Addressing the acute funding crisis facing harm reduction services in South-East Europe

Drug Policy Network
South East Europe

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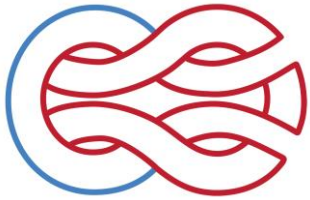

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Working version

November 2018

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Introduction

The Drug Policy Network South East Europe prepared this material with the aim to emphasize the acute funding crisis facing harm reduction services in Balkan states and South-East Europe, to influence the policies and actions of the Global Fund and other donors. It is a complementary part of a larger body of work being done by a wide range of partners - including the Open Society Foundation and the International Drug Policy Consortium - to document the consequences of changes in donor eligibility policies, and to urgently try and influence donor policy away from a withdrawal from middle-income countries in South-East Europe.

DPNSEE worked with their partners and members across the region to gather case studies of OST stock-outs or shortages, service closures or reductions in coverage, and other critical issues experienced by civil society partners in South-East Europe related to transitions away from Global Fund support. Through interviews with key stakeholders and desk-based research, DPNSEE gathered information, experiences, feedback and recommendations from NGOs in Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo, Macedonia, Montenegro, Romania and Serbia.

The material was collected in November - December 2017. Since then, it was used only internally. Even now, it is still in a raw format, bit DPNSEE together with OSF and IDPC decided to share it with the participants of the South East Europe pre-Conference meeting in advance to the 4th European Harm Reduction Conference, to be held from 21 to 23 November 2018 in Bucharest, Romania. Please, have thins in mind when reading, using or possible using the document as a reference.

DPNSEE
November 2018

Albania

Global Fund support

The programs of Methadone Maintenance Therapy (MMT) and Needle and Syringe Program (NSP) helped the country to keep a low numbers of new infections of HIV/AIDS. People living with HIV/AIDS (PLHIV) were reached also with teams in the field, offering clean needles, syringes and condoms in the hot spots. Also a big number of injecting drug users was in the methadone program.

Along with the drug users Aksion Plus were able to reach other vulnerable groups such as; Roma groups, sex workers, LGBT and their clients. These groups were referred to other services to carry out HIV testing and counselling. In collaboration with another NGOs they performed HIV testing at their centre.

Health professionals in health settings and in the prisons are properly trained by A+ in collaboration with UNODC and the IPH.

Aksion Plus has been working with the Global Fund (GF) from 2007. As an organization we have been working with methadone program opening the first Methadone Maintenance Therapy program in Tirana and then 5 more methadone centres in Durrës, Shkodër, Vlorë, Elbasan and Korçë supported by the GF. Aksion Plus role was to coordinate and monitor the methadone program and the needle exchange program. We have been working in harm reduction and psychosocial interventions especially with injectng drug users.

Aksion Plus is a member of CCM since its creation and is playing an active role for the last CCM structure base on the latest development in the GF policy.

Aksion Plus experts have been involved in the GF grant proposal drafting, and consulting step by step with updated information, comments and data.

We were able to deliver the service covering almost the biggest cities in Albania, approximately providing service 550-600 drug users per year with in the methadone treatment. One of the biggest benefits was the stock of the methadone, so during the GF support we had no trouble regarding the medicine issue and all the clients were covered regarding their needs. Also we had the human resources to provide other services, like the psycho-social support, the outreach team that every day was at the hot spots providing clean needles, syringes, condoms and also free information regarding drug use, SST, referral to other specialized clinics or hospitals.

Genci Mucollari, Chairman, NGO Aksion Plus

Negative sides

Though we were able to maintain our services in two cases we were forced to close down the opioid substition therapy (OST) network because the GF delays and the delay of the Ministry of Health to procure methadone in time.

Other foreign donors such as EU and UN have their difficulties to keep our services ongoing. We approached local governments but until now there were no positive response, only promises.

The staff is not properly supported with salaries, while the burden is increasing every day – the pressure from clients is very high and the risk is there daily.

Genci Mucollari, Chairman, NGO Aksion Plus

How the Global Fund withdrawal affects work of your organization and you personally?

The program of methadone began in 2005 supported by IHRA, OSI and then in 2007 by Global Fund as a maintenance program. A big number of clients were there from the beginning since the need for such services was on high demand. They were stabilised with the daily doses but everything after the first Round of GF changed.

Three ministers of health were changed during the last three years and the deteriorated political situation is playing a negative role with the funding issues and the delay of the coming GF round.

Aksion Plus are facing difficulties to cover financially their human resources and other services related to opioid substitution therapy network.

With the lack of funds to procure methadone we were forced to lower the doses for every one of them, 2 or 3 times we closed the MMT centres, so all of them were in the streets shooting heroin. During this time that we were closed and the clients were out the program we didn't have also an outreach unit so it was hard times for the drug users in the streets. Aksion Plus staff was in the frontline to talk with the clients, and we had difficult times to explain what's going on. Parents were very concerned as well.

One of our difficulties is that the staffs at the methadone centres is not getting paid, so we are facing again a lot of difficulties working even the medicine is there.

Erlind Plaku, Counsellor at NGO Aksion Plus

In September the Ministry of Health accorded a 20.000 $ fund to buy the methadone for the Aksion Plus MMT centres and prison settings. But due to the long and bureaucratic procedures there were delays, roughly seven months. During this period the NGO was able to keep their services running with the help of IDPC and OSF.

In the latest drug demand reduction strategy a recommendation is included as Aksion Plus was one of the members of the working group. It is related to the obligation of the state structure to support centres like A+ and to provide methadone as a basic medicine with the state funds.

The next GF round will start soon, so there are hopes that the situation is stabilized until the next GF support by early November 2017.

Which services are currently available? Is that satisfying the needs? Which services you find critical and they are missing? Which are the characteristics of the situation in Albania?

As Albania continues to have low prevalence of HIV, the number of newly diagnosed ones continued to increase till 2013. Until the end of the December a number of 782 HIV cases had been reported. The numbers should be observed with caution, since they are based on the testing data that further implicates that they depend on the number of the HIV tests conducted, that is also carried out in the late phases of infection (60% of new reported cases) so the data does not accurately reports on the infection rate. HIV epidemic is concentrated in Tirana, the capital, where 50% of the testing was conducted.

Last year GF stopped funding and the Albanian state didn't take over the methadone program so with their own funds and some donation Aksion Plus continued the program for 1 year until September 2017. Also they had an emergency donation from IDPC to buy a small quantity of methadone.

There is a HIV National strategy for Prevention and Control of HIV/AIDS 2015-2019 but civil societies are not allowed to receive funds from the Government for service delivery. Additionally, sex work is illegal in Albania and considered a criminal act, and prostitution is seen as "criminal act against morality and dignity". Furthermore, same sex relations are also criminalized by the Albanian Criminal Code article 116. This significantly complicates the data collection and every effort of getting to know the real picture.

Reliable data which describe the situation and create basis for evidence based solutions

Every year Aksion Plus sends the data of the methadone clients to the Ministry of Health and Institute of Public Health (IPH). For several years with the help of EMCDDA we have been working on building a national database for the drug users but until now nothing is done.

Genci Mucollari, Chairman, NGO Aksion Plus

Tirana is quite advanced in data collection and monitoring but this activity should be extended in other cities where OST is present and other affected cities where Aksion Plus intend to open such services for drug users.

Several studies are conducted by IPH in cooperation with EMCDDA, WHO, UNODC, and some local NGOs - so the data is there but funding lacks.

Also there is not a strong and continuous willingness form the state structures to support such services. They think they have other important priorities other than the drug demand services and treatment.

What could be done better in context of your country situation?

This year the Ministry of Health made the national drug demand strategy. One of the things that NGOs hope to be accomplished is that the methadone should be at the reimbursement medicine list.

The Penal Code and other drug related sentences articles will be reviewed by the Albanian Parliament.

The government should be urged to contribute and commit its resources for such services. The majority of our clients come from very poor and marginalized groups - so they also need other type of services and a reintegration policy should be drafted and implemented.

The OST staff should be increased and they need more support and attention from the central and the local government.

Bosnia and Herzegovina

Global Fund support

The Global Fund project supported numerous field of activities such as: development of policy documents, development of guidelines and education material, development and implementation of OST prevention program, establishment of DPST centres (voluntary and confidential counselling and testing on HIV), strengthened capacities of human resources involved in HIV prevention and treatment, strengthened HIV surveillance (numerous researches implemented), strengthened inter-sectorial and multi-sectorial cooperation on HIV prevention and treatment. It also contributed with:

- Development of management skills and human resources of medical and social institution, clinics, government institutions and CSO;
- Networking and co-operation between NGOs and health institutions, ministries, international organization and other stakeholder
- Efforts to reducing the stigma and discrimination of people living with HIV as well as the population at risk
- Equitable access to essential medical products, medications, tests and technologies of assured quality prevention and treatment

During the period of implementation, programs funded by the Global Fund in Bosnia and Herzegovina established 10 centres of Opioid Substitution Treatment (OST). Apart from the two existing ones in Sarajevo and Doboj, centres were also established in Zenica, Mostar, Tuzla, Sanski Most, Banja Luka, Trebinje, Bugojno, Sokolac, Orašje and Odžak. In Federation of Bosnia and Herzegovina OST was introduced in 7 prisons. 11 drop-in centres for syringe-needle program were established. Also decentralized VCT centres were opened and a lot of different parts of HIV prevention program implemented.

Programs that lasted for 10 years built fantastic elements of the system in Bosnia Herzegovina: laboratories, strengthened primary and secondary health care programs, built additional institutions capacities, etc. Diagnosis, procurement systems, availability of therapies, which are today at the top level, at the very beginning of the program were very bad, unorganized and disassociated. Testing was paid and the level of stigma and discrimination was very high.

From initial 3, there are 22 Voluntary Confidencial Counseling and Testing (VCCT) Centres now; yearly HIV incidence was on average 10-12 persons per year, what is three times less than in the neighbouring countries; Youth in school settings that was enrolled in HIV/AIDS education and various HR supporting activities from 2.900 at the beginning raised to 77.466 at the end; out of school settings from 15.000 to 167.000; harm reduction outreach activities to injecting drug users (IDUs) from 394 to 6.932 persons; formed 11 Drop-in Centres (from zero); patients on antiretroviral therapy (ART) from 14 to 145 in ten years period; OST treatment secured from 350 in 2006 to 1.400 persons in 2016 in 12 centres (before there were 3); outreach to MSM from 483 to 4.797, to SW from 210 to 2.416; formed and equipped 3 new HIV/AIDS Resource Centres (Banjaluka, Mostar, Sarajevo) etc.

Through the programs, civil society organisations built their capacities and became a very important partner in developing new activities, strategic documents, standards and accreditation of services.

Thanks to GF support, Bosnia and Herzegovina maintain its position among low prevalence countries.

UNDP BiH was chosen by the CCM as the Primary Recipient responsible for HIV Programme implementation.

As an organization we grew in various segments. The final result of the whole process is development of the Standard for Harm Reduction Services and the accreditation of the services provided by our organization. Margina is currently the only civil society organisation (CSO) that is accredited in South East Europe for providing services to people who inject drugs, sex workers and prisoners.

Personally, I was extremely grateful to have been able to build my capacities through this 10-year program as well as to advocate for a consistent respect for the human rights of our clients.

Denis Dedajić, President, Association Margina

NGO Viktorija was responsible for realization HIV prevention activities in prison population (6 prison facilities in Republic Srpska). Through 10 years of Round 5 and Round 9, Viktorija organized a lot of training for police officers, prison staff, etc. and implemented policy activities.

Tatjana Preradović - Sjenica, Programme coordinator, NGO Viktorija

Benefits, added value and negative sides

Significant financial contribution led to capacity building at all levels ranging from diagnostics, human resources, cross-sectorial cooperation and service availability to all parts of Bosnia and Herzegovina. Also, a very important indirect products of this 10-year program are developments of positive legal documents, strategies and policies.

The Association Margina's drop-in centre is the only centre where a drug user can get proper syringes he needs.

"If this program stops here in Bosnia, there will be epidemic (of Hepatitis C)."

Anonymous drug user
From the Drug Reporter movie "Our Clients Are Our Mission: Harm Reduction in Bosnia"

The biggest benefits reflected in huge increase of services provided, OST availability to many through various outreach HR activities, testing increase and developing of capacities of public institutions and CSOs in terms of HIV/AIDS prevention. HIV/AIDs was “under control”.

