

Montenegro: Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund support to domestic funding

**Eurasian Harm Reduction
Association (EHRA)
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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CDCP	Communicable Diseases Control and Prevention
CINMED	Montenegrin Institute for Medicines and Medical Devices
CEECA	Central and Eastern Europe and Central Asia
COVID	Coronavirus Disease
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EU	European Union
FSW	Female Sex Worker
GO	Governmental Organisation
HCV	Hepatitis C Virus
HCW	Health Care Workers
HIF	Health Insurance Fund
HIV	Human Immunodeficiency Virus
HR	Human Rights
IBBS	Integrated Biological and Behavioural Survey
IEC	Information, Education, Communication
IPH	Institute for Public Health
KAP	Key Affected Population
KP	Key Population
LGBTIQ	Lesbian, Gay, Bisexual, Transgender/transsexual, Intersex and Queer/questioning
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPADSM	Ministry of Public Administration, Digital Society and Media
MSM	Men-who-have-Sex-with-Men
N/A	Not Available

NAC	National AIDS Commission
NAP	National HIV/AIDS Programme
NAS	National AIDS Strategy
NGO	Non-Governmental Organisation
NHIF	National Health Insurance Fund
OAT	Opioid Agonist Therapy
OSF	Open Society Foundations
OST	Opioid Substitution Therapy
PAAR	Prioritised Above Allocation Request
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Centre
PLHIV	People Living With HIV
PLWH	People Living With HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PU	Progress Update
PWID	People who Inject Drugs
PWUD	People Who Use Drugs
RSSH	Resilient and Sustainable Systems for Health
SEE	Southeastern Europe
SPECTRUM	Software that uses HIV surveillance, survey and programme data, combined with demographic data, to generate historical trends and short-term projections of key indicators (Source: UNAIDS. Quick Start Guide for Spectrum. Geneva; UNAIDS, 5 December 2020. http://www.unaids.org/sites/default/files/media_asset/QuickStartGuide_Spectrum_en.pdf)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SW	Sex Worker
TMT	Transition Monitoring Tool
TRP	Technical Review Panel
UHC	Universal Health Coverage

Executive Summary

Montenegro is a South East European country with a population of approximately 620,000 inhabitants and has a low HIV burden. The country was a recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) support for HIV programmes between 2006 and 2015 and became re-eligible for Global Fund HIV funding as of December 2016 with an ongoing HIV grant for 2019-2021 co-funded by the Ministry of Health (MoH) and due to end on 31 December 2021. While this support has allowed Montenegro to maintain low HIV prevalence and provide HIV prevention and support services to key populations (KPs), it is now facing a challenge to maintain sustainability of those interventions as the government struggles to allocate sufficient funding and provide services to people in need.

The aim of this analysis is to assess the fulfilment of the commitments given by the Government of Montenegro aimed to ensure the sustainability of the HIV response among KPs in the context of the country's transition from Global Fund support to national funding. It was performed using a Methodological Guide and Transition Monitoring Tool (TMT) developed by the Eurasian Harm Reduction Association (EHRA)¹. As a part of this study, the relevant government commitments were identified and prioritised and the required data and information were collected to see to what extent those commitments have been fulfilled from domestic funding as planned. A national consultant, with a team of national experts and civil society and community representatives, carried out this task, meaning that the opinions of experts - including those from communities - were taken into account when identifying and evaluating priority commitments for the purpose of monitoring. The key findings of the study could serve the Government, especially the MoH, for further in-country HIV planning and strategic processes, as well as the Country Coordinating Mechanism (CCM) and civil society/community stakeholders for their further engagement with key decision makers in ensuring the successful transition from Global Fund support to domestic funding to enable the full sustainability of HIV prevention and support services for KPs led by civil society organisations (CSO's) upon the closure of the Global Fund grants.

According to the findings of the study, Montenegro scored as per the following health system domains shown in Table 1, below, and colour coded as per the TMT Methodological Guide:

Table 1. Overall evaluation of the commitments by health system domain

No.	Health System Domain	Average performance by domain (%)	Final evaluation
1	Financing	51%	Average progress
2	Drugs, supplies and equipment	100%	Significant progress
3	Service Provision	59%	Average progress
4	Governance	38%	Moderate progress
5	Data and information	81%	Substantial progress
6	Human resources	70%	Substantial progress

¹ Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius; Eurasian Harm Reduction Association, 2020. In English. Available at <https://harmreductioneurasia.org/tmt/>.

Table 2: Overall evaluation of commitments by programmatic area

<i>No</i>	<i>Programmatic Area</i>	<i>Achievement performance by programmatic area (%)</i>	<i>Final evaluation</i>
1.	<i>HIV Prevention</i>	66.2%	Average progress
2.	<i>HIV Diagnostics, Treatment, Care and Support for PLHIV</i>	93.6%	Significant progress
3.	<i>Community Systems Strengthening (CSS) /Advocacy</i>	80%	Substantial progress
4.	<i>Human rights and overcoming legal barriers</i>	25%	Low progress

Overall, the scoring in Table 2, above, shows high scores under two programmatic areas as per the EHRA TMT but, at the same time, average progress under programmatic area 'HIV Prevention' and low progress under programmatic area 'Human rights and overcoming legal barriers'. In addition, certain challenges under certain health system domains have been identified as shown in Table 1. For example, under the health system domain 'Governance', there is moderate progress (38%); under the domain 'Financing', average progress (51%); under the domain 'Service provision', average progress (59%); while under the domain 'Human resources', there is substantial progress (70%). These results show that further efforts are required under these domains to substantially or significantly fulfil prioritised commitments in the upcoming period.

Under the domain 'Impact/Results' - as identified by impact-related indicators reflecting HIV prevalence among key populations given in Table 3, below, and colour-coded in line with the TMT Methodological Guide - **the country scored high except for the commitments 'I.2 Reduce HIV prevalence among MSM' and 'I3. Maintain low HIV prevalence among SW' for which data is 'not available (N/A)'**. This is due to the lack of fresh evidence for the indicators 'Percentage of MSM who are living with HIV' and 'Percentage of SW who are living with HIV', as the latest IBBS among these populations were conducted in 2014 and 2015, and, by the end of 2021, new IBBS are planned among these populations which will generate fresh data.

Regarding the incidence of HIV, there are two items in the estimates made in SPECTRUM: HIV incidence rate (%) - for which there are no exact values - and HIV incidence (per 1,000 uninfected) which is 0.04. In addition, 'Percentage of PLHIV who are on ART' represents a percentage of the estimated number of people living with HIV who are on ART, which is 50%. The 90-90-90 targets and the HIV testing and treatment cascade are two ways of looking at the same data. The targets were instrumental in galvanising global action for HIV treatment access. Full achievement of 90-90-90 is equal to viral load suppression among 73% of all PLHIV. If, as the indicator, 'Percentage of all PLHIV who are virally suppressed' (referring to those who are not on ART, so all PLHIV) is used, then the percentage of the estimated number of PLHIV who are virally suppressed would then be 48%. This means that successes gained as reported through the TMT analysis still requires additional attention, although progress is significant but not fully satisfactory, especially in terms of fully achieving the 90-90-90 targets.

Table 3. Progress on impact-related indicators

Indicator	Baseline/ Year	Target/ Actual Data 2019	Target/ Actual data 2020	Achievement / Progress status
Number of new HIV infections per year	0.004% (2017)	0.004%/ 0.004%	0.004%/ 0.004%	100% / Significant progress
Percentage of MSM who are living with HIV	12.5% (2014) ²	N/A	N/A	N/A
Percentage of SW who are living with HIV	0 (2015) ³	N/A	N/A	N/A
Percentage of PWID who are living with HIV	1.1% (2013) ⁴	1% / 1%	1% / 0,5 %	100% / Significant progress
Percentage of PLHIV who are on ART	45% (2018)	46% / 49%	48% / 50%	105% / Significant progress
Percentage of PLHIV on ART who are virally suppressed	90% (2017)	92% / 94%	94% / 96%	102% / Significant Progress

Montenegro performed highly, with significant progress, under the health system domains 'Drugs, supplies and equipment' and 'Data and information'. However, under the health system domain 'Governance', moderate progress has been identified and, thus, evaluated with the lowest performance score (38%); under the domain 'Financing', there has been identified average progress (51% - on the border between moderate and average progress); under the domain 'Service provision', average progress (59%); while under the domain 'Human resources', there has been identified substantial progress (70% - on the border between average and substantial progress), as shown in Table 4, below, and colour-coded as per the TMT Methodological Guide.

Table 4. Progress per health system domain

No.	Health system domain	Programmatic area	Source document(s)	Average performance by commitment
1.	Financing	HIV Treatment; HIV Prevention	MoH letter to the Global Fund on commitment to HIV/AIDS response; Law on State Budget of Montenegro for 2021; Information on ensuring sustainability of the national HIV response within the budget of the MoH and Global Fund; National HIV/AIDS Programme and relevant reports.	51% (average progress)

² The baseline year is 2014 because that is when the latest IBBS official results are available. In 2021, a new IBBS among MSM will be implemented after which new official data will be available.

³ The baseline year is 2015 because that is when the latest IBBS official results are available. In 2021, a new IBBS among SW will be implemented after which new official data will be available.

⁴ The baseline year is 2013 because that is when the latest IBBS official results are available. However, it should be noted that during November-December 2020 there was conducted the newest IBBS among PWID, but its results are not yet officially published. The preliminary findings show that HIV prevalence among this population is below the set target of 1.1% which is positive and that there is a significant increase of HCV prevalence from 53% in 2014 to approximately 80% in 2020, which is very negative.

No.	Health system domain	Programmatic area	Source document(s)	Average performance by commitment
2.	Drugs, Supplies and Equipment	HIV Treatment; HIV Prevention	National HIV/AIDS Programme and relevant reports.	100% (significant progress)
3.	Service provision	HIV Prevention; HIV Treatment	National HIV/AIDS Programme and relevant reports; National HIV/AIDS M&E Plan.	59% (average progress)
4.	Governance	HIV Prevention; HIV Treatment	National HIV/AIDS Programme and relevant reports.	38% (moderate progress)
5.	Data and information	HIV M&E	National HIV/AIDS Programme and relevant reports.	81% (significant progress)
6.	Human resources	HIV Prevention; HIV M&E	National HIV/AIDS Programme and relevant reports.	70% (substantial progress)

Thus, particular attention and further urgent actions need to be undertaken under the health system domains 'Governance', 'Financing' and 'Service provision', as the lowest performing domains according to the assessment. In addition, further attention and work is required under the health system domain 'Human resources'. More details on the findings and recommendations can be found under sections 'Findings', 'Discussion and Conclusions' and 'Recommendations'.

In conclusion, Montenegro's experience shows that the sustainability related policy commitments set by the government in the context of donor transition are insufficient if there is no financial support behind them. If the Government does not prioritise HIV and AIDS programming, the work and success of the national HIV response gained so far with the support of the Global Fund will not be maintained. Therefore, to continue to represent a positive example in the EECA region as a country with a successful path towards full transitioning from Global Fund support of its HIV response to national funding, it is recommended to consider the following improvements for better country performance⁵:

Government:

- For the Ministry of Health to adopt the National HIV/AIDS Programme 2021-2023 with its Action Plan for 2021-2022 by end of 2021;
- For the Ministry of Health to enhance efforts and prioritise the further increase of domestic investments in the CSO-led HIV prevention and support services in the next three years;
- For the Ministry of Health, in close cooperation with the Ministry of Public Administration, Media and Digital Society and the Ministry of Finance and Social Welfare, to prioritise the necessary legal, administrative and institutional improvements and adjustments by end of 2022 to adequately contribute to a better legal and institutional environment for the sustainability and recognition of CSOs as HIV prevention and support service providers, as well as making the necessary changes in the policy and regulatory documents to allow community-based HIV testing and the introduction of pre-exposure prophylaxis (PrEP) which will significantly improve the overall performance of the national response to HIV in the country;
- For the Ministry of Health to intensify efforts to establish a fully functional and sustainable, long-term funding mechanism for contracting CSOs as implementors of the National HIV Programme for programmatic support to CSO-led HIV prevention and support services targeting KPs as soon as possible and not later than the first half of 2024;

⁵ A detailed list of recommendations is provided at the end of this report for each relevant stakeholder(s).

- For the Ministry of Health and the Institute for Public Health to prioritise regular implementation of IBBS among KPs to generate fresh and reliable official data, including population size estimations, to respond adequately to difficulties in monitoring of HIV in communities at increased risk of HIV, particularly within the context of the COVID-19 pandemic;
- For the Ministry of Health to plan for, and secure, an increase in investments from domestic resources for the procurement of necessary health and non-health commodities (needles and syringes, condoms, lubricants, etc.) to CSO HIV prevention and support service providers. Procurement of these products by the government will free-up resources which can be used to expand the scope and coverage of services;
- Further capacity and human resource building of CSO HIV service providers, particularly for those vulnerable to humanitarian crises, such as the COVID-19 pandemic, on quality service provision, community and online (internet and social media) outreach, monitoring and evaluation, public advocacy and communication should be pursued and continuously conducted by all relevant stakeholders;
- For the Ministry of Health to consider establishing a registry of CSO HIV service providers among KPs within the MoH, along with licensing and accreditation of services and quality control regulations as envisaged by the final draft of the National HIV/AIDS Programme 2021-2023 and its Action Plan to be adopted by the MoH;
- For the Ministry of Health to pursue and continuously conduct continuous investments in enhancing human resources by dedicating professional HIV staff for monitoring and reporting purposes and training them, as well as providing incentives and salaries to relevant professionals, to tackle challenges such as the brain drain and lack of human and institutional capacity;
- For the Ministry of Health to strengthen and improve the monitoring and evaluation of the national HIV/AIDS response in terms of formulation, documentation and data collection related to the HIV sustainability commitments in the future that are in relevant national documents (National AIDS Programme and relevant Action Plan(s)) in which the activities are clearly and concretely formulated, have a baseline and target indicators for each year, reliable data on the results of target achievements and ensure that these are available at relevant open sources (MoH and/or IPH websites); the MoH is encouraged to nominate focal point(s), or to even establish a separate organisational unit, within their authority (National HIV/AIDS Office or a Department within the MoH or IPH) that will be responsible for HIV/AIDS M&E at the national level, including documentation and data collection; and,
- The Government, in cooperation with local governments/municipalities and the Union of Municipalities, to urgently consider finding an appropriate solution for providing CSO HIV service providers with free-of-charge premises for the long-term operation of drop-in centres.

Civil society:

- For CSO HIV service providers, in close cooperation with the CCM, to continue their advocacy activities and pursue further advocacy efforts, especially regarding budget advocacy and necessary legal, administrative and institutional improvements and adjustments, towards long-term and sustainable financial support to CSO-led HIV prevention and support services;

- For CSOs, in close cooperation with the CCM, to continue their advocacy actions in establishing a fully functional long-term funding mechanism for contracting CSOs as National HIV Programme implementers for programmatic support to CSO-led prevention and support services;
- For CSOs, in close cooperation with the Ministry of Health and the Institute for Public, to intensify activities and efforts in scaling-up HIV testing rates among KPs (MSM, PWID and SW);
- For CSOs to adjust the content of the basic package of HIV prevention and support services, especially within the context of the COVID-19 pandemic, and scale-up the level of counselling, field testing and other more client-oriented approaches with particular attention to the scaling-up of community and internet outreach, mobile and community testing and the introduction of PrEP;
- For CSO HIV service providers to continue to advocate for, and implement, further capacity and human resource building of civil society, particularly those vulnerable to humanitarian crises such as the COVID-19 pandemic, on quality service provision, community and online (internet and social media) outreach, monitoring and evaluation and public advocacy and communication in close cooperation with all relevant stakeholders;
- For CSOs to cooperate with the MoH in establishing a registry of CSO HIV service providers among KPs within the MoH as envisaged in the final draft of the National HIV/AIDS Programme 2021-2023 and its Action Plan and to contribute to greater transparency and accountability of their work and their improved visibility and status among the wider public, decision makers and donors; and,
- For CSOs to continue their interaction and communication with all relevant national and local authorities in trying to secure free-of-charge premises for the successful and long-term operation of their prevention and support services, as well as with international partners.

The Global Fund:

- For the Global Fund to continue supporting all relevant national stakeholders in the upcoming period, especially CSO-led HIV prevention and support services in Montenegro, at least until the end of 2024 and, if necessary, even beyond this period, if the Government is unable to fully take over funding of these services as of 2025;
- For the Global Fund to consider allocating certain funding for the purchase or renovation of adequate premises to enable CSO services to operate without major challenges regarding space and equipment, at least until the Government and other relevant authorities find appropriate solutions for these challenges; and,
- For the Global Fund to continue to act as one of the most important partners of the Government of Montenegro and the MoH, at least until the Government and the MoH are able to fully take over funding of CSO-led HIV prevention and support services.

