja Luka Prison, the largest prison in Republic Srpska. The study report will be used for the April 2009 regional exchange study visit on prison responses to HIV, as well as presented at the 4th Regional Conference.

Serbia Two commissioned studies were initiated in the January-June 2008 reporting period. The first is a document "Living with violence" on gender-based violence, trafficking and HIV vulnerabilities prepared by the Counseling Centre against family violence. The book has been printed in July and will be distributed at the 4th Balkans Regional Conference.

A second commissioned study is on "Gender Construct in Roma Population in reducing HIV vulnerability" in collaboration with the Novi Sad Humanitarian Centre. The Senior Technical Advisor is providing technical support in designing the study methodology, the analysis of the study data, and interpretation of results. The study will be completed in time for presentation of results at the 4th Balkans Regional Conference.

9. The Fourth Regional Conference

The fourth annual Balkans Regional HIV and AIDS Conference will take place on 26-27 March 2009 in Durrës, Albania as part of the regional rotation of countries. The Ministry of Health, Albania confirmed its willingness to host this Conference. Hotels in Albania typically have less than 100 guest rooms and are costly. The Hotel Adriatik was the only venue with reasonable prices and conference facilities to accommodate the needs of a regional Conference. A short-term Conference Coordinator has been recruited to support the preparatory of the regional Conference.

The *theme* of the Fourth Conference is "Healthy mobility: Reducing HIV and other vulnerabilities". Invitations and the first Conference announcement were distributed and placed on the Programme website, including the preliminary Conference agenda and registration form. A copy of the first announcement is in the annex.

A *call for abstracts* was issued to solicit studies and programme experience to promote sharing from the Balkans and the larger European region. A Conference scientific committee has been formed, with representation of experts from each of the countries in the Balkans, including Croatia and Macedonia. The committee will review the submitted abstracts.

III. REGIONAL AND COUNTRY ADVISORY COMMITTEES

The 2nd Balkans Regional Task Force on HIV was held in Tivat, Montenegro, on November 13, 2008, based on the request of members of the Task Force in March 2008 at the first regional Task Force meeting. A meeting report is included in the Annex. In addition, regular consultations have taken place with country advisory committees.

Albania Advisory Committee consultations were conducted via email as the diverse scheduling conflicts among the members of the Committee precluded a timely face-to-face meeting.

BiH The 4th Committee meeting was held on 19th September 2008 to update on the Programme and the NGO Trust Fund activities and solicit inputs for the 2nd Round of the NGO Trust Fund. The fifth meeting, scheduled for November, was deferred to email consultation in December due to the members' scheduling conflicts.

Serbia The second annual Advisory Committee meeting took place on 23rd June 2008 to introduce FPH's new Country Coordinator, update on the Phase II Year 1 Programme achievements, Year 2 work plan, and get inputs for the second round of the Trust Fund. Upon the appointment of new National HIV Coordinator, Dr Verica Lela Ilic, FPH invited her to become a member of the Advisory Committee of Partnerstvo za Zdravlje, and she accepted.

Montenegro The Second Balkans Regional HIV Taskforce meeting was held on 13th November 2008 in Tivat, Montenegro with 18 participants. The Regional Task Force meeting report is in the annex.

IV. WORKPLAN FOR SECOND HALF OF YEAR 2

WORKPLAN FOR SECOND HALF OF YEAR 2		
Activity	Time frame	Countries
1. NGO TF	November 08 →	Serbia
	December 08 →	Kosovo
	February 09 →	Montenegro, BiH
	March 09 →	Albania
2. PHC provider capacity building	Dec → Feb	Albania
	Dec → Feb	BiH
	Dec → May	Kosovo
3. Mental health capacity building	Nov → May	BiH
	Jan → Mar	Kosovo
	Feb →	Albania
4. Work place capacity building	Jan → Feb	Generic curriculum
	April →	Albania
	Jan →	BiH

5. Advanced training	Jan→ Mar	Curriculum for OB and Dental
	May	Regional TSTC in Serbia
6. Regional NGO capacity building	April	Prison HIV prevention, VCCT including HBC, HCV, STI & psycho-social support - Serbia
7. Regional Conference	26-27 March	Durres, Albania
8. Commissioned studies	Nov→ May	Roma gender transformation for HIV vulnerability reduction
	Dec→Feb	Republik Srpska reformation training in prison including HIV and health education
9. Regional programme year 2 financial audit preparation		May

V. PROGRAMME MANAGEMENT AND BUDGET

1. Management

As part of the de-centralization process and in an effort to build-up the FPH country capacity for future sustainability, each country office is pursuing its local NGO registration. Both the Serbia office and the Bosnia office have already completed this process. It is anticipated that the process will conclude by end of Year 2 for Albania and Kosovo.

The annual regional staff planning meeting was held on 13th and 14th November in Tivat, Montenegro to review the results of Year 1 and Year 2 programme activities, and to plan and coordinate the 4th Regional Conference. The annual regional staff meeting report is available at request.

2. Personnel

Ms. Dragana Nikolic has started on June 23, 2008 as the Country Coordinator for Serbia. Ms. Albana Cunaj has been engaged since October 21, 2008 as the Regional Conference Coordinator. There were no other staff movements for the Programme.

3. Financial report for these six months

As of end November 2008, over 30% of the annual budget has been spent with another 55% already fully committed to planned activities. The commitments entailed contracts and grants already implemented but not concluded yet. This relates to the speed of implementation by local

NGOs and governmental partners. In some cases the regional Programme had to wait for GFATM PMU to finalize their funding decisions to local NGOs in order not to duplicate project activities and focusing instead on country response gaps. The political changes occurring in Serbia during this reporting period also delayed both the public and civil society partners' activities. The process of consultations with both the Federation and Republic Srpska in BiH, the multiple conflicting commitments by the stakeholders in the country advisory mechanisms for every countries, the review and approval of curricula by local experts and government assigned working groups, as well as waiting for the official appointments of National AIDS Coordinators in some of the countries has influenced the speed of implementation.

ANNEX

- 1. NGO TF performance summary matrix & TF Grant Payments**
- 2. Fourth Balkans Regional HIV and AIDS Conference announcement**
- 3. Second Balkans Regional Task Force Meeting Report**
- 4. Year 2 June – November 2008 expenditure report**