Among biggest benefits is also the support for CSOs. Before the GF support, the state was not financially supporting NGOs activities in HIV prevention, and many tools for changing risk behaviours were not used. 12 CSOs were supported for the whole decade to work on support to marginalised population, anti-stigma campaign etc.

Information, education and communication programs for key population were not established and many others actions and NGO activities-based HIV prevention programs were established during the Global Fund support.

We had almost the same number of new HIV diagnosis on yearly basis in the last four years - no increase in number!

Stela Stojisavljević, Coordinator for HIV prevention in the Republika Srpska from March 2010 till December 2015

The negative side of the GF support was full reliance to the GF funds by the majority of NGOs which resulted in their closing after fund ends.

Country authorities believed that GF will stay for ever - to finance these activities; so there is a huge financial gap now when GF pulled out.

How the Global Fund withdrawal affected/affects work of your organization and you personally?

Even though we don't have financial support, we still service our clients. The high level of dedication to work with these populations and accomplish organization's mission still retain our staff at work, regardless of the fact that they haven't been paid since November 2016.

Denis Dedajić, President, Association Margina

Association PROI reduced its services dedicated to people who inject drugs (PWID) for 90%. I personally, went through big disappointment about the state institutions, UNDP, national HIV coordinators because they were not able to help and/or to support work of CSOs services providers after the GF funded programs.

Samir Ibišević, Chairman, Association PROI

The Public Health Institute lost funding for HIV related researches. This might result in limited HIV surveillance in the future, if funding is not available from the Government or Health Insurance Fund (chances for Government or Health Insurance funding are very, very low).

Stela Stojisavljević, Coordinator for HIV prevention in the Republika Srpska from March 2010 till December 2015

From 17 permanent staff members in the PR unit working on HIV/Aids and Tb, now there are only 3 staff members working in health field (within UNDP). We are financed (form March 2017) from local resources for the procurement related activities (OST and Tb therapy), while GFATM is covering only Secretariat of CCM activities (through UNDP, refunding only 50% of Finance person salary).

Nešad Šeremet, Project Manager in UNDP in charge for the implementation grants from Rounds 5 and 9

The government was actively involved in the development of Transition Plans, but little or nothing was done to implement them. OST and ART are available, free of charge for clients, funded by governments on various levels, and this is the only thing that the governments at all levels have done.

Governments haven't developed legislative framework that would allow social contracting. It is a big obstacle for continual financial support of CSO-based HIV prevention programs and big danger for interrupting these very successful interventions.

There is no enough money in the BiH Budget to be allocated to HIV/Aids and Tb related activities (but the therapy alone).

A few of the civil servants at the GF-related positions are aware of the situation and try to do something, but in general Government's view is that the Program is over and feels no obligation to undertake funding and support for services that have been built for so many years and established for the benefit of all citizens of Bosnia and Herzegovina.

The long-term consequences are that the 'Romanian scenario' will happen, with a large number of newly identified cases of HIV, Hepatitis and Tuberculosis. That will ultimately have a huge impact on health budgets and budgets in general for the next 10 to 20 years.

Denis Dedajić, President, Association Margina

NSP services were not budgeted as part of the health programs at national/entity/cantonal levels due to the full financing from the Global Fund grants for almost ten years including a number of capacity development activities dealing with administrative, programmatic as well as procurement activities. As a consequence, almost all NSP services are closed except one in Zenica.

Some services were closed, like drop-in centres. Some CSOs haven't continued their work with key populations because of lack of financial support. One part of this services provisions will perhaps work for a short time before they finally stop. I am afraid that mobile testing, drop-in centres, outreach work etc. will not continue. Governments haven't provided money for this services and no mechanisms for social contracting is in place.

Zlatko Čardaklija, Coordinator for HIV/AIDS in the Ministry of Health of the Federation of Bosnia and Herzegovina

Number of CSOs involved in HIV prevention reduced dramatically and there are almost no activities with key populations at risk (harm reductions programs, education, psychosocial support, etc.). Most of DPST centres closed due to lack of HIV tests.

Stela Stojisavljević, Coordinator for HIV prevention in the Republika Srpska from March 2010 till December 2015

The budgets of public health institutions, ministries, health insurance funds, and local governments have no specifically allocated lines for the HIV and AIDS prevention, especially for those programs conducted by CSOs. Currently CSOs are seeking funds for harm reduction programs and continuation of prevention activities as well as advocacy and social support to PLHIV.

After closure of the GF programme in Bosnia and Herzegovina, Viktorija lost the source of funding. All prevention activities and services for injecting drug users and prisoners stopped as well as trainings on stigma and discrimination against PLHIV and KAP. All 5 Drop in centres closed and injecting drug users didn't get access to needle exchange program and other services. The number of employees is reduced to a minimum and sustainability of the organization is compromised.

Tatjana Preradović - Sjenica, Programme coordinator, NGO Viktorija

Which services are currently available in your country? Is that satisfying the needs? Which services you find critical and they are missing? What are specificities and differences in situations in different country organisational structures?

Those linked to Health Institutions are still in place (with less proactive work and no referral); while NGOs driven activities are now almost not existing.

Currently, Free Consultancy and Testing Services are available in 19 VCT centres, OST Programme in 15 centres and 7 prisons and NSP programs in Tuzla, Zenica and Mostar provided by the Association Margina. HIV treatment is fully supported by the state as it was the case before the start of the GFATM program.

OST criteria in BiH are based on EuroMethwork (European Methadone Guidelines) and locally developed guidelines. The procedure foresees that OST can be provided only through certified governmental health institutions.

The situation on the ground is very critical. Number of users is increasing while the service are reducing. Every day we have very strange things and situations in the field, which we solve in different ways and that takes us a lot of time because the system collapsed. For instance, we have a very interesting situation that needle and syringe programmes clients make their stocks in order to have enough of materials and equipment and even sell these stocks to their colleagues or change them for other services (drug, money, sexual service). For this reason, we are forced to give less material to reduce this phenomenon.

Denis Dedajić, President, Association Margina

All services are available but reduced. Very soon, the outreach services, syringe-needle programs and drop-in centres will stop their work. There will be no mobile VCT services for key populations in the country, no campaigns, no work on change risk behaviours.

A big problem is very strange structure of state. Bosnia and Herzegovina consist of two entities (Federation of Bosnia and Herzegovina and Republika Srpska) and Brčko District under direct sovereignty of State. Each entity has its own health system and own ministry of health. Federation of BH is very decentralised, against Republika Srpska which is centralised. Federation of Bosnia and Herzegovina consists of 10 cantons, each with its own government and have totally 11 ministries of health. Adopting any legislative or making decision are very complicated and time consuming.

Zlatko Čardaklija, Coordinator for HIV/AIDS in the Ministry of Health of the Federation of Bosnia and Herzegovina

Reliable data which describe the situation and create basis for evidence based solutions

There is no systematic methodology and/or quality of data is often inconsistent. The presence of the Global Fund provided a framework and guideline for data collection and surveillance but after GF, everything has stopped. Currently available data are based on the records provided by the services are merged into a database established during the GFATM program.

In Republika Srpska, there is legislative obligation for reporting of newly diagnosed HIV patients and heroin drug users, while there is no legislative or on the other way solved collection of data related to HIV prevention (for example: number of clients in DPST centres or on OST, comorbidities etc.).

What could be done better in context of your country situation?

It appears that Bosnia and Herzegovina was not fully prepared for the withdrawal of the Global Fund. The country appears to need funding and time to help ensure that an HIV/AIDS responsible transition planning process is in place. For example, there are no contract mechanisms to provide preventative health, social and educational services.

Tatjana Preradović - Sjenica, Programme coordinator, NGO Viktorija

Bosnia Herzegovina is currently in the phase of negotiations or at the decision making stage by the GFATM to use a surplus for operational use.

Development of “social contracting” documents is extremely important. That would ensure sustainability of accredited services provided by CSOs, as well as greater involvement of domestic funds in financing the HIV/AIDS Prevention and Treatment Program in Bosnia Herzegovina.

The new Strategy on Drugs is drafted, but it seems that it doesn't offer a lot of fresh ideas. Country needs a new HIV Strategy.

Advocacy capacity building of CSOs is needed, as well as introducing legislation about social contracting.

Improvement of data collection and analysis, assure that HIV surveillance system is in place, implementation of harm reduction programs and outreach programs for hard to reach populations.

Open door to BiH again, towards the GF's financial resources (dismiss non-eligibility status based on WB rating and official number of disease burden). At least for NGO activities. It is MUST to improve the work of GF - to be more country present, flexible and knowledgeable and less "Bank administrative type of work" …

Any other comment?

It is my strict belief that it is too early to see/detect consequences of reduction of HIV prevention activities after GFATM withdrawal. Although GFATM project ended in December 2015, during 2016 and 2017 there were supplies stocks available (drugs, test, IEM) and involvement of human resources due to feeling of moral responsibility toward GFATM investment.

Stela Stojisavljević, Coordinator for HIV prevention in the Republika Srpska from March 2010 till December 2015

Bulgaria

Global Fund support

Thanks to the financial support of the Global Fund, Bulgaria managed to build sufficient human capacity and large network of NGOs which have been trained to conduct outreach services to the most vulnerable groups. Many partners were involved in health promotion and prevention activities under the Program – more than 50 NGOs, 28 Regional Health Inspections which are responsible for the epidemiological surveillance, 21 municipalities responsible for the local strategy implementation and offering supporting environment.

The first Grant Agreement between Ministry of Health and Global Fund has been ratified in 2003 the next one in 2006. Continuing the implementation of the Program "Prevention and Control of HIV/AIDS" 2009-2014; Non-cost extension 2015-2016.

GF's support was crucial for the development of a network of services and trained professionals throughout the country. It helped reach and serve thousands of key populations' representatives and establish service models in all areas. It helped maintain Bulgaria a low-prevalence country in regard to HIV and significantly decrease the level of TB burden.

Benefits, added value and negative sides

Harm reduction programs were developed, professionals were educated and trained, network was developed, and services for clients were provided. The services for IDUs were provided on a regular basis. The NGOs were stable and the teams were well educated and supervised

The biggest benefit was establishment of a service network and the introduction of prevention among key groups as a national priority. Also, maintenance of the low HIV prevalence. Another important benefits was large involvement of NGOs, which would have been impossible to happen without this international support and pressure.

Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation

Since 2004 the Program, financed by the GF, ensures geographic coverage and expanded scope of services with a focus on the groups most-at-risk. The investment in prevention activities as well as specific services for HIV prevention care and support especially to vulnerable groups and PLWHIV proved its effectiveness over the years.

We became used to sustainable financing – negative effect?

Tsveta Raycheva, Long term consultant for the Global fund supported projects 7 years

Negative side is that the long years of international support made our authorities lazy and distant from mobilizing national and local resources, which led to instability of results after the end of the grant.

Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation

How the Global Fund withdrawal affected/affects work of your organization and you personally?

Our organization is in a survival crisis. This is not only due to the Global Fund withdrawal, but also supported by the very unfavourable donor situation for NGOs in our country. The staff of the organization decreased a lot, as well as resources and motivation.

Personally - I am gradually losing my motivation to stay engaged in this professional area, due to the overall unsupportive environment for the work we do.

Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation

Significant reduction the NGOs funding will lead to the reduction the scope of prevention services as well as to the risk of facing with a gradually increasing the number of HIV-infected individuals particularly among the vulnerable groups. The reducing of funding for NGOs will result in a loss of qualified outreach professionals.

A 2017-2020 National HIV Program has recently been approved, and the CCM has elected new NGO members.

What the government did to ensure transition of the services and take over support?

National program for HIV prevention is adopted but still do not know what will happen.

The Government provided some resources to state agencies, called Regional Health Inspectorates (RHI), to maintain some small scale activities within the main target groups. At the same time the Government is preparing a public tender for prevention services for 2018, where probably some NGOs will be able to apply. RHI contracting outreach workers is an emergency measure until December 2017 when it is actually expected that the tenders for NGOs are completed, for MOH to sub-contract NGOs directly.

Formal request about the selection procedure for NGOs was prepared to the Public Procurement Agency of Bulgaria. As an urgent measure to ensure the sustainability and continuity of activities to keep the low level of HIV prevalence in the country, a report was sent on 06.07.2017 to legal department of MoH, in which PMU of GF programs suggested that prevention activities among risk groups be assigned to Regional health inspections in 13 regions. A draft of an Order was prepared for the assignment of Regional health inspections to HIV prevention activities and sexually transmitted infections among the groups at highest risk and work assignment. Financial resources will be provided by the budget approved for 2017 under the National Program for Prevention and Control of HIV and STI 2017-2020.