Technical partners (the UN, EU, et al):

- Provide support to the MoH and CSOs with regards to conducting necessary policy, administrative and institutional improvements and adjustments, as well as to enhancing its leadership capacity in planning, implementation and monitoring of the relevant national strategic documents, their coordination and partnership capacity;
- Provide capacity building for the CCM/NAC, as the relevant advisory, coordination and governing bodies of the overall national HIV response, on quality service provision, monitoring and evaluation, and public advocacy and communication in accordance with relevant strategic plans such as the final draft of the National HIV/AIDS Programme 2021-2023 and its Action Plan; and,
- Provide technical assistance and other support to CSOs to continue playing a significant and reasonably participatory role in all national processes related to HIV programming.

Other donors:

- For donors to support civil society HIV-related advocacy initiatives, especially the continued monitoring of HIV programme implementation and related capacity strengthening;
- For donors to support further strengthening of existing HIV governing structures in terms of their mandate, transparency, good governance and continuous capacity building in the areas noted above;
- For the donor community to enhance support to initiatives that will contribute to improving existing interventions in the country, including the scaling-up of existing HIV service delivery and testing and improving the quality and quantity of services provided; and,
- For the donor community to reconsider the level of their support strategies not just in Montenegro but region-wide (the Balkans and Eastern Europe) to ensure accountability, effectiveness and success of the transitioning from donor-oriented financing to domestic funding.

Context

Overview of the national HIV/AIDS response in Montenegro

Montenegro introduced a programme for HIV/AIDS in 1985 as the part of the programme of the former Socialist Federal Republic of Yugoslavia, four years before the detection of the first case of HIV in Montenegro (in 1989). Since 1987, special attention has been dedicated in Montenegro to the provision of safe blood and blood products. With the aim of coordinating a total multi-sector response to HIV/AIDS, in 2001, under the then responsibility of the Ministry of Health, Labour and Social Welfare (now under the responsibility of the Ministry of Health), the National AIDS Commission (NAC) was established. The establishment of the Country Coordinating Mechanism (CCM), composed of the representatives of ministries, institutions and non-governmental organisations (NGOs) in 2003, has also contributed to a more coordinated response. Political willingness was recognised in Montenegro in a comprehensive manner in compliance with the guidelines of the United Nations Joint Program on HIV/AIDS (UNAIDS), which resulted in the creation and implementation of national HIV/AIDS strategies for the periods 2005-2009, 2010-2014 and 2015-2020. The National HIV/AIDS strategies provided a good basis for HIV prevention – with a special focus on most at-risk populations and safe blood – and improved diagnostics, treatment and care for PLHIV. It should be noted that NGOs had an important role in the implementation of the strategies, especially in covering PWID, SW and MSM, including the provision of HIV information and the distribution of prevention packages to the young⁶.

These results have to be maintained while the national response has to be intensified to ensure a universal approach to key interventions in the field of HIV prevention and treatment. PLHIV, as well as persons at risk of HIV (SW, MSM, PWID), are still facing high-levels of stigma and discrimination⁷. Factors contributing to risky behaviour (level of knowledge of HIV, vulnerability and social exclusion) are still present and the lack of assessments on the size of population groups at greatest risk hinders the monitoring of the epidemic. The existing NGO support services have not achieved a level of sustainability and it is necessary to also continue with the strengthening of the government sector which needs empowerment through targeted funds and human resources that will be committed to the implementation of the strategies.

Based on the new methodology of the Government of Montenegro for the development of the national strategies/programmes, in April 2020 the Ministry of Health established a Working Group consisting of the members of the NAC, the public health sector and CSO representatives who were selected through an open and transparent procedure/call announced in late February 2020. This team developed a final draft of the National HIV/AIDS Programme for 2021-2023 with an Action Plan for 2021-2022 which includes medical, public health, educational and community measures that take into account educational, ethical and legal principles, social and economic factors, as well as the importance of cooperation between various partners in order to establish coordinated synergetic participation of all segments of society in the fight against, prevention of,

⁶ Zekovic B, PejkoVIC M, Marjanovic A, Vucelic M, Colakovic J. Final Report on Implementation of the National AIDS Strategy 2015-2020, Podgorica, Ministry of Health, 2020. in Montenegrin. (The report was prepared within the project 'Sustainability of HIV programs - SOS Project' which is implemented in Montenegro by the NGO CAZAS with national partners Juventas, Montenegrin Foundation for HIV and Viral Hepatitis, Protection, Queer Montenegro and SOS hotline for women and children victims of violence Podgorica, with support of the Alliance for Public Health, Ukraine, and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria)

⁷ Interviews with reference group members from civil society.

and diagnosis and treatment of HIV and AIDS. A successful programme primarily requires continuous and systematic work within the health system, a multidisciplinary approach and the involvement of civil society⁸. Thus, it is integrated into the existing health system in the best possible and adequate manner – to respond to the needs of KPs and the HIV programme in general, and to correspond with the relevant national strategic, legislative and institutional framework, as well as with relevant international guidelines and recommendations. This document is still pending official adoption by the MoH, i.e. as the key national strategic document in this area and, thus, it is of utmost importance that this be adopted by the Government as soon as possible⁹.

A large component of HIV/AIDS prevention measures is based on health education of the general population and populations at increased HIV risk to influence the change of risk behaviour. Behaviour change, as part of preventive measures, is necessary to reduce the risk of the spread of HIV. Given that Montenegro is a country with a low rate of HIV infection among the general population, preventive measures are primarily related to the promotion and adoption of protective behaviours among KPs such as MSM, SW and PWID, as well as prisoners and PLHIV. Within the programme, the participation of health institutions in the prevention of infection is planned by the strengthening of measures of voluntary and confidential counselling and testing for HIV.

The health care system of Montenegro is organised as a single health region and is predominantly based on the public sector. Public health institutions are organised through a network of primary, secondary and tertiary health care that consist of 18 Primary Health Centres (PHCs), seven General Hospitals, three Specialised Hospitals, the Clinical Centre of Montenegro, the Emergency Institute, the Institute for Public Health (IPH) and the Montenegrin Pharmacy Institution 'Montefarm', which consists of 41 pharmacies in all municipalities of Montenegro. The private health care sector, consisting of a number of medical and dental practices, wholesale stores and pharmacies, is being integrated into the public health care system. The MoH, the Health Insurance Fund (HIF) and public/private health care institutions are included in the organisation and health care service delivery in Montenegro funded through the State Budget¹⁰. The HIF is an institution responsible for securing and providing the rights stipulated in the Law on Health Care and Law on Health Insurance and provides enhanced control, more rational and purposeful spending of funds from the State Health Budget, as well as more creative policy making¹¹. It also has a leading role in the digitalisation of the health care system through an Integral Health Information System¹².

⁸ Ministry of Health. Final Draft of the National HIV/AIDS Programme 2021-2023 with its Action Plan 2021-2023. Podgorica, December 2021. In Montenegrin. Available at <https://www.gov.me/dokumenta/60814eac-222a-441b-ab52-83411fecdcec>.

⁹ See the Executive Summary and proposed recommendations of this analysis.

¹⁰ CEED Consulting Podgorica. The Research 'Integrity Assessment of the Health Care System in Montenegro'. Podgorica. World Health Organization (WHO), United Nations Development Programme (UNDP) and the Ministry of Health (MoH), 2011. In both English and Montenegrin. Available at UNDP Country Office website https://www.me.undp.org/content/montenegro/en/home/library/democratic_governance/Health.html.

¹¹ National Health Insurance Fund (NHIF) of Montenegro, Podgorica, 2021. In Montenegrin. The official website of the NHIF of Montenegro, https://fzocg.me/o_nama.php?type=about (assessed in 2021).

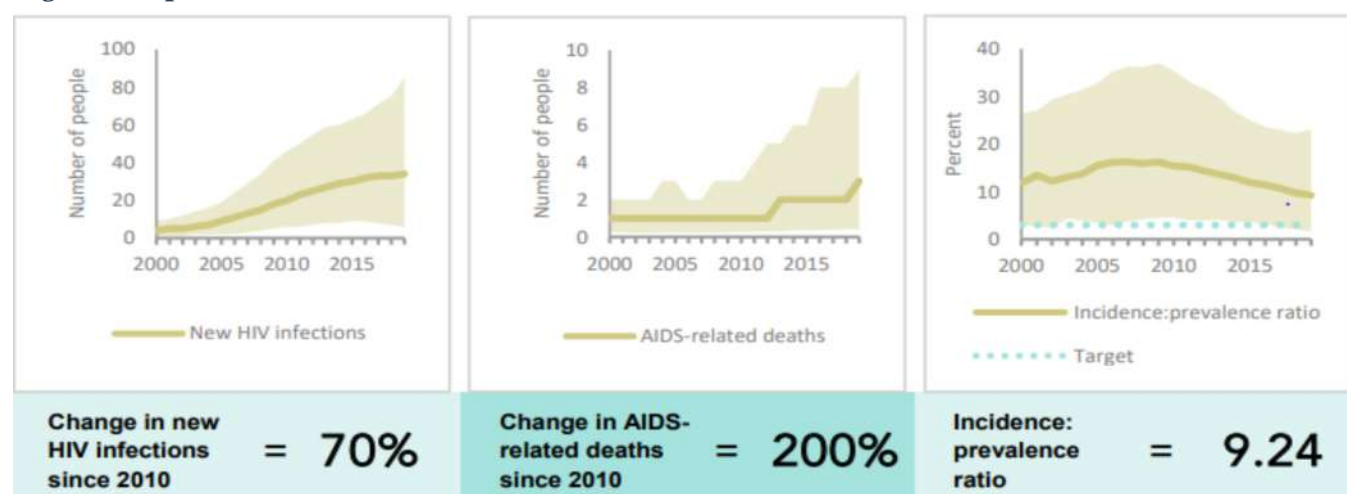
¹² Ministry of Health (MoH), Podgorica. Strategy for Development of Integral Health Information System and E-Health 2018-2023, Podgorica, 2018. In Montenegrin. The official website of the Government of Montenegro, <https://www.gov.me/dokumenta/c35d2c87-22ea-47a6-bc8e-4a3e23c437cb> (assessed in 2021).

The Master Plan of the Development of the Health System in Montenegro 2015-2020 enabled the necessary health care system reforms with the goal to provide higher quality health services and the improvement of the public health care system and population health. Accordingly, the MoH has developed and published numerous strategic documents, such as the Health Development Master Plan 2015-2020 (the new Master Plan is expected to be developed during 2021); the National Strategy for Improvement of the Quality of Health Care and Safety of Patients 2012-2017 and 2019-2023, with an Action Plan for improvement of the quality of health care and safety of patients 2019-2020; the National Strategic Response to HIV/AIDS 2015-2020 with relevant action plans; a Draft of the National HIV/AIDS Programme 2021-2023 with an Action Plan for 2021-2022 (not yet adopted); a Strategy for the Development of an Integrated Health Information System and E-Health 2018-2023; a Strategy for the protection and improvement of Mental Health in Montenegro 2019-2023; and the Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020, while the new Strategy for the Prevention of Drug Abuse 2021-2025 is expected to be developed and adopted during 2021. These strategic documents are set out to ensure the enhancement of quality-of-service delivery and more efficient and effective use of resources.

HIV epidemiology: HIV prevalence and incidence; size estimation studies for key populations

Montenegro is a small country with a population of approximately 620,000. Montenegro belongs to the wider region of Eastern Europe and Central Asia (EECA) and is a country with a low HIV burden. In 2020, HIV prevalence was <0.1% and HIV incidence was 0.05. However, since 2010, there has been a 70% increase in HIV incidence and is now the second highest in the EECA region. In 2019, AIDS-related deaths increased by 200% compared with 2010 (the second highest increase in the EECA region). The incidence-prevalence ratio is also one of the highest in the region at 9.24% (compared to the target of 3%)¹³, as shown in Figure 1, below.

Figure 1: Epidemic transition metrics



¹³The Global Fund, Geneva. Montenegro Portfolio Analysis, 2021. Sources: ECDC and UNAIDS 2019 and 2020 data. In English. Not available online but is available in the Repository of Documents within this Study.

According to revised data from the HIV/AIDS registry, from the beginning of the epidemic in 1989 until the end of 2020, there were recorded 318 HIV infected persons, of which 149 had AIDS at the time of diagnosis (47% of all registered HIV-positive persons), while 169 were at the asymptomatic or in symptomatic non-AIDS phase of HIV infection; during the same period, 61 people died of AIDS¹⁴.

Although the current incidence rate indicates that Montenegro is a country with low HIV prevalence (0.02%), regional trends indicate the risk of the rapid spread HIV, which, if prevention among key target groups is not improved and if successful responses are not provided at an early epidemic phase, may result in long-term medical, social and economic consequences¹⁵.

A significantly higher number of infected individuals are male (279 people), so the ratio of all men and women with HIV/AIDS since the beginning of the epidemic is 7.1:1. The largest number of HIV infections are diagnosed at the age of 20-39 (76%); 1% were younger than 20 years at the time of HIV diagnosis; and 7% were older than 49 years. The highest number of infections (91%) were detected at the working and reproductive ages from 15 to 49 years¹⁶.

The leading mode of HIV transmission in Montenegro is sexual (87%) and has maintained an upward trend since the beginning of the epidemic. Out of this percentage, 58% are MSM. Unlike the sexual route, HIV infection through blood, whether injecting drug use or people who have received infected blood through transfusion in health care facilities, remains quite rare. There is a high probability that among the people in whom the route of transmission is heterosexual contact, there is a certain percentage of MSM who do not state their sexual orientation due to the existing discrimination and stigma in society. Also, in the category of unknown or unidentified transmission (9%), where all are male, it can be assumed that in most cases these are MSM who do not want to declare themselves, so additional efforts are necessary to destigmatise MSM and raise their awareness. There have only been 3% of infections registered through blood, out of which 1% of cases there were infections in medical institutions outside of Montenegro and, in 2% of cases, due to contaminated injecting equipment when using drugs. Vertical HIV transmission was registered in 1% of all cases¹⁷.

The HIV epidemic in Montenegro is concentrated among key populations (Kps). According to available data, HIV prevalence among PWID was 0.5% (2020 IBBS); among female sex workers (FSW) it was 0.5% (2015 IBBS) and among MSM it was estimated at 12.5% (2014 IBBS)¹⁸. Since the IBBS results are quite outdated due to the lack of national funding, the Global Fund provided support to Montenegro through a so-called portfolio optimisation for the national HIV/AIDS programme for implementation of IBBS among KPs (PWID, MSM, SW and prisoners) in 2020 and 2021. Most of the planned IBBS were postponed to 2021 due to the COVID-19 pandemic, except the IBBS survey among PWID which was conducted by the IPH in November-December 2020 and its report is being finalised in December 2021.

¹⁴ Institute for Public Health (IPH) of Montenegro, Podgorica. HIV/AIDS Annual Report 2020, February 2021. In Montenegro. Not available online but is available in the Repository of Documents within this Study.

¹⁵ Zekovic B, Pejkoic M, Marjanovic A, Vucelic M, Colakovic J. Final Report on Implementation of the National AIDS Strategy 2015-2020, Podgorica, Ministry of Health, 2020. in Montenegro, Ibid.

¹⁶ IPH Montenegro, Podgorica. HIV/AIDS Annual Report 2020, February 2021, Ibid.

¹⁷ Ibid.

¹⁸ Reports from IBBS conducted in 2013, 2014 and 2015 among PWID, MSM and FSW, IPH of Montenegro. These reports are currently not available online but are available upon request and are documented as relevant sources within this assessment.

According to the latest IBBS, a very high proportion (93.5%) of PWID used sterile equipment during the last injection. Condom use among FSW was 82.8% and among MSM it was 62%. HIV testing and status awareness was highest among MSM at 65% and 35% were tested in the last 12 months; 61.2% of PWID were ever tested for HIV and 21.2% of them were tested in last 12 months; 50.2% of FSW have ever been tested for HIV and only 2.9% of them were tested in the last 12 months¹⁹. In 2020, according to programmatic data, 71 MSM (out of 695 reached with a basic prevention package, 10.2% coverage), 5 FSW (out of 100 reached with a basic prevention package, 5% coverage) and 486 PWID (out of 1,212 reached with a basic prevention package, 40.1% coverage, including those covered through IBBS) were tested for HIV²⁰. It is important to note that a basic prevention package in Montenegro does not include HIV testing and that is the reason why these percentages, especially for MSM and FSW, are quite low, as well as that this data is collected mainly from NGO programmatic reports and from VCT centres.

According to an ECDC (2019 data) report, Montenegro has one of the lowest testing rates in the EECA region at 11/1,000 population. This leads to the identification of HIV-positive individuals who are an advanced stage. Montenegro is one of the countries in Europe with the highest percentage (64%) of late presenters (with CD4 cell counts below 350 per mm³ blood at the time of HIV diagnosis)²¹. It is important to note that these annual figures from the ECDC do not include voluntary blood testing.

As for population size estimates for KPs, the only available information is from a study conducted among the population of PWUD by the IPH in collaboration with the School of Public Health 'Andrija Štampar' from Croatia²². The study was conducted in 2011 and resulted in an estimated 1,282 PWID in Podgorica, the capital of Montenegro (0.7% of the total population). This is, unfortunately, the only available official PWID population size estimation while, at the same time, CSOs believe that the true number is higher. There are still no evidence-based estimates of population size for SW, nor for MSM, respectively²³. However, as already mentioned above, the IPH conducted IBBS among PWID during November-December 2020 and an updated population size estimation among PWID is expected to be finalised during 2021. Furthermore, new IBBS surveys among MSM, SW and prisoners are planned for 2021 and it is planned to conduct population size estimates for these KPs, too. Thus, Montenegro will have updated data and size estimates among KPs that will enable more effective and efficient surveillance and strategic planning for more successful implementation of the National HIV/AIDS programme.

¹⁹ Reports from IBBS conducted in 2013, 2014 and 2015, Ibid.

²⁰ MoH/IPH M&E Unit, Podgorica, Progress Update (PU) Report, 2020.

²¹ European Center for Disease Control (ECDC), Stockholm. Report on HIV/AIDS surveillance data for 2019 in Europe, 2020, available in English at <https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2020.pdf>.

²² Report on the training workshop on estimates of the size of groups at higher risk of HIV and on the estimates of the size of the injecting drug user population, IPH of Montenegro in collaboration with the School of Public Health 'Andrija Štampar', Croatia, 2012. This report is not available online but is available upon request and is documented as a relevant source within this assessment.

²³ Final Draft of the National HIV/AIDS Program 2021-2023, Ibid.

Key challenges for service delivery for key populations

Although Montenegro showed substantial progress regarding an increase of domestic financing of the CSO-led HIV prevention and support services, it still did not reach the required level of national support to these services.

Though the government is continuously allocating resources to continue some activities such as ART (≈ €1,300,000 annually), opioid agonist therapy (OAT) and VCT (≈ €63,500 annually) as public health services, and in 2018 and 2019 increased its investments (€208,000 in 2018 and €170,000 in 2019) for NGO-led prevention and support services; however, CSO-led HIV prevention and support programmes remain underfunded from domestic sources²⁴ (€130,000 in 2020 and in 2021, respectively, out of €300,000 annually needed for all HIV prevention and support services among key and vulnerable populations in Montenegro, as estimated by UNDP in 2015²⁵). While working to maintain service delivery even at a reduced scale, continuous advocacy must continue to play a key role in securing government commitment and sustainable and durable systematic mechanisms for financing programmatic support to NGOs providing HIV prevention and support services. This is particularly important having in mind the significant level of coverage (approximately 51% in 2020 and 62% in 2021) by NGO-led services from the Global Fund compared to 2019 when this level was approximately 46% (54% from the MoH funding envelope), as per the findings of this assessment.

Previous advocacy efforts of NGOs and the CCM have paid off and amendments to the Law on the State Budget for both 2016 and 2017 were adopted by the Montenegrin Parliament, demanding an allocation in the State budget of at least €100,000 for the purpose of providing a sustainable and durable solution for securing the financing of HIV/AIDS services to KPs. Furthermore, the same was done in 2018 (€208,000) and 2019 (€170,000), thus securing a significant increase in domestic investments in the NGO-led prevention and support services. Civil society plans to continue its advocacy efforts, both through the CCM and through its joint advocacy plans. Finally, the funding request to the Global Fund for 2019-2021 is designed as a catalyst for prevention services in Montenegro and both the increase of domestic resources throughout grant implementation and the full alignment with national systems are aiming to ensure that the services financed by the Global Fund will remain in place²⁶.

Despite all efforts invested in over 15 years of HIV prevention services implemented by NGOs, their integration into the health system and its financing remains a challenge. Allocation of funding is only one step. It appears that certain administrative and legal barriers still represent a challenge and, thus, special efforts are needed to identify the mechanisms to channel the funding and address actual barriers. Donors and international partners can support similar processes through smart funding and political dialogue with the Government. During and after the exit of donors such as the Global Fund in 2015, the support was essential for continuing civil society/community advocacy, a platform for a dialogue among stakeholders (the CCM) and prevention commodities for distribution. Throughout grant implementation, CSOs continuously update their stakeholder analyses and make a concerted effort to include donors and technical agencies, such as the European Commission (EC) and the World Health Organization (WHO), into

²⁴ Final Draft of the National HIV/AIDS Program 2021-2023, Op.cit.

²⁵ CCM Montenegro, Podgorica. Montenegro's Applicant Response Form to the GF TRP Comments from 03 October 2018. In English.

²⁶ CCM Montenegro, Podgorica. Montenegro's Funding Request to the Global Fund, CCM Montenegro, 2021. In English.

the national dialogue. The financial and technical support received from the Open Society Foundations (OSF), the Global Fund and UNDP in 2017 for the development of a social contracting mechanism has also been critical but this mechanism/model still needs to be officially adopted by the Ministry of Health and implemented in practice, relying on the existing Law on NGOs and other legislative, normative and institutional frameworks.

Currently, social contracting is implemented under the Law on NGOs²⁷ and decided through the commissions for distribution of funds to NGOs in different priority areas of public interest within each of the ministries based on an open and public competition/call for proposals. The commission consists of the president and two members, of which the president and one member are civil servants in the State administration body responsible for the relevant area and the other member is a representative of an NGO operating in the area, which is elected according to governmental decree on the election of representatives of NGOs to working groups and other working bodies formed by State administration bodies. In case the NGO representative is not able to participate in the commission's work due to a conflict of interest or other circumstances, s/he is substituted by another civil servant²⁸. The Law on NGOs provides for sufficient regulation of the processes of the open call for proposals, submission of applications, their evaluation, including criteria for the distribution of funds, decision-making, contracting and reporting²⁹, thereby generally complying with the principles of social contracting³⁰. Relevant provisions of the Law on NGOs are even more detailed in the governmental bylaws.

At the same time, there are several provisions in the Law on NGOs, or arising in the practice of its implementation (by the MoH in particular), that put certain restrictions on funding from the State budget which may put at risk the sustainability of HIV prevention and support services. The key obstacle for HIV service providers in this Law is a regulation that the total amount of funds that can be allocated to an NGO for financing a project or programme on the basis of a public competition may not exceed 20% of the total allocated funds that are distributed on the basis of that competition (call for proposals). This means that the amount budgeted for one call (and regarding HIV prevention and support services this means the annual MoH budget for HIV services) should be split among at least 5 different NGOs and their projects. In any case, one NGO will not be able to receive more than 20% of that amount for its project(s). Taking into account that the country is small and there are only a few NGOs specialising in HIV preventive services, and in view of the previous years of State funding of HIV services which was insufficient for comprehensive support of those services (see the section of this report on the situational background, above), the implementation of this provision of the Law in the perspective of the transition to domestic funding of such services may result in underfunding and contraction of the services already being provided by specialized NGOs resulting in a contraction of coverage of key and vulnerable populations and the channelling of part of money to organisations which do not have relevant expertise and thus reduce the overall efficacy of HIV services. On the other hand, another (bigger) proportion of distribution of State funding in the sphere of HIV services could provide for an economy of scale, better application of the 'value for money' approach, thus making an input to the sustainability of the services provided.

²⁷ Government of Montenegro, Ministry of Public Administration, Podgorica. Law on NGOs, 2018. In Montenegrin, available at <https://www.gov.me/dokumenta/d3017fd8-4f16-4fc3-8cd0-061694238343>.

²⁸ Government of Montenegro, Ministry of Public Administration, Podgorica. Article 32b of the Law on NGOs, Ministry of Public Administration, Government of Montenegro, 2018. In Montenegrin.

²⁹ Articles 32c-32j, 33-36 of the Law on NGOs, Ibid.

³⁰ Alliance for Public Health Consultancy, Kyiv. Situation Assessment of HIV service sustainability and Transition to the post-grant domestically funded implementation regime in Montenegro, 2020. In English and in Montenegrin.

Another obstacle is the fact that NGOs are still not recognised by the Law on Health Care as health service providers, which may be important for such services as testing, and was identified as a legal barrier for the sustainability of services in relevant action plans. Finally, within the framework of Global Fund implementation, instruments have been developed that regulate HIV service packages and unit costs. At the same time, there are no such mechanisms approved at the national level by the MoH which would improve the situation with access to the funding of NGOs which have necessary expertise, quality control and competencies, etc.

Thus, further support to the social contracting mechanism on the part of the Global Fund requires a strong understanding of the relevant country's legal, political and other context, as well as any preconditions for its sustainability after transition to fully domestic funding of HIV services. As part of the negotiation process with the Global Fund, the MoH proposed to include the Institute for Public Health as the main implementer within the MoH and this was accepted by the Global Fund. The new grant structure will allow the IPH to announce public tenders for a selection of CSOs and disbursement of funds from this Grant for the period 2022-2024 according to the Law on Public Procurement based on the above-described challenges to the implementation of the Law on NGOs.

One of the main obstacles in access to comprehensive interventions and towards achieving a higher level of human rights in the area of HIV prevention are stigma and discrimination by the general population and health professionals working in the public health care system towards the majority of most at-risk populations (especially MSM, SW and PWID), as well as the lack of trust in health and other relevant services³¹. However, experience of PLHIV related to stigma and discrimination were not researched. There are only the reports on discriminations and stigma to NGOs by PLHIV and members of their families, but they are not adequately documented³². Existing evidence of stigma and discrimination have greatly influenced programme interventions among KPs. The interventions were used to find the solution for a systematic way of documenting stigmatisation among communities. The fact that there are mobile units and community-based testing in each of the neighbouring countries and none in Montenegro, has made Montenegro to propose their introduction through the new Funding Request to the Global Fund for the period 2022-2024 in order to provide better access by community members to existing services who may otherwise not access them at all. This can enhance access to services and, at the same time, contribute to achieving a higher level of human rights for KPs as the right to an adequate quality health service is a core human right. Another set of interventions that can contribute to the enhancement of the human rights of KPs is capacity building of relevant professionals (journalist and editors, health workers, police officers and social workers) on sensitisation towards KPs as envisaged by the Final Draft of the National HIV/AIDS Programme 2021-2023.

³¹ Final Draft of the National HIV/AIDS Program 2021-2023, Op.cit.

³² Situation Assessment, 2020, Ibid.

Organisation of HIV services for key populations: services available and organisations delivering the services and how they are funded and delivered

CSOs are not formally recognised in the health system as health service providers, in particular through the relevant legislation (Law on Health Care and the Law on Protection of the Population from Communicable Diseases). Therefore, they are not formally a part of the system, although they contribute to it significantly and are supported by the Government and the Global Fund, especially in terms of service coverage of hard-to-reach and key populations. Also, authorities do not have the capacity to identify the possibilities for developing professional and cost-effective services at the national and local level with CSOs, as one of the key actors, which causes a strong dissatisfaction among CSO HIV service providers. Mapping of the existing social services in the country, including those related to HIV prevention and support, reveals that CSOs that are providing social and health services to most vulnerable and hard-to-reach populations receive over 80% of funds from foreign sources which seriously endangers the sustainability of their programmes³³. There have been attempts and advocacy efforts by CSOs to address this challenge but have not yet resulted in an adequate amendment of existing legislation. Thus, further efforts in this direction are required, particularly by CSOs but also by the Government and relevant technical partners.

Thus, in the upcoming period, NGOs have suggested to adjust the content of the basic package of services by reducing the amount of available informative brochures and leaflets and the scaling-up of the level of other services, including counselling, field testing and other more client-oriented approaches.

There are only several sound and prominent CSO HIV service providers for KPs in Montenegro, recognised and well networked regionally and Europe-wide. These are Juventas (MSM, SW, PWID, prisoners and youth), CAZAS (PWID, youth, Roma, PLHIV), the Montenegrin HIV and Viral Hepatitis Foundation (PLHIV and members of their families and partners, as well as MSM) and Queer Montenegro (LGBTIQ).

For MSM, activities are carried out in one drop-in centre in Podgorica, where the majority of clients reside, and through outreach in several cities which are recognised hotspots in the country, according to NGO information from the field. MSM receive a basic service package consisting of condoms, lubricant, counselling on HIV or other sexual/reproductive health-related subjects and IEC (online or hard copy) material. Activities conducted are outreach work, drop-in centre, online outreach, distribution of the basic package, community strengthening, organisational capacity building, human rights advocacy and campaigns and community testing. Through drop-in and outreach work, MSM are also offered referral to testing; provision or referral to other medical, social and psychological services; legal support and legal literacy; crisis response; awareness raising on human rights; and prevention and responses to sexual, physical, emotional and gender-based violence, etc.

For PWID, activities are carried out in two drop-in centres in Podgorica and one drop-in center in Bar, and through outreach across Montenegro. PWID receive a basic service package consisting of sterile injecting equipment, HIV counselling, safe injection or other harm reduction/sexual/reproductive health-related subjects, IEC (online or hard copy) material, condoms and lubricant, with the existing services being user-friendly.

³³ Final Draft of the National HIV/AIDS Program 2021-2023, Op.cit.

For SW, activities are carried out in a drop-in centre in Podgorica and through outreach work in several cities. SW receive a basic service package consisting of condoms, lubricant, sterile injecting equipment (in the case of PWID), counselling on HIV or other sexual/reproductive health-related subjects and IEC (online or hard copy) material.

PLHIV are provided with individual and group counselling and self-support groups, therapeutic literacy and psychosocial support sessions. All PLHIV are offered these services and those who accept part, or all, of this package are involved and enabled to access these interventions. Besides PLHIV, members of their family and partners may also benefit from them. PLHIV are provided with skill building in therapeutic literacy which ultimately influences the epidemiological trends and testing in a positive way.

Prisoners are provided with individual and group counselling in only two prisons in the country. They receive a basic service package consisting of counselling on HIV or other harm reduction/sexual/reproductive health-related subjects and IEC material.

The Global Fund is co-funding these activities together with the MoH but no other resources are available for this support.

Funding of HIV services, including the country's eligibility for Global Fund support, and transition from other donors in the field of health/HIV

The funding needs for the HIV response for the 2018-2020 period was estimated at €8.5 million. For 2019 and 2020, the figures are projections based on the current national strategic action plan budget with foreseen increases for activities covered by the Health Insurance Fund. Domestic resources cover 78% of the need, external sources 3% and the Global Fund 7%, which leaves a gap of 12%, or around €1 million³⁴.

The support of the Global Fund from 2006 to 2015 resulted in maintaining the low HIV prevalence (0.03%) among the general population and, consequently, a remarkably low prevalence of HIV among KPs, except MSM, based on 2014 data³⁵ that showed the elevated HIV prevalence among MSM (12.5%). This was the turning point for making the country re-eligible for Global Fund financing within the 2017-2019 allocation period in 2016³⁶, as evidenced by the letter to the Montenegro CCM on the decision of the Global Fund Board to allocate €556,938 for HIV prevention and support services among KPs within NGO service providers for the three-year period 2019-2021 (currently the ongoing grant ending on 31 December 2021). This means that there was a gap in support from the Global Fund from July 2015 until the end of December 2018 (a gap of three-and-a-half years).

Considering the service delivery gaps which materialised after the attempted transition, the Global Fund Board exceptionally approved an allocation for Montenegro conditional on functionality of a “social contracting mechanism for engagement of non-governmental

³⁴ Montenegro Portfolio Analysis, The Global Fund, Ibid.

³⁵ Survey on Knowledge, Attitude and Behaviors related to HIV/AIDS among population of Men who have sex with men in Montenegro, 2014, IPH. In Montenegrin.

³⁶ The Global Fund, Geneva. Funding eligibility criteria, 2016. In English, available at official website of EECA Constituency with the Global Fund <https://ecapatform.org/en/status-of-transitions-from-gf-support-in-the-eeca/>.

organizations, through which [...] governmental institution(s) and the Global Fund will finance HIV prevention, care and support activities”³⁷. The MNE-H-MOH grant 2019-2021 was therefore designed to fully leverage government human resources, processes and assurances and to further institutionalise and strengthen the contracting mechanism for NGOs to deliver health services. The CCM approved a Sustainability Plan for implementation parallel to the grant, including key supporting activities toward this goal. Through a so-called Portfolio Optimisation Mechanism, the Global Fund also approved support to the implementation of IBBS among KPs (PWID, MSM, SW and prisoners) in the amount of €179,905 until the end of 2021³⁸.