Vyara Georgieva, the Chief Expert in the Ministry of Health for the programmes financed by the Global Fund

Which services are currently available in your country? Is that satisfying the needs? Which services you find critical and they are missing? Are you aware of closure of service provisions in your country? Why has it happened and what are the consequences?

In Bulgaria, the ARV and TB therapy, as well as OST programs, are funded by the Ministry of Health budget. The HIV prevention activities among KPs are funded through the National HIV Program. There will be a problem for non-health-insured patients if health insurance funds cover these services.

Treatment the HCV and HBV are funded by the National Health Insurance Fund only for patients with health insurance.

Petar Tsintsarski, Consultant for the program Prevention and Control of HIV/AIDS at the National Centre for Infectious and Parasitic Disease; Long Term Consultant, HIV prevention for MSM from 2009-2017

The National AIDS Program partially will cover the services for outreach work with key communities, the concern is that due to reduced financial means, the scope of services will be reduced by regions and vulnerable groups.

The ARV treatment and control of the infection is covered by the MH, the same is with methadone.

VCT centres will continue working free of charge for the clients in the RHI as a commitment of the Ministry of Health in 13 cities.

Many services have been closed. For example needle exchange is completely closed everywhere, as well as all kind of services for sex workers. Consequences have not been explored yet. This happened because of the GF grant closure.

The resources provided to the RHI cover only partial services (mainly HIV testing) for certain target groups (IDUs and MSM). Needs are not satisfied at all. Critical missing services are needle exchange, case management, support for PLHIV, and all services for sex workers. Coverage of existing services is very low as well (at least in Sofia).

Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation

Which are the trends in HIV epidemic?

There are no changes in 2017 – approximately 200 new cases per year, which have been the trend in last years. There is a special problem with MSM, many new cases there, especially in Sofia.

In average 80% of cases the transmission category is sexual, as significant proportion of the newly registered people reported unprotected homosexual/ bisexual intercourse. During the period 2008-2011 the cases of transmission by blood marked a peak and IDUs represent 32% of all diagnosed cases, after that reduced to 10-11% per year.

Petar Tsintsarski, Consultant for the program Prevention and Control of HIV/AIDS at the National Centre for Infectious and Parasitic Disease; Long Term Consultant, HIV prevention for MSM from 2009-2017

IBBS data show an increase in HIV incidence amongst MSM, and 12% prevalence has been noted amongst MSM in Sofia (with an average of 3%m country-wide).

What could be done better in context of your country situation?

A law amendment, which would allow NGOs to be direct recipients of governmental funds and a sustainable granting scheme for NGOs that have proved already their capacity in prevention for key populations. These measures need to be very urgent, because the existing capacity will otherwise be lost very soon.

Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation

Social contracting mechanism of the National AIDS Program with contractors (for example NGOs teams), for prevention activities among KPs communities is the fastest and most effective mechanism but this requires the preparation of a legal basis.

Vyara Georgieva, the Chief Expert in the Ministry of Health for the programmes financed by the Global Fund

Any other comment?

We rely on the possibility of financing of prevention activities by municipal budgets, donors and regional projects, including from GF.

The ability to negotiate discounts and lower prices for ARV therapy when more countries in the region buying drugs

Petar Tsintsarski, Consultant for the program Prevention and Control of HIV/AIDS at the National Centre for Infectious and Parasitic Disease; Long Term Consultant, HIV prevention for MSM from 2009-2017

An addition

All activities were coordinated by the Prevention and Control of HIV/AIDS program, which is under the direct control of the Ministry of Health, and which was doing very well while the Global Fund was implementing its arrangements fairly and regularly. On the one hand, the NGOs allowed themselves to be put in a position of "subcontractors," a term unknown in the civil society world, and a position that has put them in the role not of equal actors in the process, but of mere executors of the program. For a short period of time, it was not so bad; the program provided everything they needed, including wonderful training and opportunities to involve many more organizations that had not been involved in HIV prevention before. On the other hand, NGOs became completely dependent on the will of the government and entered into a routine of obeying orders.

The lack of a vibrant and meaningful civil society is being felt very strongly right now. At a time when the Global Fund is finally ending its lengthy presence in the country, it has become clear that there is a complete lack of the civil society energy that is needed to advocate for the necessary funds and mechanisms for an effective continuation of the program.

Christian Takoff, Lecturer at Sofia University, an Associate Professor of Civil Law, and a Civil Society Visionary who passed away on July 11, 2017.

Taken from "NGOs" and "The State" - respectful cooperation, cohabitation, or divorce ("To be or not to be" relationship) - https://bit.ly/2qKfr32

Croatia

Global Fund support

In the period from 2003 to 2006, within the framework of the Global Fund for AIDS, Tuberculosis and Malaria "Enhancing the fight against HIV / AIDS in Croatia", in cooperation with health institutions and associations dealing with this issue, implemented prevention programs for populations of intravenous drug addicts, men who have sexual relations with other men, persons providing sexual services for earnings and migrant population (sailors, drivers, builders). Preventive work in this area needs to be continued and continued to be implemented.*

Croatia has a good practice example for demonstrating that transitioning from dependencies on external financing (particularly GF) can work. Ten years after the GF project in Croatia ended, almost all of the project components have been fully covered by domestic financing sources and many components have even been expanded. The only GF project component which faced problems during transition was the HIV school education programme, which was piloted under the GF project.

The network of NGOs implementing harm reduction programs has significantly contributed to the low prevalence of HIV / AIDS among high-risk or addicted population. With Global Fund's resources, we have strengthened the harm-reduction programs by establishing territorial coverage, thus achieving the availability of sterile accessory and protection tools (for addicts- sex workers), which has certainly fulfilled its purpose in reducing the number of newly infected persons among intravenous drug users. The fact that the share of IV drug addicts in the proportion of infected population for the past ten years in continuity stays under 8%, confirms the purpose and effectiveness of the program.

Association Institute Pula used the funds of the Global Fund in the Republic of Croatia through the Croatian Ministry of Health, which co-financed the harm reduction programs. We started using the funds in October 2006 and used them in continuity until the expiration. The role of Institute Pula was to initiate harm reduction programs in the entire Istrian County, which has for many years been the county with the highest proportion of addicts per capita. From October 2006 to March 2013, we implemented outreach in the entire county, and since 2013 we are running the drop-in centre in Pula. In 2017, we opened a drop-in centre in Poreč (with the funds from Croatian Ministry of Health).

NGO Institut, Pula

GF was important in setting up HTCs, starting with prevention activities for MSM and sex workers. Crucial component of that programme was setting up a psychosocial support to people living with HIV. The whole surveillance system was improved as well. NGOs received 38% of the overall GF budget.

Benefits and added value

The biggest benefit was that Ministry of Health start with regular financial support of HR activities in Croatia.

The greatest benefit of the Global Fund was that the number of organizations implementing the programs increased and thus encompassed a significantly larger number of drug users and sexual workers. Furthermore, we believe that besides the low prevalence of HIV / AIDS among the user group, the most profitable effect of the program was that through the out-reach programs we reached an extremely large number of IV drug users and over the past years we had the opportunity to motivate in a very subtle way a large number of users to a decision of attending rehabilitation and drug-free programs.

* Consultations about the Draft Croatia national plan for HIV/AIDS-a prevention 2016. - 2020. https://esavjetovanja.gov.hr/ECon/MainScreen?entityId=2517

The GF programme was there to scale up activities and introduce new ones. But the treatment part was covered by the Croatian Health Insurance Fund opposite most receiving countries that used the grants for treatment.

Basically, the grant was used to scale up existing services and build on those already existing like outreach work for people who use drugs- this model was used to start working with sex workers and MSM. Improvements in overall M&E system were crucial added value and is being used continuously.

The biggest benefit was putting together stakeholders working in HIV and making them a team. The team that worked closely, exchanged information and did everything that the grant would be successful.

Iva Jovović, Executive Director, Life Quality Improvement Organisation LET

How the Global Fund withdrawal changed the situation and affected work of your organization and you personally?

Croatian parliament in 1996 accepted Harm Reduction like official part of National strategy for combating the drug problems. Since then government support HR in Croatia.

There was no negative effects after the withdrawal. Croatian Ministry of health continued to finance HR activities and CSOs continued to provide services.

Siniša Zovko, Project manager and leader of the Croatian Red Cross Harm Reduction program since 1998

There were no investments in vehicles but the government continued to fund salaries of outreach workers, procurement of commodities and daily cost. But without investing in new equipment. Though, it was near to the economic crisis that influenced all donations to civil society.

The Ministry of Health continued to co-finance the program that proceeds with good dynamics, with the amounts that are objectively needed for the full implementation of the program, while the Government Office for the Combating of Drug Abuse has organized expert working groups and has provided guidelines for the continuation of program implementation with an emphasis on increasing and standardizing the quality of service and implementers.

It is evident that the funds allocated from the state budget are very significant and continuous. We are of the opinion that key resources and the bodies of the Government of the Republic of Croatia seriously approached the enablement of continuation of the programs.

NGO Institut, Pula

Social contracting mechanism was already in place even before the GF grant so it was much easier for the MoH to continue funding. Also MoH was the PR of the grant so it had institutional capacities to continue with the funding.

In 2016 for the first time the Ministry of Health have announced the grant for three years of financing programs in the area of harm reduction as a support for more stable financing of such organisations

Office for Combating Drug Abuse, Government of the Republic Croatia

The National Commission for Combating HIV/AIDS coordinates the HIV response in Croatia. The commission consists of representatives of the Reference Centre for HIV/AIDS, Ministries of Health, Education, Justice, Social Welfare and Youth, Economy, Tourism, Maritime Affairs, Transport and Infrastructure, Internal Affairs, Defence, Veterans, Foreign and European Affairs, CIPH, Office for Combating Narcotic Drug Abuse, CHIF, Croatian Institute for Transfusion Medicine, Croatian Red Cross, Office for Human Rights and National Minorities, Faculty of Dental Medicine, Croatian Nurses Association, international organizations active in the field of health in Croatia, professional societies of the Croatian Medical Association.

How is the system functioning now? Which services are currently available? Is that satisfying the needs?

Croatia have stabile and controlled situation considering HIV/AIDS in IDU population (0,5% of IDU are HIV positive). Controlled situation of HCV prevalence in IDU population (33% of IDU are HCV positive). Croatia is one of country with lowest prevalence of HIV in Europe (since 1986 about 1 300 HIV positive persons).

Implementation of Harm Reduction in Ministry of Health during Global Fund contribute to positive epidemiological situation considering HIV and IDU in Croatia.

System is functioning well. All HR activities according to UNAIDS HR definition (2011) are available: opioid substitution therapy; HIV testing and consultation; HIV care and therapy for IDU; prevention of sexual transmission; outreach; hepatitis diagnosis and therapy; hepatitis vaccination; TB prevention; TB diagnosis and treatment.

Siniša Zovko, Project manager and leader of the Croatian Red Cross Harm Reduction program since 1998

The system functions through three-year contracts of NGOs with the Croatian Ministry of Health. Harm reduction programs have expanded to multiple municipalities, towns and counties, but no full territorial coverage has yet been established. The services are standardised and are aimed at reducing HIV / AIDS infection among intravenous drug users, but there is still a lack of networks of NGOs conducting preventative activities among the men who have sex with men (MSM) population. This user group is sporadically represented and does not enjoy territorial balance.

We believe that preventive activities targeting the MSM population are insufficient and that testing centres are still too stationary, so there is the need for so-called "doctors exiting from the clinic." Lack of activity is also visible in the work with the patients. Self-help groups, psychological support for the patients and family members is still sporadic and in implementation largely focused on the City of Zagreb, which we personally consider a lack.

NGO Institut, Pula

Harm reduction activities are provided mainly from the Red Cross organisation and 6-7 NGOs: Let, Terra, Help, Ne-ovisnost, Institut, Hepatos Rijeka, Porat, HUHIV, Hepatos.