Among the conditions for accessing the allocation was for the MoH to establish a mechanism for contracting NGOs that traditionally provide HIV prevention and support services which was later developed in 2017 by the CCM and the MoH with the support of the Global Fund, UNDP and the Open Society Foundations in the form of the 'Model of sustainable financing of educational and prevention services available in the non-governmental sector in the field of HIV/AIDS prevention in Montenegro' (the 'Model') to be used as of 2018. Thus, the Model should (i) serve the purpose of channelling the Global Fund grant funds together with the increasing domestic annual funding, as well as (ii) ensure sustainability of the relevant mechanism after transition to the wholly internal funding of HIV prevention and support services. In view of the preparation to the new funding request for 2022-2024, implementation of the Model required relevant analysis in terms of challenges and opportunities.

Thus, based on the Global Fund Board decision and corresponding Allocation Letter³⁹, in August 2021 the CCM submitted a new Global Fund HIV Funding Request for the period 2022-2024 in the amount of €562,123 for HIV and building resilient and sustainable systems for health (RSSH), thus increasing the impact of the efforts already invested by relevant authorities. In October 2021, the MoH and the CCM received a notification letter fully recommending the Main Funding Request in the amount of €562,123 and partially recommending the Prioritised Above Allocation Request (PAAR) in the amount of €1,347,910 for funding, subject to meeting the recommendations of the Technical Review Panel (TRP) for the main Funding Request and availability of funds (for PAAR). In October and November, the CCM and the MoH successfully responded to the TRP recommendations and the new Grant is expected to be signed by early 2022.

The CCM and its Secretariat is operating with the Global Fund's financial support (CCM funding), continuously playing an important role in coordination of the national HIV response and serving as a platform for high-level advocacy by Montenegrin NGOs, reaching out to the government, public entities and international bodies to raise their awareness of the challenges and engage more partners to help find solutions. NGO and CCM Secretariat advocacy activities have been of crucial importance in the process of securing HIV funding in the State budget.

As per the co-financing incentive requirements for the current Global Fund allocation period, the commitment and disbursement of 15% of Montenegro's 2017-2019 allocation of €556,938 (for the period 2019-2021) for HIV was subject to an additional domestic investment in HIV prevention, care and support services of a minimum of €83,541 to the 2017 baseline of €100,000. Based on the letter from the Ministry of Health dated 5 October 2018, Montenegro committed to allocate at least €130,000 in each year of programme implementation towards these services. From 2019, a separate budget line for 'Support to NGOs for the implementation of HIV projects (3452)' has been created

³⁷ The Global Fund, Geneva. 2017-2019 Allocation letter to the Ministry of Health of Montenegro, 15th December 2016. In English.

³⁸ The Global Fund, Geneva. Notification letter, Additional HIV funding for Montenegro through portfolio optimization, December 2018. In English.

³⁹ The Global Fund 2020-2022 Allocation letter to the Ministry of Health of Montenegro, 12th December 2019.

in the national budget⁴⁰. Until today, the budget allocations have been in line with the commitments (see Table 5, below).

Table 5. Government/MoH budget allocations for CSO-led prevention and support services⁴¹

Budget allocations for CSO-led prevention and support services, 2017-2021

2017	2018	2019	2020	2021
€100,000	€208,000	€170,000	€130,000	€130,000

By allocating annual earmarked funds for CSO-led prevention and support services of €100,000 in 2016 and 2017 respectively, by increasing its investments (€208,000 in 2018 and €170,000 in 2019) and by allocating at least €130,000 in 2020 and in 2021, respectively, the Government has shown political will and readiness to continuously support these HIV prevention and support programmes.

However, an estimation of the need which would allow for the successful operation of all HIV prevention and support services is around €300,000 per year based on the latest available figures provided by UNDP when they were the Principal Recipient of Global Fund grants in Montenegro (PR)⁴². This includes the costs of renting premises for drop-in centres for PWID, MSM and SW, as well as the centre for PLHIV, outreach work among KPs, salaries of staff and outreach workers, operating costs of the services and other related costs. The plan was that during the grant implementation period of 2019-2021, the Government – meaning the MoH – would gradually increase its share of the costs for KP prevention and support services within NGOs and this has been achieved bearing in mind the commitment of investing at least €130,000 during each of these three years in order to maintain the current level of support during the course of several upcoming years⁴³. As part of the implementation arrangement, national authorities committed to cover the monitoring and programme management costs of the social contracting mechanism in order to demonstrate the sustainability of this new approach beyond Global Fund financing by allocating more government funds to accommodate this need. However, this arrangement proved to be not entirely sustainable as the devoted staff were performing these duties as part of their regular job⁴⁴. Thus, official adoption and implementation of the adequate mechanism of sustainable and durable financing of HIV prevention and support services to KPs by the MoH continues to represent one of the critical preconditions for maintaining gained successes and improving country performance in this area.

Furthermore, although not officially recognised as a commitment, the plan was to invest additional efforts by CSOs to secure the support of national and local authorities, where necessary, to provide NGOs free of charge premises for the operation of their services, thus saving a significant amount of money. Such savings could then be added to funding already allocated directly to support service delivery, which would ease the planning and allocating of these funds in the future and make the envisaged arrangement long lasting, durable and sustainable in long term⁴⁵. However, to-date this has been unsuccessful as CSOs are still struggling to maintain the existing rented premises and there have been no positive examples of such arrangements, neither

⁴⁰ In direct correlation with identified commitment 1.1 Ensure increased national funding to sustain HIV prevention programmes for key populations (KPs) within this study.

⁴¹ Ministry of Health, Podgorica. 2017/2018 Health Care System Report, 2019; 2019/2020 Budget and Programmatic Documents, 2021. In Montenegrin.

⁴² CCM Montenegro, Podgorica. Montenegro's Funding Request to the Global Fund, 2018. In English.

⁴³ Ministry of Health (MoH), Podgorica. MoH Commitment Letter to the Global Fund, October 2018. In English.

⁴⁴ CCM Montenegro's Funding Request to the Global Fund, Ibid.

⁴⁵ Ibid.

with the national nor with the local authorities, although some attempts for this to be pursued have been initiated.

Finally, the capacity of GOs and NGOs have been assessed throughout the years of implementation of the previous Global Fund grants by relevant audit agencies and by the Global Fund itself and have been substantially increased, particularly their skills and experience in providing prevention, support and curative services to most-at-risk populations and PLHIV⁴⁶. Montenegro has some 6-8 sound NGOs with considerable experience of working on HIV/AIDS prevention. Significant capacity has been built in Government organisations amongst a number of health staff in HIV/STI prevention, treatment and care. Also, technical partners, such as OSF and UNDP, are providing capacity development of the CCM jointly with the Global Fund which is supporting the work of the CCM Secretariat within the IPH. It is a long-term plan for the CCM to merge into the National AIDS Commission (NAC) to secure durable and sustainable solutions for the work of the Secretariat and the CCM/NAC itself. However, a recent political shift of power in the country that happened after elections on 30 August 2020 and changes in public administration that started with the establishment of the new Government in early December 2020, particularly in the MoH, has resulted in the cancelling of all resolutions of the national commissions within the MoH mandate brought by the previous MoH management, including the NAC, as an advisory body of the MoH in this field. The new NAC has not been established yet and it is unknown how long this situation will persist. In this sense, undisrupted and continued work of the CCM has enabled all important work and interventions to continue regardless of the political power shift and has perhaps shown how important it is to once again to reconsider the above-mentioned plan of merging the CCM into the NAC. If this had already happened before the recent changes in the Government, Montenegro would not be able to adequately respond to the needs of the national HIV response and the needs of key and vulnerable populations, nor to fulfil its obligations and commitments in this area towards the international community and partners, including the Global Fund, and would most probably have to face blockages in the HIV prevention and support system which would inevitably cause highly negative consequences in the short term and potentially in the long term, too.

⁴⁶ Op.cit.

Purpose and Methodology

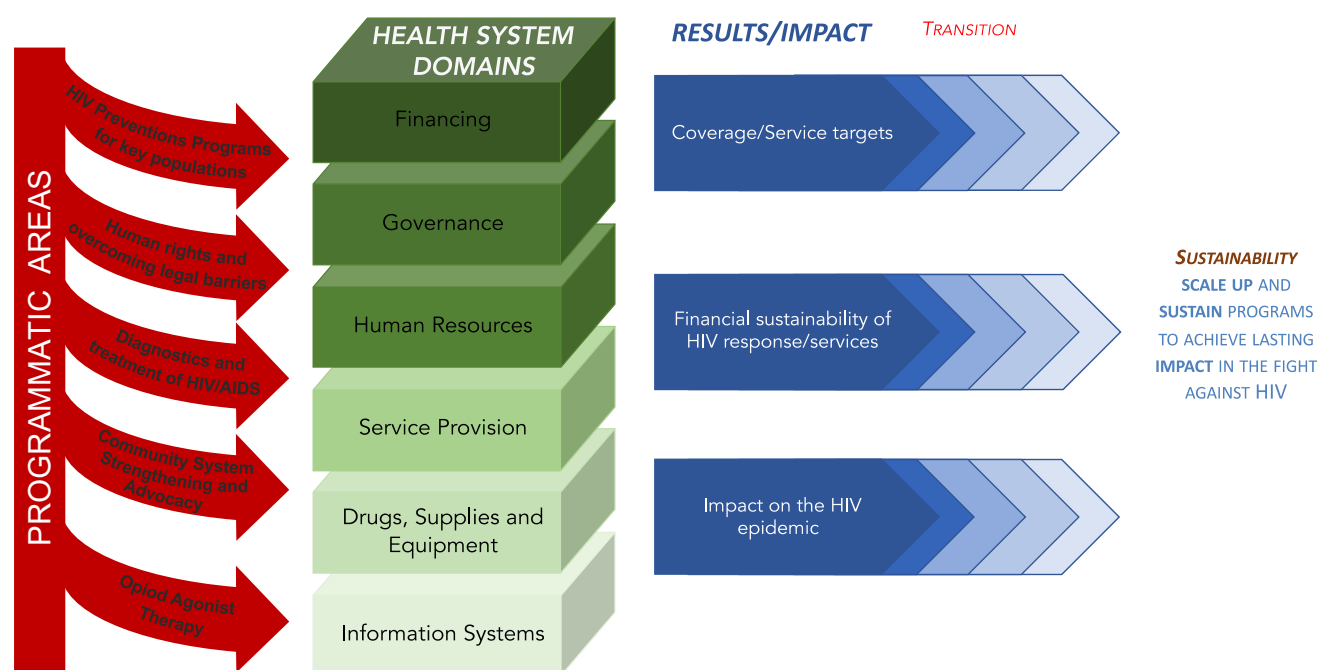
Purpose of this assessment

The assessment of the fulfilment of key public commitments aimed to ensure the sustainability of the HIV response among key populations in the context of transition from Global Fund support to national funding in Montenegro was conducted based on the Methodological Guide and Transition Monitoring Tool (TMT) developed by EHRA⁴⁷. The assessment aims to assist key affected communities to stay informed and engaged in the monitoring of the transition process and to thereby advocate for the sustainability of national HIV responses. The TMT has been designed to collect and evaluate the achievement of countries with regards to the commitments made and to benchmark those achievements among countries. This Tool is primarily designed to trace commitments which have been stated in public documents by governments; however, the opinions of communities and experts are included in identifying priority commitments for the purpose of monitoring and for addressing information gaps.

The assessment results can be used to guide the key processes of HIV policy planning, including the upcoming adoption of the Draft of the National HIV/AIDS Programme 2021-2023 and its Action Plan for 2021-2022 as the key policy document for strategic planning of the interventions in the national response to HIV that will address the identified bottlenecks. In addition, the results should serve representatives of key affected communities and civil society organisations as evidence to further engage with relevant stakeholders, such as members of Parliament, health authorities and other relevant governmental representatives, contributing to evidence-based HIV policy planning and effective implementation in order to ensure the sustainability of the HIV response among KPs in Montenegro after the country's transition from Global Fund support to national funding.

Overview of the methodology

Figure 2. Conceptual Framework



⁴⁷ Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. Vilnius; Eurasian Harm Reduction Association A Methodological Guide, 2020. In English, available at <https://harmreductioneurasia.org/tmt/>.

- Scoping: Identification and collection of a set of strategic and programmatic documents, including national laws and regulations that contain governmental commitments that reflect the transition processes from Global Fund support and the sustainability of the national response to HIV;
- Grouping commitments by health system domains in each programmatic area to create an overview of the gaps in public commitments;
- Prioritisation of the identified commitments by importance and analysing the progress in their achievement/implementation in consultation with a national reference group;
- Collection of data and analysing the findings; and,
- Development of findings in the present report.

Scoping and identification of placeholders and, among them, those that were used as the key sources for the commitments and for fulfilment of the identified commitments, such as:

- The Master Plan for the Development of the Health System in Montenegro, 2015-2020;
- The National HIV Strategy 2015-2020 and the National M&E Plan for the HIV/AIDS Response, 2018-2021;
- The Montenegro HIV Funding Request to the Global Fund, 2019-2021;
- The social contracting mechanism for support to NGO-led HIV preventive services, 2017;
- The Sustainability Plan for implementation of the national HIV programme and the HIV grant, 2019-2021, co-funded by the Global Fund and MoH;
- The Law on Amendments to the Law on the Protection of the Population from Communicable Diseases, 2021;
- The Law on Health Care;
- The Law on Health Protection;
- The Law on Drug Abuse Prevention;
- The Law on Non-Governmental Organisations (NGOs), 2018;
- The National Strategy for the Prevention of Drug Abuse, 2013-2020;
- The Action Plan Proposal for securing the necessary national finances to enable long-term service delivery and effectiveness beyond 2021 within the national effort to achieve universal health coverage (UHC); and,
- Relevant programmatic, financial and surveillance reports.

The country does not have a Transition Plan, only a Sustainability Plan (Action Plan Proposal for securing the necessary national finances to enable long-term service delivery and effectiveness beyond 2021 within the national effort to achieve UHC) developed in 2018 as an annex to Montenegro's Funding Request to the Global Fund, 2019-2021. There have been discussions around developing such a document and adopting it by the CCM and the MoH as an official document to guide the national HIV response in the future after the Global Fund support ends (beyond 2024).

This methodology is designed to be used and has been applied by national experts. The in-country review was carried out and led by a local/national expert, as the national reviewer, as well as HIV experts and representatives of communities from organisations involved in advocacy and service delivery for KPs, including MSM, SW, PWID and PLHIV. Those individuals were invited to be members of the National Reference Group which was established for this purpose, consisted of

representatives from 6 community and civil society organisations working on empowerment and service delivery among KPs for more than a decade and some for even more than two decades⁴⁸.

The role of the National Reference Group experts was to support the review process, make it transparent, participatory and inclusive and contribute to reaching a consensus on identification of commitments and their assessment, as well as on prioritisation and selection of the most important commitments to be analysed.

All identified commitments and selected indicators are aligned with relevant national strategic and M&E documents and frameworks, as well as with the reporting needs of the country towards relevant international partners and institutions including, but not limited to, the Global Fund, UNAIDS, WHO and ECDC.

The scoring has been conducted in accordance with the Legend shown in Table 6, with a description of scoring definitions as specified in the EHRA Transition Monitoring Tool (TMT).

Table 6. Legend with description of scoring definitions

<i>Definition of Sustainability</i>	<i>Description</i>	<i>Achievement Percentile</i>		<i>Colour code</i>
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	85%	100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and / or baseline	70%	84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	50%	69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and / or baseline	36%	49%	Orange
Fairly low progress	A fairly low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	26%	35%	Light red
Low progress	Low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	0%	25%	Red

Approach to the prioritisation of commitments

Prioritisation of the identified commitments regarding their importance to the HIV transition process was made within a consultative process with the National Reference Group. The final list of prioritised commitments - for further review in terms of their fulfilment - was endorsed by consensus.

Two group discussion meetings were organised, the first on 14 April and the second on 31 May 2021 with the National Reference Group consisting of civil society organisations and community representatives. The aim of the first meeting was for the reference group to prioritise the identified national commitments related to the transition process, while the aim of the second meeting was to review identified prioritised commitments and reach consensus on the final list of commitments. The main criteria used for prioritisation of the commitments were that identified commitments are relevant to the country context, i.e. that they are recognised in relevant strategic documents and policies, that they contain specific targets and/or figures that can be measured against the progress achieved and that they are essential for the sustainability of the national HIV response activities and interventions among KPs.

⁴⁸ In Annex 1 (TMT Tool), the list of members of the National Reference Group can be found.

In addition, 5 (five) individual meetings with representatives from the National Reference Group were conducted to ensure alignment of all recommended commitments, as well as regular e-mail and telephone communication with the reference group members in order to ensure a consensus on the final list of commitments.

Out of the initial list of 34 identified commitments, the reference group decided to merge 2 (two) commitments: *2.1 Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs; and, 2.2 Ensure access to new registered ARV drugs; these were merged into one (2.1 Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs, as well as to new registered ARV drugs).*

In addition, the reference group decided to exclude 2 (two) other commitments from the same group of commitments: *2.3 Ensure monitoring of primary and secondary drug resistance of the HIV virus on ART; and, 2.4 Ensure virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART, as it was hard for these commitments to be measured, i.e. tracked.*

Thus, the reference group agreed to have 30 commitments in total as the most relevant for the purpose of monitoring.

Also, the reference group decided to change the title of commitment *3.5 Ensure affordable support and assistance for all persons living with HIV*, by adding the word 'peer' in the indicator title to better reflect and align both the commitment and an indicator.

Baseline years for the commitments selected for monitoring differed from one commitment to another, as shown in Annex 1 (of the TMT Tool). The reason for this is that some years were turning points for some commitments, while others were routinely monitored over years. Also, the beginning of the current and ongoing Global Fund and MoH co-funded HIV grant in the country was important for some commitments and were milestones, particularly for those regarding funding of the prevention and support services. Here it should be noted that progress in the fulfilment of commitments was evaluated only for 2019 and 2020 and data for 2021 was not considered.

Data collection methods

Data collection was conducted during the period of 20 February – 9 June 2021 comprising a desk review; 2 (two) group Teams/Zoom discussions with representatives from the National Reference Group; 5 (five) individual Teams/Zoom meetings with representatives from the National Reference Group; email correspondence and individual telephone consultations with the National Reference Group when deemed necessary that included the following:

- National strategic policies, analysis, studies, research, reports and other relevant documents, as well as available international documents related to HIV transition from international donor to national funding, for the period 2013 – 2020, were used in the desk review. A repository of the placeholders used as a source of the commitments was created;

- In addition, 5 (five) individual meetings with representatives from the National Reference Group were conducted to ensure alignment of all recommended commitments and a final check of relevant data and information gathered; and,
- The final findings of the EHRA Monitoring Tool and the Final Assessment Report were shared and verified by representatives from the National Reference Group from community and civil society organisations and representatives from the CCM, the IPH and the University of Montenegro – Medical Faculty and Primary Health Centre Bar (other institutions to be potentially added after receipt of feedback on the final version of the document).

Limitations and challenges

This analysis has assessed the fulfilment of only those identified and prioritised commitments which contributed to ensuring the sustainability of the HIV response among KPs in the context of transition from Global Fund support. Hence, it does not represent an assessment of all HIV response-related commitments given by the government, nor all those related to sustainability of HIV response.

Although the desk review included several officially adopted policies that contained commitments related to the HIV response by either the Government or Parliament, the National HIV/AIDS Strategy 2015-2020 proved to be one of the most important and useful sources for most identified commitments. Namely, after the elections in Montenegro on 30 August 2020 and shifts of political power (the former opposition became the ruling majority and the former ruling majority became the opposition) in the country, a vacuum was created, and the previous Government was in a so-called 'technical mandate' until the establishment of the new Government in early December 2020. Due to these circumstances, the Law on the Budget of Montenegro for 2021 was delayed for more than half a year (by the Constitution and law, the State Budget for the next year must be adopted by 31 December of the current year with prescription that in exceptional cases it can be adopted by 31 March of the following year and, in the meantime, temporary financing of all budgetary units is introduced until official adoption by Parliament). In addition, one of the first measures undertaken by the new MoH in December 2020 was to cancel all resolutions of the national commissions within the MoH mandate brought by the previous MoH management, including the National AIDS Commission as an advisory body of the MoH. All these delays in the system caused a situation whereby the draft of the new National HIV/AIDS Programme (NAP) (previously the National AIDS Strategy) 2021-2023 with its Action Plan 2021-2022 has not yet been adopted by the MoH, although a CCM Working Group had finalised the draft by the end of 2020 and had submitted it to the new MoH management.

Despite these circumstances, the National Reference Group agreed that the NAP should be included in the assessment by all means, particularly bearing in mind that (1) it was developed by an officially appointed working group of the CCM and the MoH through an inclusive consultative process which meaningfully involved affected communities and civil society organisations as well as all national stakeholders and with the support of the General Secretariat of the Government of Montenegro; and, (2) it has been used as the main reference by the CCM Task Force Team in developing the new HIV funding request to the Global Fund 2022-2024 to be submitted by 10 September 2021.

Findings

Identified commitments and results by each domain

The Reference Group prioritised the following 30 transition-related commitments for further assessment of their fulfilment as per the following health system domains specified in the EHRA Transition Monitoring Tool (TMT)⁴⁹:

Impact/Results

- I.1 Maintain a low level of new HIV infections;
- I.2 Reduce HIV prevalence among MSM;
- I.3 Maintain a low HIV prevalence among SW;
- I.4 Maintain a low HIV prevalence among PWID;
- I.5 Increase the percentage (%) of PLHIV receiving ART; and,
- I.6 Increase the percentage (%) of PLHIV on ART that achieve viral suppression.

1. Financing

- 1.1 Ensure increased national funding to sustain HIV prevention programmes for KPs;
- 1.2 Ensure adequate funding for HIV treatment;
- 1.3 Develop and adopt legal and/or bylaw provisions to ensuring long-term and sustainable financing of HIV prevention programmes among KPs managed by civil society and community organisations; and,
- 1.4 Ensure increased funding for programmes of support for PLHIV.

2. Drugs, supplies and equipment

- 2.1 Ensure access to essential antiretrovirals (ARVs) for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs, as well as newly registered ARV drugs;
- 2.2 Ensure regular procurement of quality assured needles and syringes and the prevention of stock-outs;
- 2.3 Ensure regular procurement of quality assured condoms and lubricant and the prevention of stock-outs; and,
- 2.4 With the technical assistance of the CCM, for MoH to conduct consultations, and to coordinate with relevant health authorities (IPH; Clinic for Infectious Diseases; the Institute for Medicines and Medical Devices-CINMED; and the NHIF) as well as with relevant CSOs and patients' association, to discuss and ensure that potential or new ARVs/medicines are included onto the positive medicines list and for the affordable price of post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).

3. Service provision

- 3.1 Increase coverage and quality of basic HIV prevention services among MSM;
- 3.2 Increase coverage and quality of basic HIV prevention and harm reduction services among PWID;
- 3.3 Maintain high coverage and quality of basic HIV and STI prevention services for SW;
- 3.4 Maintain the coverage and quality of HIV prevention in prisons;
- 3.5 Ensure affordable support and assistance for all PLHIV; and,
- 3.6 Ensure affordable and equal treatment, care and assistance for all PLHIV.

⁴⁹ Please see Annex 1, 'Commitments Matrix', with the full list of commitments and all relevant information.

4. Governance

- 4.1 Establish a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs within the National HIV Programme for contracting CSOs as implementors of the National HIV Programme by the MoH that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support;
- 4.2 Develop proposals for amendments to relevant laws and by-laws, or for new by-laws and procedures, related to the establishment of a fully functional and long-term funding mechanism for HIV activities;
- 4.3 Amend legislation to enable screening for HIV and STIs, sexual and reproductive health (SRH) services and needle and syringe exchange by CSOs; and,
- 4.4 Conduct preparations, national consultations and discussions for the improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM.

5. Data and information

- 5.1 Develop and adopt a National HIV/AIDS M&E Plan;
- 5.2 Ensure implementation of periodic IBBS among KPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and an estimate of the size of these populations;
- 5.3 Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.); and,
- 5.4 Collect data on the coverage of activities for HIV prevention for KPs (VCT, minimal service package).

6. Human resources

- 6.1 Increase the capacity of health care workers (HCW) and CSO's on HIV programmatic issues; and,
- 6.2 Employ human resources for National HIV/AIDS Programme monitoring and evaluation.

Results, impact and outcomes

Impact and results

Overall, the impact of interventions at a national level in Montenegro related to the HIV epidemic has been monitored during implementation of several strategies (2005-2009, 2010-2014 and 2015-2020). Basic impact indicators were used related to HIV prevalence among KPs, indicators reflecting the progress across the three main stages of the continuum of HIV care, as well as HIV prevalence among the general population ('To maintain a low level of new HIV infections')⁵⁰.

⁵⁰ Ministry of Health, Podgorica. National Monitoring and Evaluation Plan for the HIV/AIDS Response 2018-2021, 2018. In English. Not available online but is available in the Repository of Documents within this Study.

Regarding impact-related indicators reflecting HIV prevalence among KPs, the reference group agreed that these are related to MSM (indicator: 'Percentage of MSM who are living with HIV'), PWID ('Percentage of PWID who are living with HIV') and SW ('Percentage of SWs who are living with HIV'), as well as impact-related indicators reflecting progress across the main stages of the continuum of HIV care ('Percentage of PLHIV who are on ART' and, 'Percentage of PLHIV on ART who are virally suppressed') and an indicator reflecting HIV prevalence among the general population ('Number of new HIV infections per year').

Table 7. Progress on achieving impact-related indicators

Indicator	Baseline/Year	Target/ Actual Data 2019	Target/ Actual data 2020	Achievement / Progress status
Number of new HIV infections per year	0.004% (2017)	0.004% / 0.004%	0.004% / 0.004%	100% / Significant progress
Percentage of MSM who are living with HIV	12.5% (2014) ⁵¹	N/A	N/A	N/A
Percentage of SW who are living with HIV	0 (2015) ⁵²	N/A	N/A	N/A
Percentage of PWID who are living with HIV	1.1% (2013) ⁵³	1% / 1%	1% / 0.5%	100% / Significant progress
Percentage of PLHIV who are on ART	45% (2018)	46% / 49%	48% / 50%	105% /Significant progress
Percentage of PLHIV on ART who are virally suppressed	90% (2017)	92% / 94%	94% / 96%	102% /Significant progress

In terms of progress in achieving impact-related indicators, Montenegro scores quite high, except for commitments 'I.2 Reduce HIV prevalence among MSM' and 'I3. Maintain low HIV prevalence among SW' for which data is 'not available (N/A)'. This is due to a lack of fresh evidence for the indicators 'Percentage of MSM who are living with HIV' and 'Percentage of SW who are living with HIV', as the latest IBBS among these populations were conducted in 2014 and 2015, although in 2021 a new IBBS is planned among these populations which will enable the generation of fresh official data.

Montenegro has a low HIV prevalence among the general population at 0.04%⁵⁴; while among MSM the prevalence rate was 12.5% in 2014; among PWID it was 1.1%; and among SW it was 0.5%⁵⁵. HCV prevalence among PWID is higher than 80% according to the preliminary results of the IBBS among PWID conducted during November-December 2020 which could represent a potential infectious and behavioural risk for an increase of HIV prevalence among PWID in the coming years. The prevalence rate among MSM in 2014 was the turning point for making the country re-eligible for Global Fund support in 2016.

⁵¹ The baseline year is 2014 because that is when the latest IBBS official results are available; in 2021, a new IBBS will be implemented among MSM, after which new official data will be available.

⁵² The baseline year is 2015 because that is when the latest IBBS official results are available; In 2021, a new IBBS will be implemented among SW, after which new official data will be available.

⁵³ The baseline year is 2013 because that is when the latest IBBS official results are available. However, it should be noted that during November-December 2020 a new IBBS was conducted among PWID but its results are not yet officially published; preliminary findings show that HIV prevalence among this population is below the set target of 1.1%, which is positive and that there is a significant increase of HCV prevalence from 53% in 2014 to approximately 80% in 2020, which is highly negative.

⁵⁴ Institute for Public Health of Montenegro, Podgorica. HIV/AIDS Annual Report 2020, February 2021.

⁵⁵ Data from the IBBS surveys among PWID (2013), MSM (2014) and SW (2015), conducted by the Institute for Public Health of Montenegro.

Regarding the continuum of care indicators from the National AIDS Programme and the National M&E Plan, it is important to highlight that the commitment, 'Increase percentage of PLHIV receiving ART', refers to the proportion out of the total estimated number of PLHIV and, hence, relatively small percentages result under this category (baseline: 45% and achievement of 46% in 2019 and 48% in 2020⁵⁶); if, however, the official data of registered PLHIV in the country is taken into account, this percentage is much higher (74% in 2019 and 75% in 2020⁵⁷). Furthermore, the commitment, 'Increase percentage of PLHIV on ART that achieve viral suppression', refers only to the proportion out of the previous stage of the continuum of care and treatment (i.e. the number of people receiving ART and not all PLHIV). Regarding the incidence of HIV, there are two items in the estimates made in SPECTRUM: HIV incidence rate (%) for which there are no exact values and HIV incidence (per 1,000 uninfected) is 0.04. In addition, 'Percentage of PLHIV who are on ART' represents the percentage of the estimated number of PLHIV who are on ART and is 50%. The 90–90–90 targets and the HIV testing and treatment cascade are two ways of looking at the same data. The targets were instrumental in galvanising global action for HIV treatment access. Full achievement of 90–90–90 is equal to viral load suppression among 73% of all PLHIV. If, as an indicator, 'Percentage of all PLHIV who are virally suppressed' (referring to those who are not on ART, so all PLHIV) is used, then the percentage of the estimated number of PLHIV who are virally suppressed is considered and would then be 48%. This means that gained successes as per the TMT analysis still requires additional attention and caution, although progress is significant but not fully satisfactory, especially in terms of achieving the 90-90-90 targets. Since both commitments are derived from the National M&E Plan, the Reference Group decided to include them as impact-related commitments important for monitoring.

Transition-related commitments by health system domains

Domain 1: Financing⁵⁸

Table 8. Progress on achieving financing-related commitments

Commitment	Baseline/ Year	Target/ Actual data 2019	Target/ Actual data 2020	Achievement / Progress status (average: 51%)
1.1 Ensure increased national funding to sustain HIV prevention programmes for key populations (KPs)	\$150,000 (2018)	\$250,000/ \$200,000 (80%)	\$300,000/ \$153,000 (51%)	64% / Average progress
1.2 Ensure adequate funding for HIV treatment	\$1,700,000 (2018)	\$1,700,000 / \$1,700,000(100%)	\$1,800,000 / \$1,800,000(100%)	100% / Significant progress
1.3 Develop and adopt legal and/or bylaw provisions to ensure the long-term and sustainable financing of HIV prevention programmes among KPs managed by civil society and community organisations	0 (2018)	Not planned ⁵⁹	1/0 (0%)	0% / Low (no) progress
1.4 Ensure increased funding for programmes of support for PLHIV	\$10,000 (2017)	\$30,000/ \$12,000(40%)	\$30,000/ \$13,000 (43%)	42% / Moderate progress

⁵⁶ Institute for Public Health of Montenegro, Podgorica. National HIV/AIDS Registry, 2020.

⁵⁷ UNAIDS Spectrum Estimation, 2020.

⁵⁸ For calculation from EUR/USD, the average EUR/USD exchange rate in 2019 and 2020 of ~0.80, i.e. 0.85 was used.

⁵⁹ According to the work plan, this commitment was not planned in 2019 but in 2020.

Under this Domain, Montenegro has made average progress (51%) in achieving its commitments, meaning that this domain performed as second lowest, as shown in Table 8, above, and colour-coded as per the TMT Methodological Guide, on commitments related to the provision of replacement-level funding by the national government for relevant programme interventions identified and prioritised for this assessment.

Concerning Commitment 1.1, there has been average progress (of 64%) in achieving its commitments since the government has made average progress in securing the financing from domestic resources needed to sustain HIV prevention programmes for KPs as per UNDP's estimation of the need for a successful operation of all HIV prevention and support services of around \$350,000 (€300,000) when they were a Principal Recipient (PR) of Global Fund grants in Montenegro⁶⁰. As shown in Table 8, above, out of the projected \$250,000 (~€200,000) for 2019, the government provided funding in the amount of ~\$200,000 (€170,000), resulting in a 80% achievement in 2019. However, out of a projected \$300,000 (~€250,000) for 2020, the government provided funding in the amount of ~\$153,000 (€130,000), resulting in a 51% achievement in 2020.

For Commitment 1.2, there has been significant progress (100%), meaning that this commitment was achieved fully as planned and committed. As shown in Table 8, above, out of a projected ~\$1,700,000 (€1,350,000) for 2019, i.e., ~\$1,800,000 (€1,450,000) for 2020 for covering HIV treatment and care, the government provided full funding for the planned amounts, resulting in 100% achievement.

Concerning Commitment 1.3, there has been no progress in adopting the legal and/or bylaw provisions to ensure long-term and sustainable financing of HIV prevention programmes for KPs managed by civil society and community organisations, which resulted in the low/no progress score (0% of achievement).

Finally, for Commitment 1.4, there has been moderate progress (of 42%) in ensuring increased funding for programmes of support to PLHIV. As shown in Table 8, above, out of an estimated ~\$30,000 (€25,000) for both 2019 and 2020⁶¹, the government provided funding for CSO-led programmes of support to PLHIV of ~\$12,000 (€9,600) in 2019, resulting in a 40% achievement in 2019, i.e. ~\$13,000 (€10,500) in 2020, resulting in a 43% achievement in 2020.