Lots of services are available in cooperation of NGOs and Health services (Services for Mental Health and Centres for free and anonymously testing on HIV): counselling, prevention of infective disease, reducing the spreading of infectious diseases, needle exchange, drop-in centres, legal counselling and information on the possibilities of treating infectious diseases connected to addiction as well as addiction treatment; counselling and distribution of vouchers for free HIV testing, transferring to appointments at the health services for treating infectious diseases connected to addiction, as well as treatment of addiction; outreach work, distribution of sterile equipment; SOS hotline; offering information on harm reduction programmes, substitution therapy, epidemics of HIV/AIDS among people who inject drugs, sexually transmitted diseases in general, outreach work with users and cooperation at the local, national and international level; distribution of equipment and educational material by civil society organizations (needle, syringes,

condoms, educational materials, infectious waste collection); preventing the spread of infectious diseases connected to drug use by implementation of hygienic measures and harm reduction programmes

See more: Guidelines for drug-related harm reduction programmes (2015) https://bit.ly/2RRahh8

Office for Combating Drug Abuse, Government of the Republic Croatia

There are some glitches like delays in contracting or transfer of funds but they are linked to political difficulties and some internal changes within the government rather than a planned scenario to cut funding.

Despite some problems in implementation of sexual health education in the education system, activities are ongoing to implement systematic and continuous education about HIV prevention and sexual and reproductive health in school curricula. This is part of a comprehensive education reform, which is planned to be integrated into the teaching curriculum. Today, the MEMOAIDS programme is still awaiting its systematic implementation.

In 2016 Office for Combating Drugs Abuse had announced joint call for tender with the Ministry of Health and the Ministry of Justice and in the framework of which as one of the priority have been harm reduction programs (financed from the part of lottery funds which were distributed in the Ministry of Health division).

Reliable data which describe the situation and create basis for evidence based solutions

Croatian Institute for Public Health last 37 years publish precise epidemiological data of IDU (so called "register of IDU"). It is based on Pompidou questionnaire and give us precise data of health and socio economic situation in population of drug users and IDU.

It is enough to take into account the amount of funds directed towards the patients, the SMS population and the territorial coverage to determine the factual situation. The data is public and available.

There are no databases of IDU who are clients of HR programs, reliable data are only Report on people treated for abuse of psychoactive drugs in Croatia (Croatian Public Health Institute) and data from health system.

NGOs send annual reports to the Office. These data are available in the Report which Office send to EMCDDA.

We continued with research though in smaller capacities than during the GF grant but the M&E system that was set up during the grant is still in place: from monthly reporting by NGOs to Croatian National Institute of Public Health to Dublin and GARP reporting including annual reports by MoH on the implementation of the National AIDS prevention programme.

Iva Jovović, Executive Director, Life Quality Improvement Organisation LET

What could be done better in context of your country situation?

Although the Ministry of Health has provided funds for the implementation of the programs, the status of associations conducting this extremely difficult, demanding and expensive work is still the same as all other non-governmental organizations. The fact is that only 7 associations in the Republic of Croatia (some of which cover several counties) are implementing harm-reduction programs, so there is not so many of us. We are of the opinion that contracting and disbursement of the funds for the implementation of the programs should go according to special terms of contract.

If this problems were resolved in a way to ensure stable contracting and payment dynamics, which for us would ensure a higher quality of financial and program planning, we believe that it would also lead to a greater quality of service and a greater number of implementers. Again, we emphasize that these are quite expensive programs when we consider the context of NGO financing.

NGO Institut, Pula

Some more ideas:

- Make available more harm reduction activities, especially in the prison system (condoms, overdose prevention...)
- Providing take-home naloxone program in the future as more other overdose prevention activities
- Establish databases of clients in NGOs
- Unfortunately we did not continue with programs for migrant workers.
- We could build a similar M&E system for HCV and providing estimates of people living with viral hepatitis.

Croatia succeeded to maintain a low level HIV epidemic in the past three decades. However, many challenges remain. Unfortunately, a low-level epidemic often means low-level priority in the society and health care system. Because of this there is a constant challenge of funding, particularly funding of prevention that is not within the scope of the national insurance scheme.

Any other comment?

GF grant enabled us to work together, to build a team and exchange information. First because we had problems with implementation and reporting-it was a new system for the MoH and also at the time GF was developing many guidelines. We also made a joint mailing list and had annual meetings.
We are missing those annual meetings these days that at the time enabled us to target the gaps and work more closely.

Iva Jovović, Executive Director, Life Quality Improvement Organisation LET

Kosovo*

Global Fund support

The HIV program that was funded by the Global Fund in Kosovo has helped in keeping low the prevalence of HIV in the country.

The Global Fund grant has mainly focused on HIV prevention among key populations (PWID, MSM, FSW) and vulnerable populations: prisoners, rural youth, out-of-school youth, since 2008. With its support National HIV program managed to scale up and establish good infrastructure, strengthen human resources for HIV prevention, treatment and care, collect evidence, and design programs and policies that would enable universal access to HIV services.

Since 2011, Community Development Fund (CDF) is a Principle Recipient to the HIV and TB Global Fund Grants in Kosovo.

Kosovo remains eligible for Global Fund funding and applied for a new grant to start in 2018 (it will also remain eligible for an additional transition grant beyond the upcoming one).

Benefits, added value and negative sides

The Global Fund funded program has supported the establishment and strengthening of HIV prevention services, by creating service delivery points that are user friendly to key affected populations as well as PLHIV. The program has improved case detection (HIV screening) and has established solid treatment and monitoring infrastructure.

The biggest benefit of the GF support was extending the programmes in two other cities except Prishtina, and increasing the qualities of the services. Methadone Maintenance Therapy and Needle and Syringes Exchange Programme were the biggest benefits.

In addition, the evidence collected through Global Fund grant has assisted National Program in implementation of strategic areas and in development of adequate policies.

However, a negative side was that the services provided were not accessible on other geographic areas of Kosovo.

How the Global Fund withdrawal affected/affects work of your organization and you personally?

Due to the WB income classification, Kosovo still remains eligible for the Global fund grants. Nevertheless, the allocation is much smaller than in the previous window, following the tendency to further decrease in the upcoming grant aiming the transition from the donor funded to government funded program. As the program mainly focuses on prevention of HIV among key populations, this will mostly affect the CSOs and their staff.

Starting form 2018 we are in the transitioning phase of the GF project. This phase causes a lot of turbulences in our activities, since the budget/finances go by decreasing while the activities and targets remain the same and we have to reduce the number of our staff.

Safet Blakaj, Executive Director, NGO Labyrinth

* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

The government is currently working on development of by-laws, regulations and mechanisms for contracting civil society organizations to provide services (in general) on behalf of government. Nevertheless, there is no specific social contracting mechanism for the NGOs working in the public health sector, or for NGOs that provide community based services. New GF grant will address issues related to development of social contracting mechanism, specifically for the NGOs that provide prevention services to KPs. Prior to development of mechanism, situation analysis will be conducted, and it is foreseen that the CSOs will be involved in the development of transition plan.

The Ministry of Health is going to provide/buy the methadone for MMT centres, starting from January 2018.

There is a new HIV Action Plan for 2018-2020, under which there are plans to introduce a social contracting mechanism, and mobile VCT is planned for introduction under the next grant.

New CCM members were recently elected.

Which services are currently available in your country? Is that satisfying the needs? Which services you find critical and they are missing? Which are the trends in HIV epidemic?

Currently the services available in Kosovo are: NSEP programme including outreach, MMT programme, testing on HIV, Hep B and C being provided in Prishtina, Prizren and Gjilan. Harm reduction services are provided in the drop-in centres and in the field: NSEP, condom distribution, OST, VCT, peer-to peer education, psychosocial counselling, self-help groups, basic primary health services. It is crucial to extend, these services in other areas of the country, especially in Mitrovice, where there is a high number of people in need for these services.

Among People Who Inject Drugs prevalence of HIV is 0 %, while among general population is less than 5 %.

Kosovo is a low burden disease country, with high potential to grow into concentrated epidemic among MSM. According to NIPH data, the HIV prevalence is believed to be less than 0.1% among general population, and 2.3 among MSM (IBBS 2014).

Edona Deva, GF HIV Program Manager at PIU in the Ministry of Health of the Republic of Kosovo since 2008 and at the Community Development Fund since 2011

Reliable data which describe the situation and create basis for evidence based solutions

Current data on the HIV prevalence among key populations refers to IBBS 2014, which was conducted at the regional level. Consequently, there is no reliable data at national level.

We have a lot of data's regarding the situation of PWID that get services from our centres. However, in the country level there are a lot of discrepancies in the data's available.

Safet Blakaj, Executive Director, NGO Labyrinth

What could be done better in context of your country situation?

Extending services in other parts of the country as well as having the support from the government in supporting the services Labyrinth is providing.

Programmatic mapping among KPs has revealed a new population size estimates among PWID, FSW and MSM. Based on the latter a new IBBS will be conducted by the end of the year. It is assumed that this study will also reveal the health seeking behaviours of the KPs, as well as bring more information on requirements of the evidence based prevention interventions.

Edona Deva, GF HIV Program Manager at PIU in the Ministry of Health of the Republic of Kosovo since 2008 and at the Community Development Fund since 2011

Any other comment?

More advocacy among stakeholders is needed to enable supportive environment for resource mobilization in order to sustain GF investments on harm reduction interventions and other prevention activities.

In the Northern part of Kosovo and enclaves with Serbian majority, situation is very problematic because the Kosovo authorities don't exercise full power while Serbian are very weak. This is a specific grey area where drug use is extremely high which creates favourable situation for spreading infectious diseases.

Macedonia

How you think HIV/AIDS situation improved over the years Global Fund was supporting Macedonia?

The Global Fund has been investing in HIV national program since 2004. As a result, wide network of HIV prevention program for key population were established throughout 13 cities in the country. All of them are managed by CSOs or community base organization:

- Outreach HIV testing programs – for SW, MSM , PWID and prisoners operate in more than 13 cities (run by CSOs)
- Services for needle and syringe exchange operates in 14 cities
- Established program for SW in 4 cities and MSM program in 3 cities
- 2 community base organization established through GF support (Stronger together of PLHIV and EGAL of LGBTI)

Additionally through public health institutions established substitute therapy as well as ARV, both since 2010 integrated and funded by domestic funding.

HOPS was involved in the Global Fund supported projects since 2003, even in the process of preparing the project proposal. In the initial stage, we started working in cities across Macedonia. As a result, many new harm reduction organisations were created once the project started.

Vlatko Dekov, Program manager for Education, Documentation and Research
Healthy Options Skopje (HOPS)

During the time of Global Fund support, organisations of the key affected populations were created. In the beginning, they were part of wider civil society organisations but now they are independent: one for the people living with HIV; second composed by MSM; and third is community organisation of sex workers.

Through Global fund investment, Macedonia developed national response for HIV and strengthened its national capacities for planning, implementation and evaluation of HIV programs based on need of key populations.

Added value is also established coordination and partnership among health institution and representatives of CSOs and CBOs, through its involvement on oversight national bodies (CCM, HIV commission as well as through implementation of HIV program.

The CCM, which is a multi-stakeholder body including representatives of the key affected populations, is supported by the Secretariat which is an independent body administrated since 2010 by the NGO Hera who won that task through an open call. Work of the Secretariat is financed directly by the Global Fund.

Part of the Global fund supported project was work with the local communities on designing local action plans on HIV. They were open to this initiative. More than 10 adopted the plans, but unfortunately haven't assigned budgets to implementing them. There was a few successful cases, especially the municipality of Skopje which regularly give funds to IDUs in particular. City of Skopje finance one drop in centre for Harm Reduction cervices operated by HOPS.

As a result of Global fund Macedonia maintain it low HIV program among key populations.

How the Global Fund withdrawal affects work of your organization and you personally?

The stakeholders will have less opportunities for monitoring, evaluation, supervision and continued education.

With first no cost extension (January – June 2017) all of the services were covered, however there was a gap since July – September, with second no cost extension where program were planned to be funded with co matching of Global fund and domestic fund of National HIV program. Due to administrative barriers the public call was delayed which cause some gaps in HIV prevention program delivered by CSOs. The consequence is that two MSM centres closed. One of them was very effective - in the Roma community. All harm reduction programmes survived.

Elizabeta Božinoska, Programme Coordinator of HERA

The CCM funds will be cut after the Global Fund support ends in 2018. The CCM is responsible to ensure that there is a kind of coordination after that happens. A negative aspect is that the CCM Secretariat will not exist anymore which means that the national stakeholders will not receive technical support. So we are exploring the idea that the National AIDS Committee takes over the functions of the CCM. We are working closely with them, developing their governance manual. It should include the provision that 40% or more members of the Committee will come from NGO or key population organisations. We also educate members of the National AIDS Committee on oversight to ensure that the services delivered have quality assurance and transparent procurement.

Ana Filipovska, CCM Secretary

There's no line, fictitious or unreal, that separates us from clients. We're both on one side and we try to connect two parallel universes.