All 4 (four) initially identified commitments under this domain were endorsed by the National Reference Group as pointed out in the TMT tool.

The National Reference Group decided to include these commitments based on their judgment that the identified commitments under this domain contribute to ensuring the sustainability of the HIV response among KPs in the context of transition from Global Fund support.

⁶⁰ CCM Montenegro's Funding Request to the Global Fund, 2018, Ibid.

⁶¹ Data received from the NGO Montenegrin HIV and Viral Hepatitis Foundation, the only NGO in Montenegro founded by, and consisting of, members of the PLHIV community.

The analysis showed that there needs to exist a well-coordinated and continuous effort and advocacy by key stakeholders to achieve these results. It has also been shown that there is still significant space for further improvements to successfully implement the transition process, particularly the further increase of domestic investments in CSO-led prevention and support services, as well as further alignment and amendment of existing legislation and policies with the needs of the national HIV response and KPs on-the-ground to facilitate further increases of domestic funding for this purpose.

CSOs plan to continue their advocacy efforts to ensure increased national funding to sustain HIV prevention programmes for KPs and full alignment with the national legislation system so that these services remain in place and are fully funded by the Government after the Global Fund support ends⁶².

Domain 2: Drugs, supplies and equipment

Table 9. Progress on achieving commitments related to drugs, supplies and equipment

Commitment	Baseline/ Year	Target/ Achievement 2019	Target/ Achievement 2020	Achievement/ Progress status (significant:100%)
2.1 Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs as well as to newly registered ARV drugs	\$1,700,000 (2018)	\$1,700,00/ \$1,700,000 (100%)	\$1,800,000/ \$1,800,000 (100%)	Significant progress
2.2 Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	\$0 (2017)	No stock-outs identified / 100%	No stock-outs identified / 100%	Significant progress
2.3 Ensure regular procurement of quality assured condoms and lubricant and prevention of stock-outs	\$0 (2017)	No stock-outs identified / 100%	No stock-outs identified / 100%	Significant progress
2.4 Conduct consultations and coordination with relevant health authorities as well as with relevant CSOs and patients' association to discuss potential inclusion of new ARVs/medicines into the positive medicines list, including PEP and PrEP	0 (2018)	Not planned ⁶³	One (1) national consultation / 100%	Significant progress

Under Domain 2, Montenegro scores high with average progress of 100% in achieving its commitments, meaning that all those commitments related to the availability and access to drugs and consumables for HIV prevention, diagnosis, treatment and care identified and prioritised for this assessment were fulfilled in full as shown in Table 9, above.

Out of the initial list of 7 (seven) identified commitments under this domain, the National Reference Group decided to keep 4 (four) commitments. Thus, the reference group decided to merge 2 (two) commitments – 'Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs', and, 'Ensure access to newly registered ARV drugs' – into one ('Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs as well as to newly registered ARV drugs'). In addition, the reference group

⁶² Interviews and consultations with National Reference Group members from CSOs/communities, 2021.

⁶³ According to the work plan, this commitment was not planned in 2019 but in 2020.

decided to exclude 2 (two) other commitments from the same group of commitments: *'Ensure monitoring of primary and secondary drug resistance of the HIV virus on ART'*, and, *'Ensure virusologic, immunologic and pharmacokinetic monitoring of PLHIV on ART'*, as it was hard for these commitments to be measured, i.e. tracked, as pointed out in the TMT Tool.

The National Reference Group decided to include these commitments based on their judgment that the identified commitments under this domain contribute to ensuring the sustainability of the HIV response among KPs in the context of transition from Global Fund support by achieving selected commitments related to drugs, supplies and equipment.

For Commitment 2.1, there has been significant progress (100%), meaning that this commitment was achieved fully as planned and committed. This is mainly attributed to the Government's investments and full coverage of all ART and clinical services related to HIV management (diagnostics and treatment) that are fully funded through the National Health Insurance Fund (NHIF), including essential and newly registered ARVs for PLHIV. Newly registered ARV drugs are being registered without major constraints. Based on the expert opinion of relevant infectious diseases and epidemiology specialists provided to the Commission on medical drugs under the auspices of the MoH, and upon receipt of a positive opinion both by the experts and the Montenegrin Institute for Medicines and Medical Devices (CINMED), these drugs are included in the positive list of medicaments of the MoH and are fully funded by the State through the NHIF.

Concerning Commitment 2.2, there has also been significant progress (100%), meaning that this commitment was fully achieved as planned and committed. Therefore, no stock-outs were identified, meaning that all planned commodities (quality assured needles and syringes) for successful conduct of outreach work among KPs were procured and provided to beneficiaries of these services in a timely manner, as envisaged by the National AIDS Strategy (NAS), 2015-2020.

For Commitment 2.3, there has been significant progress (100%), meaning that this commitment was fully achieved as planned and committed, similarly to the previous commitment. Therefore, no stock-outs were identified, meaning that all planned commodities (quality assured needles and syringes) for successful conduct of outreach work among KPs were procured and provided to the beneficiaries of these services in a timely manner, as envisaged by the NAS, 2015-2020.

Finally, for Commitment 2.4, there has been significant progress (100%), meaning that this commitment was fully achieved as planned and committed. However, this achievement has to be taken with a certain reserve as it refers to the number of national consultations with relevant health authorities, as well as with relevant CSOs and patients' associations, in order to discuss the potential inclusion of new ARVs/medicines into the positive medicines' list, including PEP and PrEP. Namely, the reference group decided to include this commitment as it was envisaged by the NAS, 2015-2020, and its action plans. There was no commitment that PrEP would be introduced in the country but there was one broad national consultation and several more discussions within the CCM that resulted in an agreement to continue advocating with MoH and other relevant authorities for the introduction of PrEP in the near future. Finally, within Montenegro's Funding Request to the Global Fund for the period 2022-2024, the MoH and the Government committed to introduce PrEP during this implementation period.

Despite significant progress achieved compared to 2017 and 2018 as baseline years, especially in terms of providing CSOs with the possibility to procure for themselves the necessary commodities in accordance with relevant national legislation, there is still space for further improvements in order to successfully implement the transition process under this domain, particularly in further increases of domestic investments in procurement and access to the needed commodities by KPs. A challenge remains regarding certain limitations in the legislation related to outreach and within drop-in centres for the distribution of sterile needles and syringes, but this has not negatively affected the provision of these services so far.

In addition, it is recommended that the MoH should consider increasing investments from domestic resources for the procurement of necessary commodities to CSOs over the coming years in a timely manner and to adequately prepare for the full transition from Global Fund support to national/domestic funding.

Domain 3: Service provision

Table 10. Progress on achieving commitments related to service provision and coverage

Commitment	Baseline/ Year	Target/ Achievement 2019	Target/ Achievement 2020	Progress status (Average: 59%)
3.1 Increase coverage and quality of basic HIV prevention services among MSM	380 (2018)	455 / 367 (81%)	682 / 285 (42%)	Average progress (57%)
3.2 Increase coverage and quality of basic HIV prevention and harm reduction services among PWID	780 (2018)	800 / 535 (67%)	960 / 497 (52%)	Average progress (59%)
3.3 Maintain high coverage and quality of basic HIV and STI prevention services for SW	75 (2017)	130 / 47 (36%)	160 / 41 (26%)	Fairly low progress (30%)
3.4 Maintain the coverage and quality of HIV prevention in prisons	100 (2018)	100 / 80 (80%)	110 / 47 (43%)	Average progress (60%)
3.5 Ensure affordable support and assistance for all persons living with HIV	70 (2018)	90 / 44 (49%)	100 / 50 (50%)	Moderate progress (49%)
3.6 Ensure affordable and equal treatment, care and assistance for all persons living with HIV	86% (2018)	86% / 86% (100%)	86% / 86% (100%)	Significant progress (100%)

Under Domain 3, Montenegro has made average progress (59%) in achieving its commitments, meaning that commitments related to the provision of HIV services for KPs identified and prioritised for this assessment, i.e. the share of the funding provided by the national government for relevant programme interventions identified and prioritised for this assessment, this domain performed as **the third lowest**, as shown in Table 10, above.

Beside basic coverage indicators related to HIV service provision among KPs (MSM, PWID and SW), the National Reference Group agreed to include indicators reflecting the progress of prevention service provision to prisoners, as well as provision of prevention and support services to PLHIV, in accordance with relevant strategic documents and M&E frameworks/plans.

All 6 (six) initially identified commitments under this domain were endorsed by the National Reference Group, with only one suggestion regarding the commitment to '*Ensure affordable support and assistance for all persons living with HIV*', by amending it slightly by changing its title and adding the word 'peer' to better reflect both the commitment and a selected indicator, as pointed out in the TMT Tool.

The National Reference Group decided to include these commitments under service provision and coverage based on their judgment that the identified commitments under this domain contribute to ensuring the sustainability of CSO-led HIV prevention and support services among KPs in the context of transitioning from Global Fund to domestically supported interventions and can serve in the best manner to analyse the achievements related to service provision to, and coverage of, KPs from domestic sources.

Total targets (Government plus the Global Fund) were included in the M&E plan and the Strategy and, thus, they became the Government's national targets and, consequently, the results are also national ones. If this analysis only covered the Government's co-funding share for CSO-led HIV prevention and support services, then the results would be much higher as the Government, meaning the MoH, have committed to co-finance €130,000 per year for this purpose, which was fully achieved, but it would not give a clear picture as to the sustainability bottlenecks and lack of national funding to cover all the funding needs and, thus, would not give an adequate and proper breakdown of achievements, although the Government contributions for covering the funding needs for CSO-led HIV prevention and support services are significant.

For Commitment 3.1, there has been average progress (57%) as the government has made average progress in securing the financing from domestic resources needed to increase coverage and quality of basic HIV prevention services among MSM, as per the overall annual targets for the provision of basic prevention and support services among MSM. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the coverage target for MSM in 2019 was set at 455 in total and the achievement was 895 in total. According to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2019 was sufficient to achieve the coverage target of 367 MSM reached, resulting in 81% achievement (substantial progress), as shown in Table 10, above. In 2020, the target for MSM was set at 682 in total and achievement was 695. However, according to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2020 was sufficient to achieve the coverage target of 285 MSM reached, resulting in 42% achievement (moderate progress), as shown in Table 10, above.

Concerning the Commitment 3.2, there has been average progress (59%) in securing the financing from domestic resources needed to increase the coverage and quality of basic HIV prevention services among PWID, as per the overall annual targets for the provision of basic prevention and

support services among PWID. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the coverage target for PWID in 2019 was set at 800 in total and the achievement was 1,306. According to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2019 was sufficient to achieve the coverage target of 535 PWID reached, resulting in 67% achievement (average progress), as shown in Table 10, above. In 2020, the target for PWID was set at 960 in total and the achievement was 1,212. However, according to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2020 was sufficient to achieve the coverage target of 497 PWID reached, resulting in 52% achievement (moderate progress), as shown in Table 10, above.

For Commitment 3.3, there has been fairly low progress (30%) in securing financing from domestic resources needed to increase coverage and quality of basic HIV prevention services among SW, as per the overall annual targets of provision of basic prevention and support services among SW. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the coverage target for SW in 2019 was set at 130 in total and the achievement was 114. According to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2019 was sufficient to achieve the coverage target of 47 SW reached, resulting in a 36% achievement (moderate progress – on the border between moderate and fairly low), as shown in Table 10, above. In 2020, the target for SW was set at 160 in total and the achievement was 100. However, according to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2020 was sufficient to achieve the coverage target of 41 SW reached, resulting in the achievement of only 26% (fairly low progress), as shown in Table 10, above.

Concerning Commitment 3.4, there has been average progress (60%) in securing the financing from domestic resources needed to increase coverage and quality of basic HIV prevention services among prisoners, as per the overall targets of provision of basic prevention and support services among prisoners. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the coverage target for prisoners in 2019 was set at 100 in total and the achievement was 196. According to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2019 was sufficient to achieve the coverage target of 80 prisoners reached, resulting in an achievement of 80% (substantial progress – on the border between substantial and average), as shown in Table 10, above. In 2020, the target for prisoners was set at 110 in total and the achievement was 114. However, according to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2020 was sufficient to achieve the coverage target of 47 prisoners reached, resulting in an achievement of 43% (moderate progress), as shown in Table 10, above.

For Commitment 3.5, there has been moderate progress (49%) in securing the financing from domestic resources needed for covering PLHIV with individual and group/peer counselling and self-support groups, therapeutic literacy sessions and psychosocial support sessions, as per the overall targets of provision of basic prevention and support services among PLHIV. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the coverage target for PLHIV in 2019 was set at 90 in total and the achievement was 107. According to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2019 was sufficient to achieve the coverage target of 44 PLHIV reached, resulting in an achievement of 49% (moderate progress – on the border between moderate and average), as shown in Table 10, above. In 2020, the target for PLHIV was set at 100 in total and the achievement was 121. However, according to the co-financing share/ratio between the Global Fund (59%) and the MoH (41%), based on which this calculation was made, the Government/MoH financing provided in 2020 was sufficient to achieve the coverage target of 50 PLHIV reached, resulting in a 50% achievement (moderate progress), as shown in Table 10, above.

Finally, concerning Commitment 3.6, significant progress (100%) has been achieved in having all PLHIV adults and children on treatment 12 months after initiation of ART, as per the overall targets for ensuring affordable and equal treatment, care and assistance for all PLHIV. According to the National HIV/AIDS M&E Plan and the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH, the target percentage for all PLHIV adults and children known to be on treatment 12 months after initiation of ART in 2019 was set at 86% and the achievement was 86%. Since ART is fully covered and supported through national funding, the achievements for both 2019 and 2020 were 86%, resulting in 100% achievement (significant progress), as shown in Table 10, above.

Although the COVID-19 pandemic and strict lockdown measures during 2020 influenced all spheres of life, not just in Montenegro but all over the world, and hit hard the health care system in the country, there were no disruptions in the provision of HIV prevention and support services, particularly for key and vulnerable populations covered by these services. According to the regular COVID-19 surveys that were regularly reported to the Global Fund, there has been evidenced a low level of impact of strict measures and lockdowns on the provision of NGO-led HIV prevention and support services⁶⁴. However, these measures and the epidemiological situation have affected HIV testing rates significantly. Namely, in 2020, according to the available programmatic data, 161 MSM (7% estimated coverage), 1 FSW (0.2% estimated coverage) and 165 PWID (10.3% estimated coverage) were tested for HIV in VCT centres⁶⁵. Nevertheless, in 2019, according to available programmatic data, testing rates were even lower than in 2020, with 40 MSM (2% estimated coverage) and 142 PWID (9% estimated coverage) tested for HIV in VCT centres⁶⁶.

⁶⁴ Global Fund COVID-19 Monitoring Tool for Global Fund Supported Countries, Regular Monthly Surveys, Montenegro HIV/AIDS PIU, 2020 and 2021.

⁶⁵ Progress Update (PU) Report, M&E Unit, Ministry of Health/Institute for Public Health of Montenegro, Podgorica, 2020.

⁶⁶ Progress Update (PU) Report, M&E Unit, Ministry of Health/Institute for Public Health of Montenegro, Podgorica, 2019.

This shows that there are systematic obstacles and challenges related to HIV testing rates that go beyond the COVID-related challenges and these require urgent actions to be undertaken to address them and to translate them into concrete steps and results. Primarily, Montenegro needs to urgently set up and begin with mobile and community-based HIV testing among KPs to provide better access for community members to existing services for those who may otherwise not access them at all, particularly if testing services exist only in the public health sector. Evidence on-the-ground shows that KPs are reluctant to go to VCT centres in public health facilities despite the confidentiality and anonymity as guiding principles of these services. Additionally, large HIV testing promotion campaigns and activities are missing due to a lack of funding for this purpose, despite the efforts of CSOs and public health institutions to organise ad hoc campaigns among KPs to promote testing rates.

All of these challenges show that there are system-related challenges in Montenegro that affect HIV testing rates and that further actions and interventions are required to address this challenge in the future to mitigate risks and to enable a wide range of HIV testing services, both through the public health system and NGOs/community mobile testing services. The HIV Funding Request 2022-2024 that Montenegro submitted in August 2021 focuses, among other things, on scaling-up testing policies and practices to enable greater coverage, particularly among key affected and most vulnerable populations.

Furthermore, a particular challenge is the chronic lack of human resources at all levels in a small country such as Montenegro. Namely, Montenegro has very few good and well-connected NGOs that are regionally and internationally recognised that provide these services, such as Juventas, CAZAS, the Montenegrin HIV and Viral Hepatitis Foundation and Queer Montenegro. However, due to the small size of the country and the limited human resources system wide, there is a need for the further expansion of human capital in civil society which is due to its dependence on project/programme funds and faced with a constant brain and workforce drain. Thus, further capacity and human resource building of civil society, particularly for vulnerable people and to respond to humanitarian crises, such as the COVID-19 global pandemic, needs to be pursued and continuously conducted. Finally, the health care system as a whole shows a high level of resilience and commitment to successfully respond to such a global threat that the modern world did not foresee and did not experience before.

Based on the analysis and used sources of information (national programmatic reports; National AIDS Strategy and the Final Report on its implementation; and the National HIV/AIDS M&E Plan), it showed that this domain performed with average progress, meaning that there is still an enormous space for improvements under this health domain, particularly regarding service provision to KPs. This research has found it encouraging that the Government and the MoH has not discontinued national funding for CSO-led HIV prevention and support services despite a very challenging socio-economic circumstance caused by the COVID-19 pandemic that has severely affected the economic and financial performance of the country. In that sense, the Government of Montenegro and the Ministry of Health should further prioritise the increase of domestic investments to meet the needed level of financing to maintain the existing HIV prevention and support services, improve the country's performance in the upcoming period and secure the sustainability of the national HIV response in the long-term.

In conclusion, it is important to note that Montenegro's performance under this domain is still highly dependent on the level of support from the Global Fund within the ongoing GF-MoH co-funded HIV grant for CSO-led HIV prevention and support services among KPs for the three-year period, 2019-2021.

Domain 4: Governance

Table 11. Progress in achieving commitments related to governance

Commitment	Baseline / Year	Target/ Achievement 2019	Target/ Achievement 2020	Progress status (moderate: 38%)
4.1 Establish a fully functional and sustainable, long-term funding mechanism for contracting CSOs as implementors of the National HIV Programme for programmatic support to CSO-led HIV prevention and support services targeting KPs that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support	0 (2018)	0 / 0 (0%)	0 / 0 (0%)	Low progress (0% on average)
4.2 Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures related to the establishment of a fully functional and long-term funding mechanism for HIV activities	0 (2018)	Not planned	2 / 2 (100%)	Significant progress (100% on average)
4.3 Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs	0 (2018)	Not planned	1 / 0 (0%)	Low progress (0% on average)
4.4 Conduct preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM	\$0 (2017)	Not planned	2 / 1 (50%)	Average progress (50% on average)

Under Domain 4, Montenegro has made moderate progress (38%) in achieving its commitments, meaning that under this health system domain the country achieved moderate progress on average and that further, significant efforts need to be undertaken to achieve higher performance in the upcoming period. According to the study, 'Governance' seems to be the weakest component and, thus, requires further strengthening to sustain the gains achieved so far in other areas.

All 4 (four) initially identified commitments under this domain were endorsed by the National Reference Group, as pointed out in the TMT Tool.

The National Reference Group decided to include these commitments based on their judgment that the identified commitments under this domain are very important in ensuring the sustainability of CSO-led HIV prevention and support services among KPs in the context of transitioning from Global Fund to domestically supported interventions and can serve in the best manner to analyse the achievements related to governance. It was also pointed out during the consultations within the reference group that analysis of these commitments embedded in relevant strategic documents is very important to measure how successful the governance component is, what the bottlenecks are and the way forward.

For Commitment 4.1, there has been no progress (0%) since the Government, meaning the MoH, has not officially adopted and established a fully functional and long-term funding mechanism with clear criteria, rules and procedures for contracting CSOs as implementors of the National HIV/AIDS Programme in a form of a by-law, mainly relying on the provisions of the Law on NGOs, although the MoH actively participated in the development of the draft of this funding mechanism, together with the CCM and civil society⁶⁷. Namely, according to the National HIV/AIDS Strategy 2015-2020 and the National HIV/AIDS M&E Plan 2018-2021, the adoption of this mechanism was planned but, unfortunately, not yet fulfilled as the MoH was fully relying on the Law on NGOs (applicable to all NGOs in the country without any specific provisions for CSO service providers, per se, thus with a significant level of inconsistencies with the needs on-the-ground). Thus, this resulted for both 2019 and 2020 in 0% commitment achieved (no progress), as shown in Table 11, above.

The following is a list of identified weaknesses and potential risks by the Global Fund regarding the last 2021 Call for Proposals within the ongoing GF-MoH co-funded HIV grant for the three-year period 2019-2021 for CSO-led HIV prevention and support services among KPs in Montenegro, announced by the MoH in October 2021, concerning the Law on NGOs as its legal basis⁶⁸:

Identified weaknesses:

1. The number of priority areas is greater than in the previous Public calls and there is no prioritisation of KPs; it is critical that the call for proposal is aligned with the priorities set in the commitment letter that the Government provided for supporting the interventions targeting KPs;
2. There are no indicated coverage and testing targets per population as per the Performance Framework (PF) and GF-approved budget. Without such targets, the applicants may not have clarity on what they are expected to achieve. This will have implications for achieving the targets set under the Global Fund grant which rely on co-financing and support from the Government;
3. There is no defined prevention package, service descriptions and no indication of procurement of tests and/or other health products;
4. There is no stipulated budget under each population;
5. The maximum amount that a project can receive is €15,000.00. The Law of NGOs allows up to a 20% allocation for a project from the whole amount of the call (€130,000), i.e. €26,000.00;
6. There is no implementation period defined for the projects; the award notification is planned to be published only in November or December 2021;
7. In the list of requested documents for application, it is stated that if one project is implemented through partnership/consortium, a Statement for Partnership should be provided; the Public call does not define the possibility for organisations to apply in partnership, nor does it define the specific conditions for partnership applications; and,
8. The MoH did not develop Guidelines for applicants where all the specifics, including the eligibility of expenditures (direct or indirect) are presented and transparently available to all interested parties, although this was the case in the Calls for 2019 and 2020.

⁶⁷ The financial and technical support received from OSF, the Global Fund and UNDP in 2017 for the development of a social contracting mechanism did not result in the official adoption of this mechanism by the MoH and implementation in practice, since MoH was mainly relying on the existing legislative, normative and institutional framework with whom this mechanism has not been fully aligned and, thus, has not fully been put in place yet.

⁶⁸ Letter (E-mail) from the Global Fund to the Ministry of Health, October 2021.

Potential risks identified:

1. The targets as per the Performance Framework within the MNE-H-MoH HIV Grant co-funded by the Global Fund and the MoH may not be achieved as they are not defined in the Call;
2. NGOs with little experience may be awarded a contract; there should be a minimum capacity/experience requirement;
3. There is a possibility that the applicants will not submit partnership projects as the conditions for partnership are not stipulated in the Public announcement;
4. There is a risk that not all available funds will be contracted;
5. The undefined implementation period may lead to different interpretations by applicants and applications with different implementation periods; this may also impact the budget composition; and,
6. According to the Public Call, a minimum 9 and a maximum of 26 NGOs can receive an award based on the Law on NGOs where only one project may be awarded per NGO. This dispersion of services may lead to inconsistencies in projects implementation between different service providers and low quality of the monitoring and coordination of the delivered services.

Based on this Call, on 13 December 2021 the MoH published its decision awarding 12 CSOs, i.e. 12 projects, with a total amount of €130,000 (~€11,000 on average per project/NGO)⁶⁹. There are few specificities of this decision, but the following serious challenges are worth emphasizing and flagging:

- the majority of CSOs awarded funds have very little or no experience at all in this area (e.g. the only CSO founded by, and working for and with, PLHIV was not given an award but a CSO with no experience in working with PLHIV was given an award, etc.);
- there is significant dispersion of the services that may lead to inconsistencies in project implementation between different service providers, as well as low quality of monitoring and coordination of the delivered services, as pointed out above in the list of potential risks identified by the Global Fund; and,
- there are indications that due to omissions and weaknesses of the Law on NGOs and the overall systematic and administrative challenges and constraints in the implementation of this Law in relation to CSO-led prevention services, there are significant breaches of the Law itself, particularly regarding the selection of less experienced and capacitated CSOs and the selection of independent evaluators who are often perceived by vast majority of CSOs as biased and partial in favour of the same NGOs applying and being awarded by several ministries in several completely different areas, resulting in compromises in the process of fund allocation from the State budget⁷⁰.

⁶⁹ Decision on the 2021 Call for Proposals for CSO-led prevention and support services, Ministry of Health of Montenegro, December 2021. <https://www.gov.me/dokumenta/656ee2bf-a516-4ee8-8645-aea6a8e87351>.

⁷⁰ Interviews with civil society members of the National Reference Group.

Based on all of the above, the conclusion is that the MoH should prioritise the adoption of a long-term funding mechanism that will ensure that all of these weaknesses and challenges are addressed to avoid any potential service disruption or discontinuity in line with national legislation and agreement with the Global Fund.

Concerning Commitment 4.2, there has been significant progress (100%) in developing proposals for amendments to the relevant laws and by-laws, or for new by-laws and procedures, related to enabling the legal environment for the financing of CSO-led HIV prevention and support services from domestic resources. Namely, according to the National AIDS Strategy 2015-2020 and its Action Plan, it was planned to develop at least two proposals for legal framework amendments and achievements were made in both 2019 (one) and in 2020 (one), as shown in Table 11, above. However, these proposals did not result in the necessary changes in the legal framework of the country due to the lack of political will by the key decision makers. Thus, the MoH committed to work effectively on amending and adjusting the existing legislation (both laws and by-laws) during the next funding cycle, primarily the Law on Health Protection by the end of 2022, to address these challenges and to ensure that CSOs are recognised as health care service providers⁷¹.

For Commitment 4.3, there has been no progress (0%) since there were no amendments to the legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs. According to the National AIDS Strategy 2015-2020 and its Action Plan, it was planned to develop at least one proposal for amendments to the legal framework but no progress has been identified, as shown in Table 11, above.

Concerning Commitment 4.4, there has been average progress (50%) in conducting preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations, with a primary focus on MSM. According to the National AIDS Strategy 2015-2020 and its Action Plan, as well as the National HIV/AIDS M&E Plan, there were planned to be at least two national consultations on this topic, out of which one has been organised, as shown in Table 11, above.

Based on the analysis and used sources of information (National AIDS Strategy and the Final Report on its implementation, as well as national programmatic reports), it showed that this domain scored the lowest of all health system domains as per the TMT Tool. Although the set targets were very realistic, the achievements for two commitments were zero (*'Establish a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs'* with a target of 1 (one); and, *'Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs'* with a target of 1 (one)). However, for two other

⁷¹ CCM Montenegro, Podgorica. Montenegro's Funding Request 2022-2024 to the Global Fund, and the Applicant's Response to the TRP Review, November 2021.

commitments, the score is much better (*'Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures related to the establishment of a fully functional and long-term funding mechanism for HIV activities'* with a target of 2 (two), had an achievement of 2 (two), i.e. 100% progress; and to, *'Conduct preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM'* with a target of 2 (two), had achievement 1 (one), i.e. 50% progress).

The presented scores under this domain show that even with earmarked funding and commitment from the Government to co-finance prevention and support services, there are still other not less important challenges that need to be addressed to close the circle and sustain the gains accomplished in other areas and under other health system domains. As shown in Table 5, without having an established and fully functional long-term funding mechanism for CSO-led HIV prevention and support services targeting KPs for contracting by CSOs as implementors of the National HIV Programme by the MoH, as well as without adoption of adequate legislation that will provide necessary legislative and institutional support to these services, there is no durable and sustainable solution for service delivery of HIV prevention, care and support. CSO service providers are witnessing a limited legal environment to provide them with the necessary legal protection and enabling environment for their long-term functioning.

Therefore, continuous advocacy both by CSOs and the CCM must be pursued in securing government commitments and in establishing sustainable and durable systematic mechanisms for programmatic support to HIV prevention and support services led by CSO service providers. Although developed, the social contracting mechanism has not been officially adopted by the MoH and fully implemented in practice due to legal and administrative barriers caused by non-alignment with the existing legislative and institutional framework. This is of critical importance for sustaining the successes gained so far, especially bearing in mind the significant level of coverage of KPs by NGO-led services and the high level of distrust of KPs in the public health care system.

This advocacy campaign should primarily target decision makers but also the wider public through constant reports in the media about the advantages and achievements of the national programme in Montenegro. The key advocacy messages should combine both effectiveness and efficiency arguments, emphasizing that, 1) access to prevention services in the state cannot be full, efficient and effective without services provided in the civil sector; and, 2) the current estimation is that the cost of prevention services is between €6 and €8 per person, per month, while the cost of HIV treatment is between €1,200 and €1,500 and the treatment of Hepatitis C is between €1,500 and €2,000 per person, per month. This should be an argument for key decision makers to reconsider their decisions and to appreciate the contribution and efforts that CSOs have invested so far in maintaining the low HIV prevalence.

Domain 5: Data and information

Table 12. Progress on achieving commitments related to data and information

Commitment	Baseline/Year	Target/Achievement 2019	Target/Achievement 2020	Progress status (substantial: 81% on average)
5.1 Develop and adopt a National HIV/AIDS M&E Plan	0 (2018)	1/1(100%)	1/1(100%)	Significant progress
5.2 Ensure implementation of periodic IBBS among KPs to collect data on prevalence of HIV and STIs, knowledge, risk factors and estimate of the size of these populations	0 (2015)	1 / 0 0% (not achieved)	2 / 1 50% (partially achieved)	Fairly low progress (25% on average)
5.3 Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.)	1 (2018)	1 / 1 (100%)	1 / 1 (100%)	Significant progress
5.4 Collect data on coverage of activities for HIV prevention within KPs (VCT, minimal service package)	1 (2018)	1 / 1 (100%)	1 / 1 (100%)	Significant progress

Under Domain 5, Montenegro scores high with an average of 81%, meaning that the country achieved substantial progress on average under this health system domain. This is mainly attributed to the good national surveillance and monitoring and evaluation system under the leadership and responsibility of the IPH primarily, but also the MoH.

However, it should be noted that the score would be even higher if there had been no delays in the implementation of the IBBS among MSM, SW and prisoners due to the COVID-19 pandemic and the strict epidemiological measures introduced by the health authorities during 2020. Montenegro received financial support from the Global Fund through a so-called portfolio optimisation for the national HIV/AIDS programme for implementation of IBBS among KPs (PWID, MSM, SW and prisoners) in 2020 and 2021. The IBBS among PWID has been conducted by the IPH in November-December 2020 and its final report was published in November 2021⁷², while implementation of the IBBS among SW and prisoners is underway, with a report not due until the end of December 2021; and implementation of the IBBS among MSM is delayed and it is still unknown whether and when it will be implemented.

All 4 (four) initially identified commitments under this domain were endorsed by the National Reference Group, as pointed out in the TMT Tool.

The National Reference Group decided to include these commitments based on their judgment that the identified commitments under this domain are very important in ensuring that relevant data and information are in place, regularly collected, analysed and disseminated among the relevant key stakeholders and serve for better strategic planning, surveillance and monitoring and evaluation of the process of transition from Global Fund to domestically supported interventions. It was also pointed out during the consultations within the reference group that analysis of these commitments embedded in relevant strategic documents is very important to measure how successful this component is, what the bottlenecks are and the way forward.

⁷² Institute for Public Health of Montenegro, Podgorica. Report from the IBBS conducted among PWID, 2021. Available at <https://www.ijzcg.me/me/publikacije/istrazivanje-o-rizicnom-ponasanju-u-vezi-sa-hivaidis-om-2020>.

Based on the analysis and sources of information (the National AIDS Strategy and the Final Report on its implementation, as well as the National HIV/AIDS M&E Plan and national programmatic reports), it showed that Montenegro scored very well in this domain with substantial progress as per the TMT Tool. The achievements for three-out-of-four identified commitments showed significant progress (targets for these three commitments were 1 (one) each and achievements were 1 (one) each, respectively, which resulted in scores of 100% each, as per the above Table 6.

However, there are still some bottlenecks and challenges already identified by relevant stakeholders. Namely, the final draft of the National HIV/AIDS Programme 2021-2023 with its Action plan 2021-2022, developed by the NAC Working Group under the auspices of the MoH and pending official approval by the MoH/Government, envisages the strengthening of the HIV surveillance system through better data collection for monitoring and evaluation of the overall national response. During the implementation of the National AIDS Strategy 2015-2020, there were a number of challenges in the implementation of comprehensive HIV surveillance, primarily due to the lack of KP size estimations, the difficulty in monitoring of HIV in communities at increased risk of HIV, as well as a lack of surveys that would generate relevant data. Montenegro received portfolio optimisation funds for implementation of the IBBS among KPs (PWID, MSM, SW and prisoners)⁷³. Out of four (4) planned IBBS, only one (among PWID) has been implemented during November and December 2020 by the IPH, while implementation of the remaining three is still pending and, at the moment of writing this report, there was no reliable information from the IPH on when it could be expected. These IBBS and related reports will very much contribute to the obtaining of reliable and needed data and information on the epidemic status among KPs. In addition, it is very important in the future to provide domestic budget support for the continuation of periodic IBBS among the populations at greatest risk of HIV, as well as among young people and the general population⁷⁴.