Ana Jakovleva, Social worker at HOPS
From the HOPS movie "Truth has many faces and my favourite is humaneness"

What your government did to ensure transition of the services and take over support?

The National group for sustainability of HIV was established in 2015 and the National HIV Plan was adopted in 2016. The National HIV Strategy 2017 - 2021 will be adopted in upcoming period. The newly elected Government in 2017 showed high level commitment - Prime Minister and Ministry of Health for ensuring budget and effective social contracting mechanism for funding the HiV program.

We had a kind of understanding from the previous Government, at least in the first years of their rule, but no concrete support. Even, the HIV budget for 2017 was cut for more than 60% comparing to the previous year. Of course, we reacted and organised public protests.

Due to good advocacy the CSO platform had for a couple of years, the new Government easily understood our request, welcomed our proposals and proposed the new national budget which should cover expenses of the HIV services Including needle exchange.

Vlatko Dekov, Program manager for Education, Documentation and Research
Healthy Options Skopje (HOPS)

A parliamentary group on HIV is active in the National Parliament, including parliamentarians from various political parties. And it was even during the political crisis. It is an example how people can get together around an important topic even if they hold different political positions. They are a great asset, pushing a lot of points to the agenda and organising parliamentary hearings run by the HIV coalition. In a situation where the Ministry of Health have a tight budget and sometimes can't do much, this is an important support, especially when the draft budget is discussed.

The HIV coalition organised a meeting with all political parties before the recent elections. They were invited to promise that they will increase the HIV budget if they win. They did it and even signed their promise. After the elections ended with the change of the ruling party, the new Government kept their promise in the first 100 days of their mandate. The Prime Minister and Ministers of Health and Social affairs met with the HIV coalition representatives and took concrete steps to propose increase of the BIV budget.

The latest development is that the Government had a call for CSOs. Those who proved to be eligible signed memoranda of understanding with the Ministry of Health for the period October - December. That is the first piloting of the mechanism for financing programs for the key affected populations.

Andrej Senih, Executive Director, Stronger Together (Zaedno posilni)

Have the civil society organisations got organised about the transition? Has anyone supported you in that process?

HIV Platform was established in 2014. It consisted of 16 CSOs, 15 of them directly involved in implementation of HIV program. The aim of the HIV platform was to provide proper advocacy to ensure sustainability of HIV services beyond the GF. The work of HIV Platform was initiated of HERA and supported by IPPF (2014-2017). Since 2017 significant financial support was given by OSF to HERA and CSO Stronger together to manage the Secretariat of the Platform. Funding for advocacy was not foreseen by the Global Fund and this corrected that mistake.

The CSO platform was a great success, a tool that gave an amazing result. We understood that we have to work together if we want to have our voice listened and responded to. We were lucky that Open Society Foundation continues the health programme in Macedonia, which was not the case in some other countries of the region. That provided us with funds needed to support the networking and partnerships.

Even more, we had an opportunity to engage a team of experts on budget advocacy and budget implementation. With their comprehensive and committed work, we managed to recognise and address many interesting issues. For instance, they helped us to prove that if only 8% of the unspent Ministry of Health budget would be assigned to the civil society organisations, we could have financed all the harm reduction services needed.

Vlatko Dekov, Program manager for Education, Documentation and Research Healthy Options Skopje (HOPS)

Which services are currently available in your country? Is that satisfying the needs? Which services you find critical and they are missing?

There is OST, HR services, some rehabilitation services. Services for rehabilitation and reintegration never existed in extend that is needed. There are not enough programs for low threshold patients, no housing no food. We were not successful in developing client's organisation. No programs for minors, no gender specific programs. Not programs for straitening clients. Opening of many OST's in the capital that does not change the situation a lot from the time when we have only one centre. Biggest number of the clients continues to be treated only in one centre (oldest one).

Dr Liljana Ignjatova, coordinator of the project supported by GF and run by Psychiatric Hospital Skopje, Centre for prevention and treatment of drug abuse and addiction (OST)

With 2 month agreement signed by the Ministry of Health and 15 CSOs for the period November and December 2017 almost all services for KPs that were managed by CSOS are completely covered.

As for the services that are missing, data[1] showed that there is gap in funding for MSM (this is not related to GF withdrawal), considering that the epidemic is concentrated among MSM (1.9 in 2014) and only 2% of national funding (including GF funding) in 2014 were spent for implementation of MSM program. Importance to scale up of MSM program was identified and recommended.

Elizabeta Božinoska, Programme Coordinator of HERA

The change of Government is an administrative process that took time. In addition, the local elections took place. Both these postponed establishment of social contracting for a few months. The consequence is that two MSM centres closed. One of them was very effective - in the Roma community. All harm reduction programmes survived

The medical insurance is not the only mode of financing of HIV services. In fact, some countries (Macedonia being an example) have covered key HIV services through special national programs with direct government funding (from the national budget and not the national health insurance fund), such as for example ARV treatment, OST and TB treatment, and, other services like HIV testing and prevention are about to be covered through the National HIV Program and not the national Health Insurance Fund. Both ways of financing have their advantages and disadvantages, depending also on legislation and on how the system functions at a national level.

Andrej Senih, Executive Director, Stronger Together (Zaedno posilni)

I work as a field worker in front of the state hospital where we give methadone treatment. We are handling out sterile syringes and needles, alcohol wipes, distilled water, brochures, condoms. If someone has an abscess, I tell them where to go to treat it.

What attracted me to this work is that I am also part of this community.

If the Global Fund stops, we will lose 70 - 90% of our funds, which is a catastrophic damage to methadone treatment

Žarir Simrin, Outreach worker at HOPS
From the Drug Reporter movie "NO EXCUSE for closing programs that save lives! 20 years Harm Reduction programs in Republic of Macedonia"

<u>Is there enough reliable data which describe the situation and create basis for evidence based solutions?</u>

The last national BBS was conducted in 2013 and the new are planned to be implemented till the end of 2017 and begging of next year.

Before the Global Fund leaves, we are going to make a biobehavioural study. We hope to have the final report of the study with estimations by March 2018. The Institute for public health is engaged, in partnership with civil society organisations, and the Global fund provided financial support.

Ana Filipovska, CCM Secretary

[1] The World Bank. 2015. Optimizing Investments in the Former Yugoslav Republic of Macedonia's HIV Response Washington DC: World Bank.

What do you think could be done better in context of your country situation?

Adequate share of the resources and money in correlation with cost effectiveness of the programs.

Dr Liljana Ignjatova, coordinator of the project supported by GF and run by Psychiatric Hospital Skopje, Centre for prevention and treatment of drug abuse and addiction (OST)

Many processes were initiated towards sustainable transition by CSOs in partnership with all key stakeholders, especially Ministry of Health:

- Data gathering and optimization
- Involvement of the Parliament
- Development of the National Transition Plan
- Development of a social contracting mechanism
- Consultative process in Development of HIV national program (Recognition of CSOs as implementing bodies of the National Preventive program for HIV)
- Budget planning of National HIV program for CSOs
- Study tour and rising awareness events
- Engagement with political parties during election period

All these process resulted in several milestones related to sustainability:

- 2015 - CSOs recognized as implementers of the program for HIV prevention in National HIV preventive program of MoH (modest amount of funds for CSOs was app. 3000 EUR, not implemented)
- 2016 - Increased budget for CSOs National HIV preventive program - app. 35000 EUR allocated, not implemented 2017
- 2017 - Significant increased budget for CSOs National HIV preventive program - app. 240 000 EUR allocated. During September for the first time a social contracting mechanism was tested, as a result; 15 CSOs were funded by the Government till the end of the year (October - December)
- 2018 - The biggest success is related with the Budget for 2018 for CSOs and programs for KPs - app. 900000 EUR are proposed

Actually, Macedonia is good case study, which proves that the coordination of CSOs regarding sustainability of HIV program can be successful if initiated on early stages (2014, 2 years before the official exit of GF).

Elizabeta Božinoska, Programme Coordinator of HERA

We need quality standards for the services.

Any other comment?

Human rights of people living with HIV are on the HIV agenda. They still face discrimination in medical institutions. Actions are directed both towards medical staff and LGBT population.

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On 5 September 2017, the Government of the Republic of Macedonia took note of an Information on ensuring sustainability of the national response to HIV within the budget of the Ministry of Health. The Government obliged the MoH to allocate 103 million MKD in the National HIV Program for 2018 for the purpose of providing continuous ARV treatment, as well as sustaining HIV prevention programs among key affected populations, in accordance with the expert estimations. This amount is nearly 4-fold of the amount that had been budgeted by the previous government for this year.

The decision is important for several reasons. First of all, it is the first official and formal government document that takes concrete steps towards sustainability of HIV services for key populations and expresses a clear commitment towards key populations and civil society activities.

Within the planned total allocation, 60 million MKD (just under 1 million EUR) are being designated for the prevention and support services for key populations (namely - MSM, PWID, SW), which are being conducted by civil society including community based organizations.

Even more importantly, it is not just about the money, but also a formal recognition of the real issues regarding HIV, i.e. that the epidemic is among KAP; that CSOs are the key partner to reach out to KAP and to provide them with services; that global 90-90-90 targets need to be met, so national programs in the next couple of years, etc.

The conclusions also oblige the Ministry of Health 'to establish by the end of 2018 a functional long-term mechanism for financing of activities of the National HIV Program targeting key affected populations that are implemented by civil society organizations.'

Montenegro

How you think HIV/AIDS situation improved over the years Global Fund was supporting your country?

Global Fund has been present in Montenegro since 2005. A five-year work plan (2005 to 2009) was developed to accompany the National AIDS Strategy with a total budget of Euro 4,258,895. GFATM Rd5 program "Support to implementation of the National HIVAIDS Strategy in Montenegro "(2,424,124 euro) was successfully implemented in the period Aug 2006-July 2010 with UNDP as a primary recipient of the funds (PR) and CCM as responsible national entity and owner of the program.

„Scale up response to HIVAIDS among most at risk populations in Montenegro" (5,164,889 euro) programme, funded by GFATM within the round 9 cycle builds up on the successes achieved and challenges faced during the implementation of the Montenegrin National HIVAIDS Strategy 2010-2015.

It improved significantly, although there are still some major challenges, especially regarding the sustainable support for HIV preventive services within civil society. Through providing its support over the years, the Global Fund has helped Montenegro in all key strategic areas, as per its set strategic principles and goals. Finally, the Global Fund helped Montenegro to establish a network of harm reduction (HR) programmes, including opioid substitution treatment (OST) and needle and syringe exchange programmes (NSP). The Government, i.e. the National Health Insurance Fund, has taken over the financing of the OST and harm reduction programmes in the public health institutions as of 2013. However, it has not yet fully taken over the financing of HR programmes and services, including NSPs, inside the civil sector, although it is evidenced that these programmes are highly efficient and effective for maintaining the low level of HIV prevalence inside the most at-risk populations, including PWID.

During 2016 and 2017, there have been several positive developments in this direction, including the newest about new GF allocation to Montenegro for three-year period, pending on adoption and putting in place social contracting mechanism and continuation of yearly allocation from the State budget for the HIV preventive services with civil society.

HIV/AIDS situation has improved across following activities: numerous national HIV prevention and AIDS treatment guidelines and protocols have been developed, laws and policies have been revised or new ones introduced, key target groups have been reached by HIV prevention information, commodities and treatment services, capacity of health care providers, prison staff, peer educators, youth and NGOs has been built, and government capacity has been strengthened in monitoring and evaluation, including biological behavioural surveillance. Improved coordination between government and NGOs has been noted and there is now broad recognition of the strong role community service organisations play in the HIV/AIDS response.

The Institute of Public Health, as well as myself, have been involved since the very beginning with programs financed by GFATM. I was the coordinator of the VCT Centre from the very beginning of the establishment of 2005, and I was also Secretary of NAK and CCM until 2015. At the same time since I was a person living with HIV, I participated in the establishment of the first and only association of patients / persons living with HIV in Montenegro since 2012.

Dr Aleksandra Marjanović, Head of the Department for vulnerable groups
Institute of Public Health of Montenegro

What do you think were the biggest benefits and added value of that support?

The highest value of GFATM support is in strengthening and implementing preventive programs that are not financially covered by the government and MoH. These are harm reduction programs for which the NGO capacities are significantly built. However, at the end of the project, there was no way to find out the systemic sustainability of these programs. A process is under way in which the systematic solution to the sustainability of these programs will be found. Another major benefit was that a fairly large number of survey data was collected, which provided an excellent basis for baseline, based on which comparisons can be made in progress over the years.

The biggest benefits were significant improvement of capacities of the governmental/public and civil society institutions and organizations, continuous support to service providers within governmental/public and NGO sector, continuous support to conducting the bio-behavioural survey among key affected populations (KAPs), youth and general populations, as well as the overall improvement of coordination and surveillance system in Montenegro.

How the Global Fund withdrawal affected work of your organization and you personally?

It did not affect for my work negatively and on the work of the Institute of Public Health. NGO MHF, Association of patients did not have the funding to work, so there were no activities in the field of psychosocial support for PLHIV, except volunteer work of MHF activists.

Dr Aleksandra Marjanović, Head of the Department for vulnerable groups
Institute of Public Health of Montenegro

The withdrawal of the GF affected the organization and its personnel extremely negative. There was a significant drop down of coverage, service provision and presence of the NGOs among KAPs, and an increase of new infections in the country comparing to the GF era. Having in mind that the government did not take over the financing of HIV preventive services among civil society, it was a very difficult period for my organization as well, especially given that we had to temporarily close two down drop in centres for PWIDs and stop providing services to this population. Luckily, this lasted less than a year, and thanks to the support from the Lottery Fund we managed to re-open one drop in centre in the capital of Podgorica, while the other one in Bar is still closed and it is unknown whether it will be re-opened soon.

Vladan Golubović, Secretary of the Country Coordinating Mechanism
recently the Executive Director of Montenegrin NGO Cazas who was sub-recipient and main sub-recipient

What your government did to ensure transition of the services and take over support?

The government has set aside 100,000 euros for preventive services that conducted by NGOs within the harm reduction and psychosocial support for 2016. In 2017, through social contracting, 100,000 euros more were set aside for preventive services and procurement of a minimal package of services for harm reduction. There is a plan that every year, budget will determine a certain percentage of the budget for these preventive programs.

A social contracting mechanism is being prepared, with assistance from the Open Society Foundations.

Two key strategic documents were adopted: “National AIDS strategy 2015 – 2020, and the Strategy of Montenegro for the Prevention of Drug Abuse, 2013 – 2020, both of them with action plans. In 2011 drug use became administrative offence, as well as possession of small amounts of drugs for personal use. Nevertheless, Montenegro still struggles to have normative basis to regulate services and protect the service providers from criminalization. Law is forbidding to provide services to minors, same as in other ex-Yugoslav countries. Both strategies are recognizing NGOs as service providers implementing harm reduction services, they are still illegal due to absence of relative by-laws that will regulate this issue.

NGOs are required to have special permits to conduct harm reduction services. By-laws were planned to be develop 5 years ago, but that still didn't happen.

The country has applied for French 5% Initiative funds.

Which services are currently available in Montenegro? Is that satisfying the needs? Which services you find critical and they are missing? Are the OST treatment and protocol for obtaining it available?

Currently, the following services are available in Montenegro: 2 drop-in IDU centres, 1 drop-in and centre for MSM. Field work only in Podgorica. Counselling Centre for PLHIV (non-institutionally). These services are partial and do not meet the needs of the users. OST treatment and protocols for its implementation are available.

Montenegro is the country with Moderate disease burden, High HIV and Low TB disease burned by the Global Fund[2] with estimated number of people living with HIV to 463 even the number of those who are familiar with their status is 194[3]. HIV prevalence is estimated to 0,02% confirmed by the same source with PWID 1,10%, MSM 12,5%, SW 0,50%, with HIV incidence 3, 06%.[4]

Little more than 1000 persons at risk being infected with HIV were tested in the Voluntary Counselling and Testing Centres in 2015, which is decrease compared to the previous years. 18%of them were MSM, PWID and SWs.

Is there enough reliable data which describe the situation and create basis for evidence based solutions?

There is not enough data available because the research is not working and the situation on the ground is little bit different, so that the data collected are not sufficiently reliable to create the basis for the evidence-based solution.

What do you think could be done better in context of your country situation?

Strengthens preventive programs and increases the percentage allocated by the research, drop and centre and field work. Clearer messages from experts from various health services on the topic of treatment, positive prevention and the like.

Dr Aleksandra Marjanović, Head of the Department for vulnerable groups
Institute of Public Health of Montenegro

[2] World Bank
[3] World Bank
[4] https://www.theglobalfund.org/media/5601/core_eligiblecountries2017_list_en.pdf

Romania

How you think HIV/AIDS situation improved over the years Global Fund was supporting your country?

The Global Fund supported the development of the prevention and advocacy activities for vulnerable groups (intravenous drug users, commercial sex workers, Roma, homeless, people with multiple vulnerabilities). Also, the projects they funded were a great opportunity for putting together, for talking but also for working, public and private institutions. The GF projects strengthened the NGOs in Romania, too.

We started offering harm reduction more than 12 years ago with a very simple approach - distributing clean syringes from backpacks. Today we provide needle exchanges, alcohol swabs, methadone therapy, social assistance, psychological counselling, rapid testing for HIV and hepatitis, TB screening and linkage to different kinds of care. We use both dedicated drop-in centres and "social ambulances" that go to where people who use drugs are. We also work with commercial sex workers, the Roma, the homeless and others.

Nicoleta Dascălu, ARAS - Romanian Association Against AIDS

The GF help in Romania was mainly in prevention and creation and sustaining of services (things that the state has failed to do). During the HIV/AIDS Programs (2003-2010), the grants from GF:

- Have been the main aid in the national efforts to prevent the HIV spreading in the vulnerable groups (PWID, MSM, SWs, homeless people, prisoners, young people, etc.)
- Have allowed for the growth of the diagnosis, care and social integration serviced dedicated to the people affected by HIV, and also of the capacity for HIV counselling and testing, and the decrease in the rates of maternal HIV infection;
- Have developed the non-governmental capacity for providing medical, psychological and social services (including the patients' organisations).

Biggest benefit of the Global Fund support was the support for prevention among vulnerable persons. The negative sides include no support for transition to public, local funding, which led co closing many services after the GF project stopped.

How the Global Fund withdrawal affected work of your organization and you personally?

The Global Fund withdrew from Romania in 2010 as the country gained middle income status, for HIV component. The resulting gap in funding has led to a drastic increase in HIV cases, specifically in key populations. Among people who inject drugs, new HIV infections rose from 3% in 2010 to 29% in 2013. Much of this increase is linked to the lack of funds to provide targeted prevention interventions for people who inject drugs. After 2010, when Romania has become ineligible for HIV grants, the HIV prevention has benefited from the GF from the TB-HIV overlap component.

ARAS was lucky to have, at the same time when the GF project ended, a project funded with structural funds and targeting intravenous drug users. Therefore, the activities for this vulnerable group could continue.

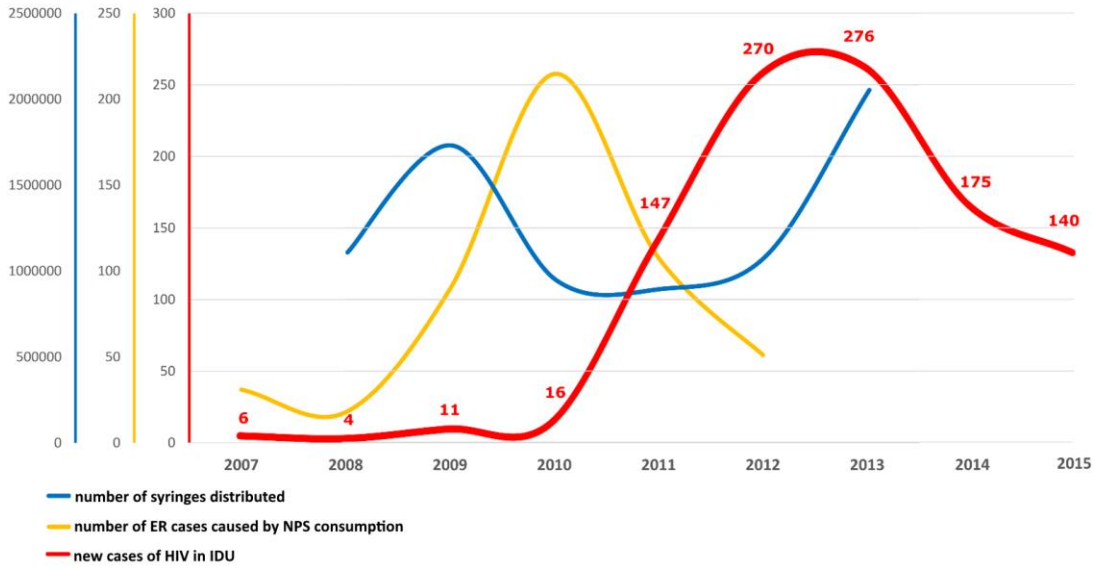
The situation was less fortunate for other vulnerable groups, like commercial sex workers, for which there was no other funding available, therefore we had to reduce our activities for this group.
Personally, I was not affected by the withdrawal of the GFATM.

We are at a critical crossroad because the current TB grant runs out in December, and there's no other funding available for harm reduction. The Romanian Anti-Drug Agency has just started funding harm-reduction outreach projects run by NGOs. It's a first for the agency, part of a larger initiative called Programs of National Interest.

Nicoleta Dascălu, ARAS - Romanian Association Against AIDS

The HIV spreading was kept under control by the GF funding prevention. On the other hand, once their programs ended in 2010 things got out of control, especially in PWID, as can be seen in the graph below (2010 was the year GF and UNODC have quit funding Romania, also the year that the NPS entered the market in a period of lack of heroin; the yellow line is the number of PWID getting into the ER for trying to replace heroin with NPS, the blue line is the evolution of distributed syringes and the red line the evolution of new HIV infections in PWID):

Dragoş Roşca, Romanian Harm Reduction Network



Romania remained eligible for their TB grants because it has the highest burden of TB in the EU. Until the Global Fund harm-reduction projects ended in 2010, harm reduction had always been funded from foreign sources, including the United Nations Office on Drugs and Crime (UNODC), the Open Society Institute, and UNAIDS.

What your government(s) did to ensure transition of the services and take over support?

Nothing. There was no transition and no taking over of the services for the HIV/AIDS component

Nicoleta Dascălu, ARAS - Romanian Association Against AIDS

The governmental support has been minimal until now (one batch of syringes in 7 years, some minor financing for NGOs, not nearly enough for sustainability). Now we have:

- *No HIV/AIDS strategy*
- *No budgeted and approved HIV/AIDS strategic plan*
- *No inter-sectorial HIV/AIDS commission*
- *No National Commission to Fight HIV/AIDS*

Dragoş Roşca, Romanian Harm Reduction Network

There have been no significant changes in policy, the CCM maintains a strong secretariat.

There are certain obstacles for sustainable programs for HIV and TB which are connected mostly to Policy level even the Government approved the National Public Health Strategy 2014-2020. All that is confirmed by several external reports on the situation but as well the GF. Also confirmed by NGOs implementing Harm reduction and prevention activities in the country. Ministry of Health of Romania is responsible for all the health HIV-AIDS measures mentioned in the document. HIV/AIDS preventive and other activities related to IDUs are detailed in the National Antidrug Strategy 2013-2020, although their implementation by the NGOs is not sustained by the government funding and not budgeted as well. That makes difficult for NGOs to continue implementation of the services.

Are you aware of closure of service provisions in your country? Why has it happened and what are the consequences?

Yes, two other NGOs working in harm reduction closed their services when the AIDS component of the Global Fund project ended. And therefore the pressure put on ARAS was very big, as we were the only ones to continue the harm reduction activities.

Nicoleta Dascălu, ARAS - Romanian Association Against AIDS

Since the NGOs cannot be subcontracted by the MoH, they rely mainly on external funding, that is also fast shrinking. Consequently, many NGOs had to shut down some services or shut down completely. And since there are a lot of areas not covered by the state, the vulnerable groups have an even more restricted access to health and social services.

Which services are currently available in your country? Is that satisfying the needs? Which services you find critical and they are missing? What are specificities and differences in situations in different country organisational structures?

Services currently available include:

- Needle exchange
- Methadone substitution treatment
- HIV/Hepatitis testing

All services are critical because: 1. they cannot cover all the needs and 2. They are under the pressure of unstable funding, as they are run by NGOs whose funding is external and will be discontinued (for example, the Global Fund on TB will end in March 2018).

We have SEP and OST in Bucharest (not enough for the PWID population, and not at all in the rest of the country). There are no injection rooms, no methadone outside Bucharest, never enough syringes, very shy nightlife harm reduction, no services for minors, no psychiatric services for HIV positive people (adults or minors), treatment for Hep C only for fibrosis stage 4, dysfunctional harm reduction services in prisons, No governmental funding for private harm reduction services

Dragoş Roşca, Romanian Harm Reduction Network

Which are the trends in HIV epidemic?

Romania experiences constant number of new cases every year, out of which increase in number of new cases among IDUs and MSMs.

HIV Disease burden is defined as high, same as TB. Estimated number of people living with HIV is 14000 by the UNAIDS Spectrum; the number of people who are living with HIV who knows their status is 13766[5]. The main route of HIV transmission is still heterosexual unprotected sexual contact (59% of all new cases) followed by injection of drug use (20 %) and transition among man who have sex with men (18%). Although transferring that in real numbers, the number of MSM with HIV diagnosed has increased in 2015 (121, compared to 113 in 2014 and 88 in 2013), though it might be related with more and more man coming out as homosexuals. Number of IDUs among new cases of infection decreased (149, compared to 175 in 2014 and 183 in 2013)[6]

The PWID seems to decrease lately (owing to prevention by NGOs, and because the PWID who take the rapid tests and get positive, since many do not have health insurance, they have to pay for the confirmation test, which they refuse – as a result, there are cases that go unregistered). And the MSM this year has spiked - maybe also because more people declare themselves as MSM.

Dragoş Roşca, Romanian Harm Reduction Network

What do you think could be done better in context of your country situation?

Public funding for prevention services that are run by NGOs. More slots in public methadone substitution centres. Cooperation among public health services providers, alignment of the legal provisions regarding access to treatment for people without identity papers and/or health insurance. Inclusion of vulnerable persons in all public policies and procedures.

Nicoleta Dascălu, ARAS - Romanian Association Against AIDS

NGO subcontracting (not just per project, but long term, for sustainability), a bigger accent in the budget on prevention (to go from 2% to maybe 10-20%), easier access of the vulnerable groups to services (e.g. methadone as soon as it is asked for).

The Romanian Government should:

- *Ensure the sustainability of existing services from domestic funding and create new services based on a real evaluation of needs. The funding must be made in a simple and continuous manner*
- *Enforce legislation that will ensure universal access to medical, social and psychological services (no collection of personal data to access services; services provided on spot when needed)*
- *A coherent communication with the civil society*
- *Redefine the status of the National Antidrug Agency as an inter-ministerial body*

Dragoş Roşca, Romanian Harm Reduction Network

Any other comment?

Maybe the GF should increase support for transition to domestic funding. Maybe the option of NGO rule also where „passive" barriers are detected.

Political barriers viewed by the Global Fund Secretariat as a 'lack of funding or political will rather than political barriers', per se:

- *The lack of a strategic HIV framework since 2007;*
- *The lack of national human rights strategy focused on vulnerable groups;*
- *The lack of targeting by the National HIV Program on prevention measures for people who inject drugs (PWID) and men who have sex with men (MSM) even though official data indicates that these are the most affected key populations;*

[5] National institute of Infectious Diseases M&Edept. HIV/AIDS

[6] National institute of Infectious Diseases M&Edept. HIV/AIDS

- *The ongoing lack of government funding for harm reduction interventions even after the government made a commitment to provide such public funds;*
- *The lack of political will to publicly address the steady increase of HIV among MSM;*
- *The lack of sexual and reproductive health education strategy and legal attempts to criminalise sex education in the public school system; and*
- *The lack of capacity of Romanian Government to address and implement the recommendations issued by the UPR in 2013 and the recommendations issued by the Committee on Economic, Social and Cultural Rights.*

The political climate has always been a very changing one: the rapid succession of different politicians with different views has led to a lack of legislative coherence, a disregard for health and educational issues, difficulties in in communication with the CS, lack of funding (e.g. the National HIV Strategy has been for a long time in a coma, without a budgeted and approved HIV/AIDS strategic plan).

As Romania is part of the EU, there cannot be laws that specifically forbid human rights or services (although there are attempts, e.g. a referendum that will try to modify the constitution so the family will be only the union between a man and a woman).

Romania spends 70 million euros for HIV treatment, care and support—reaching universal access and covering 10,000 people living with HIV, but when it comes to HIV prevention, the government spends less than 1 percent of its total AIDS budget on HIV prevention programs, while UNAIDS' estimates recommend governments budget at least 25 percent for effective programs.

Dragoş Roşca, Romanian Harm Reduction Network

Serbia

How you think HIV/AIDS situation improved over the years Global Fund was supporting Serbia?

During the Global Fund support Serbia have significantly increased the number of advised and tested persons from vulnerable population, established some work standards, and provided our clients with field services, which resulted with more persons knowing their HIV status.

The project team for rounds 6 and 8 coordinated 70 projects which were implemented by 60 governmental institutions and civil society organisations in 42 towns in Serbia. The primary recipient was the Ministry of Health but the project team was pretty independent.

The situation has improved significantly in all areas concerning HIV/AIDS. Methadone therapy has been expanded and decentralized in 29 centers, drop-in centers for PWID, SW, MSM and centers for children that live and/or work in the streets have been opened, programs for harm reduction in the field have been expanded, substitution therapy has been introduced into prisons, numerous campaigns and educations have been conducted which gave results, tests and therapy on HIV are free, positive prevention has been introduced, institutional and organization capacities have been increased and they are connected, numerous research has been conducted and M&E system has been developed.

We were learning together. The Global Fund, establishing and improving their procedures, while we were also learning not from the starch, because there was HIV prevention program in place for vulnerable populations funded by the UK Department for International Development (DFID) and implemented by UNDP in cooperation with the Open Society Institute. The project proposal for the Global Fund was based on the results of that HPVPI project. During 8 years of the GF supported project, we developed all the instruments, indicators, mechanisms for monitoring and evaluation, guidelines, we trained people in the CSO sector and government institutions, we worked on decentralization of services (which was very important for the system), etc.

Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health

The latest HIV project GF was mainly focused on prevention among key and vulnerable populations, HTC, support for people living with HIV (PLHIV) and to build a supportive environment. It made it possible increase the availability of counselling and testing services on HIV in public health institutes and institutes other health institutions, NGO premises and mobile units, increasing opioid availability substitution therapy (OST) in hospitals, homes, health and prisons, needle and syringe exchange programs, willingness to expand preventive services for other key and sensitive populations that provide it mainly non-governmental organizations. Also, support for services to people living with HIV who provide PLHIV organization and the introduction of the second generation of HIV control infection, as well as improving monitoring and evaluation response to the HIV epidemic. Harm reduction programs were significantly scaled up between 2006 and 2014 together with needle exchange programs, OST, and outreach activities.

Association RAINBOW worked 8 years on Global Fund program in Serbia. I coordinated the project on the territory of 9 districts in western and central Serbia, i.e. on territory of 59 local municipalities. We carried out outreach activities, and we had Drop- In centres in the towns: Sabac, Valjevo, Kragujevac and Sremska Mitrovica. Association Rainbow was engaged in working with MSM population, but during our outreach activities we also provided services to drug users, sex workers and PLHIV persons and we are still doing it.

Aleksandar Prica, President of the Board, Association Rainbow

Prevention has been improved, including Harm Reduction, methadone centres have been opened, new Infective clinics have been opened with better equipment and health care.

Prevent was a sub-recipient of the Global Fund on rounds 6 and 8 for HIV and round 9 for tuberculosis, through the Ministry of Health, the Youth of JAZAS Belgrade and the Red Cross of Serbia. President of the Association Prevent was a representative of the civil sector from province of Vojvodina to the Country Coordinating Mechanism in 2013 and 2014. Prevent actively participated in the activities financed by the Global Fund through the Economic Institute, as well as in the pilot project funded by Imperial College London and DFID through UNDP in Serbia. Prevent is an organization with the greatest experience in Serbia when it comes to implementing projects for the Global Fund. Harm reduction projects, prevention of HIV and Tuberculosis among PWID and SW were implemented, and our organization was the first in Vojvodina to launch a community based testing on HIV.

Nebojša Đurasović, Association Prevent, President

We have worked with sexual workers and had the drop-in centre and outreach work in Niš. We also tried to target other vulnerable groups in the TImok region, from people injecting drugs to MSM. That was not easy because Zaječar is a small city and it was very hard to build the trust among there people for the needle exchange programmes. Prevention programmes were going on regularly.

As a CSO representative, I was the Chairman of the CCM from 2009 to the end of the project in 2015. This is very interesting because there were always issues between governmental and civil society sectors. We tried to relax the situation and my election for the CCM Chair was one of the steps in that direction. Also, if there were no civil society sector, the application for the round 8 would have never been submitted. Civil sector simply over-voted the governmental representatives who were against the project at the CCM meeting.

Unfortunately, when the Global Fund withdrew from Serbia, the relations between the two sectors broke and governments since then don't support work of the civil sector.

Goran Radisavljević, recent Chair of the CCM, Director of the NGO "Timočki omladinski centar".

What do you think were the biggest benefits and added value of that support? Was there any negative sides?

The greatest benefit is the increased number of people who are on HIV treatment, reduced the incidence and prevalence of HIV among PWID and SW thanks to education and change of habits, increased quality of life of all populations at risk and reduction of stigma and discrimination and drastically reduced prevalence of HIV among IDUs.

A unique thing that happened was opening of drop-in centres. They were amazing, really great. In at least 4 towns across the country we had drop-in centres for various populations: commercial sex workers, drug users, etc. It is a very expensive service, and we can't expect that they will be funded in a near future.

We started distributing methadone in the highest level of health protection, in clinical centres in Belgrade, Novi Sad, Niš and Kragujevac. The purpose was to bring the service to people, not to wait for people to come to services. We developed that decentralised model. The idea was to open centres on the primary care level, which was very hard and we had a lot of resistance. We had only a number of them and even during the project a couple closed.

In general, we had problems with staff in primary health centres. They don't want to work with drug addicts. We were establishing these departments on psychiatry segments of the health centres and we needed a lot of education, for example among general practitioners. We had the idea that they could give prescriptions for methadone like they give those for high blood pressure. But it didn't work.

Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health

The capacities of civil society have been increased. Besides building capacities of organisations and people, a network of CSOs was established and not only in one field (for instance people who inject drugs) but also between organisations working with different vulnerable groups. Standardised guidelines were developed for working in a specific field, for outreach work, etc. then formats for reporting and other tools. Sometimes, they were too strict, a too high bar for the task, and that prevented organisations to reach all the people they would normally do.

The biggest benefit for Association Rainbow was the increasing of our capacities for working in field conditions, education for the organization's staff and expanding the territory of operation of Association Rainbow. This meant for our clients constant availability and a wide range of services according to their needs.

Aleksandar Prica, President of the Board, Association Rainbow

Many people were supported in their development and grew up. Also many of those from vulnerable groups. A whole community was built. Unfortunately, most of them are now working on something completely different and even out of the country.

I used laundry services, needle exchange, medical help. Social worker, psychologist, workshops. Great. Great support,

Former needle syringe program user

The negative side is that the MSM population began to view AIDS as a chronic disease with which you can live and does not use protective measures. The result is a concentrated epidemic in this population.

Nothing has been done for sustainability of CSOs.

The problem with the Global Fund project was that the indicators were not realistic, especially for the round 8. If we would count the number of all members of vulnerable populations (and many of them belong to two or more groups), it would turn that the whole generation was vulnerable, that half of the population is vulnerable. So, at one moment, quality of the services dropped. Running after quantity, we lost the quality of services.

Goran Radisavljević, recent Chair of the CCM, Director of the NGO "Timočki omladinski centar"

Approach of the Global Fund to support only renting space for drop-in centres and not allowing purchasing property is seen as wrong. If the money was used to buy property, Serbia would now have kind of CSO run health hubs for vulnerable populations.

<u>How the Global Fund withdrawal affected work of your organization and you personally?</u>

The focus of work has been temporarily transferred to other areas and the Harm Reduction program has been maintained on a voluntary basis.

All the drop-in centres closed after the withdrawal of the Global Fund. The organisations used to have their regular offices and drop-in centres as a specific space for that purpose. That was important element of building relations with the key affected populations. Now, only Association Prevent provides services, but in their regular office. Clients can't any more get some of the extra services that drop-in centres provided: showers, laundry, etc. Those who survived not try to find other sources of funding to maintain at least some basic services. They try to address these issues through human rights funds, youth at risk, support to sexual workers, street children, etc.

Goran Radisavljević, recent Chair of the CCM, Director of the NGO "Timočki omladinski centar"

The funding mechanisms could support GF components only partially. It seems they are components of the HIV program (such as OST) that were part of standard services that are charged by Republic Fund for Health Insurance and those which implemented by institutes and public health institutes (HTC) good chances to continue after the transition, but that was not the case with the services provided by NGOs. In spite of the existence of legal mechanisms, domestic financing services for key populations at risk of HIV provide NGOs and services provided by PLHIV organizations replaced only 6% of the available annual GF budget after the GF project was completed.

Even after the financial support of the Global Fund Association Rainbow continued to work on HIV/AIDS prevention, whereas the whole team of the organisation has been providing HIV-preventive services on a volunteer basis since 2014. This has led to exhaustion of the team's members and me personally, since I have been constantly looking for funding opportunities in order to provide operational costs for our further work, and to constantly motivate people to volunteer. We reckon that it is not right after 8 years of work to deprive our clients of the services we had been providing them during the support of the Global Fund. Now, from the 22 persons we used to have on the project, only 9 of them still give services to our clients on the territory of Serbia.

Aleksandar Prica, President of the Board, Association Rainbow

The scope of work is reduced by reducing financial resources. Working hours are reduced by half. The number of engaged people is halved. This means that there will be a need to re-work on staff training and capacity development when programs begin re-expanding. Quantities and types of sterile equipment that are being distributed are reduced. Additional activities such as self-support groups, accompaniment to a doctor, legal and psychological counseling are not carried out. Date of expiry of the materials left in stock is close and it will soon be impossible to implement the program because there is no support for the purchase of sterile equipment. The organization must compete in various other areas in order to survive, thereby losing focus on harm reduction and reducing the quality of work.

Nebojša Đurasović, Association Prevent, President

<u>What your government did to ensure transition of the services and take over support?</u>

The Government/Ministry was in general not cooperating with the project team, so they also did nothing for the transition. During the last year of the project, I haven't had any contact with the Minister of Health, who was my direct superior. Not a single one! We completely ruined the reputation of the country during the last year of the project. They were not responsive only to us, but also to the Global Fund. We couldn't negotiate with the Ministry about the transition or ensure some bridging funds. Everything stopped. There was no new AIDS strategy, no meetings of the AIDS Committee, nothing. They created an alternative CCM. As consequence, we couldn't have formally close the project!

Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health

The "Consensus" conference was organised to plan the transition process. Stakeholders from various backgrounds - government, CSOs, academia - were discussing priorities once the Global Fund leaves. Unfortunately, like in many similar cases, the strategic way was identified, but no funds were allocated to implement it.

The CCM was working on the exit strategy for more than a year. One of the ideas was that it will turn into a fund-raising structure for the country. But with the change in the Ministry, some people on the just-bellow-top level closed everything due to their personal agendas and vanity.

The Government of Serbia haven't done anything regarding HIV/AIDS-prevention, whereas the Republic committee met only once since their establishment in 2013, and the national HIV strategy expired in 2015, and they do not invest anything in prevention.

Aleksandar Prica, President of the Board, Association Rainbow

Nothing important (nothing worth mentioning)

Branislav Princip, Nova +, Chairman of the board

Are you aware of closure of service provisions in Serbia? Why has it happened and what are the consequences?

Since we are now working on the whole territory of Serbia, we are aware that nearly all services established during the Global Fund program have been closed, even some of the organizations. The reason was that the program did not involve work on sustainability, and many organizations worked just for money. Specifically, although the situation in the MSM population is the most difficult, we are the only organization left to work with the MSM population, while the other three stopped working immediately after finishing their financial support because MSM or LGBT population was never their priority. But also during the financial support, the quality of their work was very questionable, as we learned from our current clients who used to be their clients. The consequences include a decreasing number of preventive activities and an increasing number of newly diagnosed HIV + people. Only in 2015, compared to 2014, the number of newly diagnosed people increased by 37%.

Aleksandar Prica, President of the Board, Association Rainbow

Almost all of the services that existed were shut down. Several organizations that found the modus how to survive are still working. The consequences can be long-term. Everything that has been built for 10 years can quickly be destroyed. It would be enough that several cases of HIV in other risk populations appear and that the epidemic is re-expanded, as it spread in the MSM population. Belgrade is particularly at risk because there are no programs in the capital that were once implemented. When it comes to Hepatitis C, I believe the situation has worsened considerably, but unfortunately there are no studies to confirm this.

Nebojša Đurasović, Association Prevent, President

Some of the CSOs were preparing for the post-Global Fund period. Other were too relaxed, because the project lasted very long and they were half-asleep. They expected that the support will keep coming forever. That was also the case for governmental institutions. Organisations that were not dependent only on that source of funding but found another, that had other projects in parallel, continued their work.

The CSOs haven't used one potential channel of funding - from local communities or other structures in cities or provinces.

People living with HIV created a number of organisations, even a network. But they were so competitive among themselves. I couldn't understand that. I never saw it between other organisations. They always wanted funds for themselves. Work of the network was burdened by arguing; it was so hard to make a consensus.

Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health

Youth of Yazas from Kragujevac implements a project in partnership with the Trag foundation and the Faculty for organisational sciences aimed to design a model of sustainable financing of the HIV prevention services with vulnerable groups.

Which services are currently available in Serbia? Is that satisfying the needs? Which services you find critical and they are missing?

Substitution therapy has mostly continued to be carried out, in the majority (22-23 centers of 29 which performed therapy at a time when GF financed this service). HIV therapy is available, as well as free HIV testing. Free testing for Hepatitis C almost does not exist anywhere.

Two drop-ins for children that live and/or work in the streets are still working (Belgrade and Novi Sad), as well as one drop-in for PWID and one for SW (Novi Sad). Field work with MSM population is carried out in western Serbia. What is missing is a drop-in center for MSM in all major cities, drop-in center for children that live and/or work in the streets in Niš, drop-in centers for PWID in Belgrade, Kragujevac and Niš, drop-in centers for SW in Belgrade, Kragujevac and Niš, as well as field work with all mentioned populations throughout Serbia. Serbia needs new research to show the real situation.

The services must not be very expensive. If they are not the only purpose of an organisation, in 4 - 5 big cities in Serbia we would need some 20.000 Euro per year to provide good services to people in need.

At this moment, with the situation in the civil sector, I would recommend that the priority is outreach work, not drop-in centres. Simply, they are cheaper and easier to organise. When they would be estabilised, we could scale them up and open drop-in centres again.

Goran Radisavljević, recent Chair of the CCM, Director of the NGO "Timočki omladinski centar"

Antiretroviral therapy is available and fully financed by the Republic Fund for health insurance. All ARV drugs that are found the Fund's list are free for health users for the protection against HIV. All four departments for HIV treatment have been decentralized around the country (Belgrade, Novi Sad, Niš, Kragujevac) to clinical centers, and they follow the European guidelines of associations of clinicians dealing with the treatment of AIDS (European Clinical Association for AIDS - EACS).

OST works in bigger cities and the quality varies from one to another. It very much depends on the approach taken by the doctors which provide it. The Ministry of health have taken the "economic" approach, concentrating OST to fewer places to save money. This causes problems to people because now some have to travel longer to get the treatment. In some centres, people can't get methadone supply for several days.

The most mobile medical unites are not even registered, harm reduction programs are closed, Drop-In centres as well. Association Rainbow's 120 street promotional actions of VCCT during one year dropped on only 40 of them, and from 240 outreach activities per year only 80 remained which is only 30% of what we used to do during the Global Fund's program. Clients have need for outreach activities and VCCT in field conditions most of all, especially when it comes to MSM population.

Aleksandar Prica, President of the Board, Association Rainbow

Is there enough reliable data which describe the situation and create basis for evidence based solutions?

Since from 2013 till now, no HIV-related research has been conducted in Serbia. New bio-behavioural researches are missing.

During the GF project, a national database was created in the HIV Office of the Institute for public health. All the project implementers, the sub-recipients, should have continued to feed in the data base on regular basis about clients, service and everything. Only 6 - 7 organisations out of 60 is currently doing that.

The Institute for public health just published a situation analysis, but it is not widely distributed.

What do you think could be done better in context of your country situation?

During the Global Fund project, it was necessary to work continuously on creating the sustainability of the services we have established. Also, it was necessary to assess the quality of work with clients more thoroughly.

The state must accept funding national strategies for HIV and drugs. This would solve most of the mentioned problems.

Ensure sustainability for Harm Reduction programs in major cities in Serbia.

All efforts must be made for providing possible three-year support of the Global Fund and then working on the sustainability of services.

Accreditation of services may be the best and the fastest was to ensure sustainability. Organisations may start from particular services and then go to wider set of services.

They should concentrate on the local level, where people feel the problem. Ministry of health is too far and not interested. Unfortunately, local authorities usually give only one-off support and don't think long-term.

We had a case of the city of Bačka Palanka where a small group of drug users were causing a lot of problems and there were no efficient was to solve the problem. When we opened a methadone centre there, they entered the treatment and simply started behaving responsibly! That was a release for the whole town.

Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health

The Ministry of Health created the working group to prepare the draft of the new HIV strategy. Their task is to prepare the first draft by the end of November 2017.

Well, I didn't like that it felt through, you know, that people weren't engaged enough to sustain it.

(If it would open again) I'd like there to be a room for shooting, how do I phrase this, and for the users to have someone to inject them instead of doing it themselves.

Former needle syringe program user

Acknowledgments

Job titles given are those persons held in November 2017

Albania

- Genci Mucollari, Chairman, NGO Aksion Plus
- Erlind Plaku, Counsellor at NGO Aksion Plus

Bosnia Herzegovina

- Denis Dedajić, President, Association Margina
- Samir Ibišević, Chairman, Association PROI
- Zlatko Čardaklija, Coordinator for HIV/AIDS in the Ministry of Health of the Federation of Bosnia and Herzegovina
- Stela Stojisavljević, Coordinator for HIV prevention in the Republika Srpska from March 2010 till December 2015
- Nešad Šeremet, Project Manager in UNDP in charge for the implementation grants from Round 5 and Round 9
- Tatjana Preradović - Sjenica, Programme coordinator, NGO Viktorija

Bulgaria

- Anna Lyubenova, Secretary of the Board, Initiative for Health Foundation
- Tsveta Raycheva, Long term consultant for the Global fund supported projects 7 years
- Vyara Georgieva, the Chief Expert in the Ministry of Health for the programmes financed by the Global Fund
- Petar Tsintsarski, Consultant for the program Prevention and Control of HIV/AIDS at the National Centre for Infectious and Parasitic Disease; Long Term Consultant, HIV prevention for MSM from 2009-2017

Croatia

- Siniša Zovko, Project manager and leader of the Croatian Red Cross Harm Reduction program since 1998
- NGO Institut, Pula
- Iva Jovović, Executive Director, Life Quality Improvement Organisation LET
- Office for Combating Drug Abuse, Government of the Republic Croatia

FYRO Macedonia

- Vlatko Dekov, Program manager for Education, Documentation and Research, Healthy Options Skopje (HOPS)
- Dr Liljana Ignjatova, coordinator of the project supported by GF and run by Psychiatric Hospital Skopje, Centre for prevention and treatment of drug abuse and addiction (OST)
- Elizabeta Božinoska, Programme Coordinator of HERA
- Andrej Senih, Executive Director, Stronger Together (Zaedno posilni)
- Ana Filipovska, CCM Secretary

Kosovo*

- Safet Blakaj, Executive Director, NGO Labyrinth
- Edona Deva, GF HIV Program Manager at PIU in the Ministry of Health of the Republic of Kosovo since 2008 and at the Community Development Fund since 2011

Montenegro

- Dr Aleksandra Marjanović, Head of the Department for vulnerable groups, Institute of Public Health of Montenegro
- Vladan Golubović, Secretary of the Country Coordinating Mechanism, recently the Executive Director of Montenegrin NGO Cazas who was sub-recipient and main sub-recipient

Romania

- Nicoleta Dascălu, ARAS – Romanian Association Against AIDS
- Dragoş Roşca, Romanian Harm Reduction Network

Serbia

- Katarina Mitić, Project director of R6 and R8 HIV project at the Ministry of Health
- Aleksandar Prica, President of the Board, Association Rainbow
- Nebojša Đurasović, Association Prevent, President
- Branislav Princip, Nova +, Chairman of the board
- Goran Radisavljević, recent Chair of the CCM, Director of the NGO "Timočki omladinski centar"

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