Finally, a single second-generation surveillance national database with data from bio-behavioural surveys disaggregated by age, gender and other variables has not been implemented primarily because bio-behavioural surveys have not been conducted. Existence of such a nationwide database within the IPH would contribute to better data collection and strategic planning, more effective mechanisms for monitoring the implementation of all HIV-related programmes and improved quality assurance and monitoring and evaluation of the national response as a whole.

Domain 6: Human resources

Table 13. Progress on achieving commitments related to human resources

Commitment	Baseline/Year	Target/Achievement 2019	Target/Achievement 2020	Progress status (substantial: 70% on average)
6.1 Increase capacity of HCW and CSO staff in HIV programmatic issues	4 (2018)	2 / 3 (150%)	3 / 4 (133%)	Significant progress (140% on average)
6.2 Employ human resources for National HIV/AIDS Programme monitoring and evaluation	0 (2015)	0% (not achieved)	0% (not achieved)	Low/no progress

⁷³ The Global Fund, Geneva. Allocation Letter and Notification Letter on Portfolio Optimisation to the CCM Montenegro, 2019.

⁷⁴ Ministry of Health, Podgorica. Final Draft of the National HIV/AIDS Programme, 2021-2023, with its Action Plan, 2021-2023, December 2021.

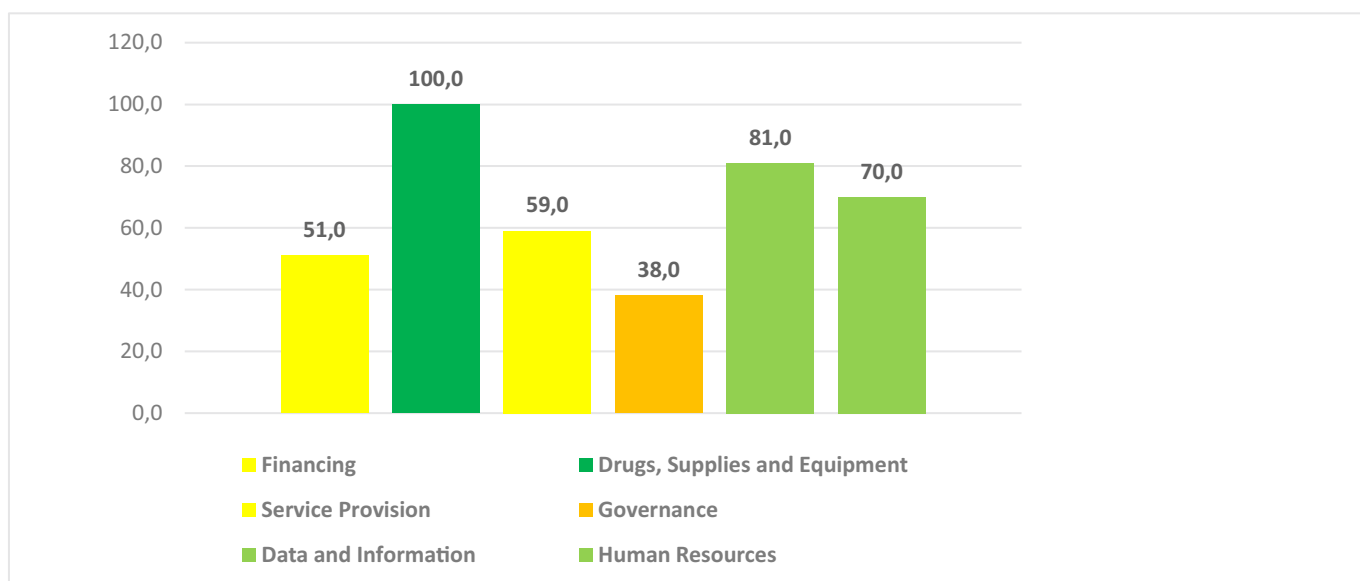
Under Domain 6, Human resources, Montenegro has an average score of 70%, meaning that the country achieved substantial progress on average under this health system domain. However, the score is right on the edge between substantial (70% and higher) and average (50-69%), showing that there is still significant space for improvements in this area, particularly regarding the second commitment related to the hiring of human resources, i.e. an operational team within the NAC of the MoH for National HIV/AIDS programme monitoring and evaluation. In addition, although capacity building of HCW and civil society is continuously being conducted, it needs to be continued in the future, particularly within the context of COVID-19 and the overstretched capacity in both sectors.

Both initially identified commitments under this domain were endorsed by the National Reference Group. The reference group decided to include these commitments based on their judgment that the identified commitments under this domain are very important in ensuring that adequate human resource capacity is in place to ensure better overall performance of the country in this area.

Concerning Commitment 6.1, there has been significant progress (140%) in increasing the capacity of HCW and CSO staff in HIV programmatic issues. Based on the analysis and sources of information (the National AIDS Strategy and the Final Report on its implementation, as well as national programmatic reports), the achievement for this commitment showed significant progress (the target for 2019 was 2 and the achievement was 3; and for 2020, the target was 3 and the achievement was 4), which resulted in a score of 140% on average, as shown in the Table 13, above.

For Commitment 6.2, no progress was made (0%) in employing human resources for National HIV/AIDS Programme monitoring and evaluation and this is something that requires due attention and action to strengthen this component and to contribute to the sustainability of the HIV response among KPs as such staff will be professionals responsible for reporting, monitoring and evaluating the prevention and support services among Kps.

Figure 3. Progress in transition-related commitments by health system domains

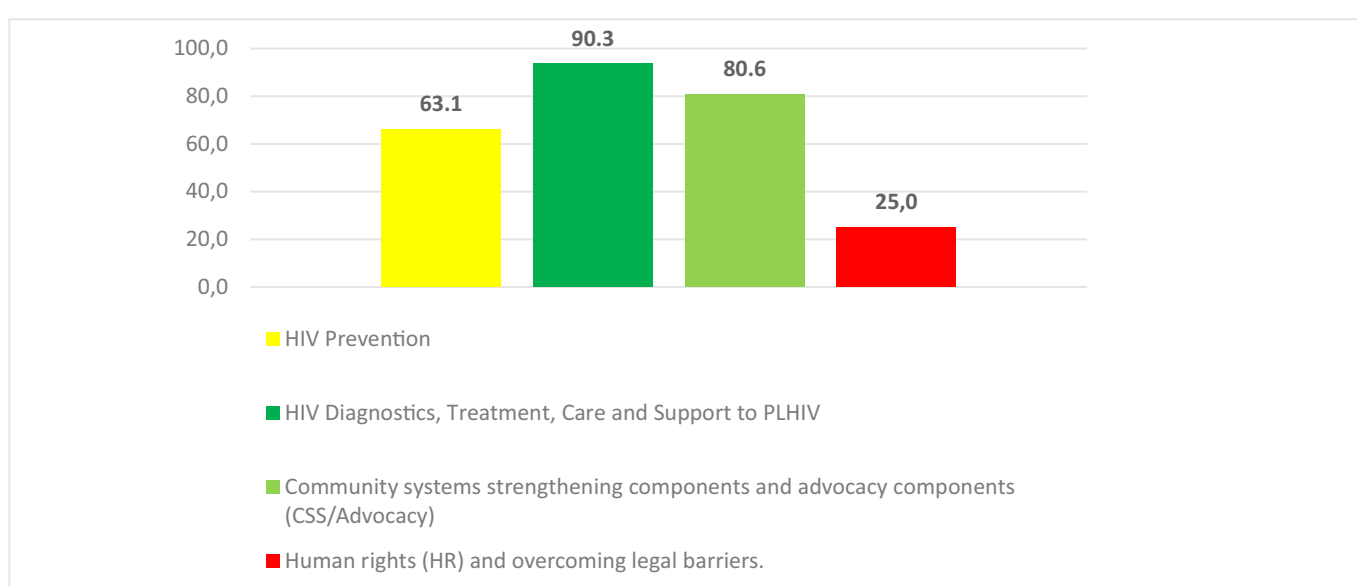


Transition-related commitments by programmatic area

The analysis was focused on the following main programmatic areas of the national response to HIV in Montenegro:

- HIV Prevention;
- HIV Diagnostics, Treatment, Care and Support to PLHIV;
- Community systems strengthening components and advocacy components (CSS/Advocacy); and,
- Human rights (HR) and overcoming legal barriers.

Figure 4. Progress in transition-related commitments by programmatic areas



Overall, as shown in Figure 4, above, high scores have been achieved under two programmatic areas ('HIV Diagnostics, Treatment, Care and Support to PLHIV' and 'Community systems strengthening components and advocacy components (CSS/Advocacy)') but, at the same time, only average progress has been achieved under the programmatic area, 'HIV Prevention', and low progress under the programmatic area, 'Human rights and overcoming legal barriers'.

Table 14. Achievement of commitments related to HIV Prevention programmatic areas

No.	Commitment	Health System Domain	Final evaluation	Overall evaluation per area
1.1	Ensure increased national funding to sustain HIV prevention programmes for KPs	Financing	64%	
2.2	Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	Drugs, supplies and equipment	100%	
2.3	Ensure regular procurement of quality assured condoms and lubricant and prevention of stock-outs	Drugs, supplies and equipment	100%	

No.	Commitment	Health System Domain	Final evaluation	Overall evaluation per area
3.1	Increase coverage and quality of basic HIV prevention services among MSM	Service provision	57%	63.1%
3.2	Increase coverage and quality of basic HIV prevention and harm reduction services among PWID	Service provision	59%	
3.3	Maintain high coverage and quality of basic HIV and STI prevention services for SW	Service provision	30%	
3.4	Maintain the coverage and quality of HIV prevention in prisons	Service provision	60%	
3.5	Ensure affordable and equal treatment, care and assistance for all persons living with HIV	Service provision	49%	
4.4	Conduct preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM	Governance	50%	
5.2	Ensure implementation of periodic IBBS among KPs to collect data on prevalence of HIV and STIs, knowledge, risk factors and estimate the size of these populations	Data and information	25%	
5.4	Collect data on the coverage with activities for HIV prevention within KPs (VCT, minimal service package)	Data and information	100%	

Overall, Table 14, above, shows average progress of 63.1% of achievements under the programmatic area 'HIV Prevention'. The scoring varies among the different commitments under this programmatic area, showing that there is significant space for improvement, particularly regarding the implementation of IBBS among KPs, service provision among all KPs and ensuring increased national funding to sustain HIV prevention programmes for KPs, as well as the introduction of PrEP.

Table 15. Achievement of commitments related to the programmatic area HIV Diagnostics, Treatment, Care and Support

No.	Commitment	Health System Domain	Final evaluation	Overall evaluation per area
1.2	Ensure adequate funding for HIV treatment	Financing	100%	90.3%
1.4	Ensure increased funding for programmes of support for PLHIV	Financing	42%	
2.1	Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs, as well as ensure access to newly registered ARV drugs	Drugs, supplies and equipment	100%	
2.4	With technical assistance by the CCM, MoH to conduct consultations and to coordinate with relevant health authorities (IPH, Clinic for Infectious Diseases, CINMED and NHIF), as well as with relevant CSOs and patients' associations, to discuss potential inclusion of new ARVs/medicines into the positive medicines list, including PEP and PrEP	Drugs, supplies and equipment	100%	
3.6	Ensure affordable and equal treatment, care and assistance for all persons living with HIV	Service provision	100%	
5.3	Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.)	Data and information	100%	

Overall, Table 15, above, shows significant progress of 90.3% in achieving the programmatic area 'HIV Diagnostics, Treatment, Care and Support'. However, despite such scoring, significant attention is required to ensure better performance regarding the commitment related to increased national funding for programmes of support to PLHIV.

Table 16. Achievement of commitments related to the programmatic area of Community Systems Strengthening (CSS)/Advocacy

No.	Commitment	Health System Domain	Final evaluation	Overall evaluation per area
4.2	Develop proposals for amendments to the relevant laws and by-laws, or for new by-laws and procedures, related to the establishment of a fully functional and long-term funding mechanism for HIV activities	Governance	100%	80.6%
6.1	Increase capacity of HCW and CSO staff in HIV programmatic issues	Human resources	142%	
6.2	Employ human resources for National HIV/AIDS Programme monitoring and evaluation	Human resources	0%	

Overall, Table 16, above, shows substantial progress of 80,6% in achieving the programmatic area 'CSS/Advocacy'. However, despite such scoring, utmost attention is required in employing adequate human resources for National HIV/AIDS Programme monitoring and evaluation to ensure significantly better monitoring and evaluation of the programmes targeting Kps.

Table 17. Achievement of commitments related to the programmatic areas of Human Rights (HR) and Overcoming Legal Barriers

No.	Commitment	Health System Domain	Final evaluation	Overall evaluation per area
1.3	Develop and adopt legal and/or bylaw provisions to ensure long-term and sustainable financing of HIV prevention programmes among KPs managed by civil society and community organisations	Financing	0%	25%
4.1	Establish a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs within the National HIV Programme for contracting CSOs as implementors of the National HIV Programme by MoH that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support	Governance	0%	
4.3	Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs	Governance	0%	
5.1	Develop and adopt a National HIV/AIDS M&E Plan	Data and information	100%	

Overall, Table 17, above, shows low progress (25%) in achieving the programmatic area, 'HR and overcoming legal barriers', which scores the lowest among all programmatic areas. This scoring shows that significant efforts are need to be invested in developing and adopting legal and/or bylaw provisions to ensure long-term and sustainable financing of HIV prevention programmes among

among KPs managed by civil society and community organisations and in establishing a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs within the National HIV Programme through the contracting of CSOs as implementors of the National HIV Programme by the MoH that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support, as well as amending legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs. In addition, despite the existence of the National HIV/AIDS M&E Plan 2018-2021, this plan needs to be updated and re-adopted for the upcoming programming period, 2022-2024, to continue contributing proper monitoring and evaluation of the national HIV/AIDS response in the country and to achieve set targets within Montenegro's HIV Funding Request to the Global Fund and also within the National HIV/AIDS Programme, 2021-2023.

Table 18. Overall evaluation of commitments by programmatic area

No.	Programmatic Area	Achievement performance by programmatic area (%)	Final evaluation
1.	HIV Prevention	63.1%	Average progress
2.	HIV Diagnostics, Treatment, Care and Support for PLHIV	90.3%	Significant progress
3.	CSS/Advocacy	80.6%	Substantial progress
4.	HR and overcoming legal barriers	25%	Low progress

The National Reference Group decided not to include the programmatic area 'Opioid agonist therapy (OAT)' in this analysis based on their judgment that this programmatic area is not relevant for Montenegro regarding ensuring the sustainability of CSO-led HIV prevention and support services among KPs in the context of transitioning from Global Fund to domestically supported interventions. This is because this component has been fully covered by the State Budget, i.e. the National Health Insurance Fund (NHIF). It was also pointed out during consultations within the reference group that only commitments embedded in relevant strategic documents related to the sustainability of CSO-led HIV prevention and support services among KPs should be analysed, which is not the case with OAT.

Transition-related commitments by programmatic areas at the national level related to the HIV epidemic have been monitored during implementation by several strategies (2005-2009, 2010-2014 and 2015-2020), while for this analysis the period related to the latest National AIDS Strategy, 2015-2020, was relevant and analysed. Indicators were also used related to HIV prevalence among KPs (MSM, PWID, SW, prisoners and PLHIV) and indicators reflecting progress across the three main stages of the continuum of HIV care and support.

Discussion and Conclusions

Montenegro has been regarded as an example of good practice in the South-eastern Europe (SEE) region when it comes to sustaining the essential HIV prevention and support services for KPs in the country, as well as an example of a successful transition from Global Fund support to full government funding of the national response to HIV. This analysis looked at the transition process through the commitments by the government related to ensuring the sustainability of the HIV response among Key Affected Populations (KAPs) within the transition from Global Fund support and the level of their fulfilment within the 4-year period between the beginning of 2017 and the end of 2020. The findings show the complexity of the transition processes and throw a much more nuanced light on the actual progress in different programmatic areas and across the main health system domains.

The country has indisputably made very important progress in maintaining the established essential CSO-led prevention programmes for KPs. However, when looked at more broadly across all health system domains, the overall progress in ensuring the sustainability of the HIV response among KAPs by fulfilling the particular commitments in the context of transition can be classified as 'average'.

Even though national funding has been provided by the government since the end of 2017, specifically for CSO-led HIV prevention and support services to sustain the prevention programmes and, in particular service provision, this has resulted in not more than average progress in this domain. Overall, such achievement of progress in fulfilment of the prioritised commitments related to the service provision among KPs is largely due to the reliance of the government on still existing Global Fund support to the country and the set co-funding ratio under the MNE-H-MoH programme co-funded by the Global Fund and the Ministry of Health for the period 2019-2021. That is exactly why this analysis has exclusively taken into consideration the commitments met from national and sub-national sources to show a realistic and objective picture of the support from domestic resources and, thus, the readiness of the country to transit from Global Fund and international funding to domestic sources.

Montenegro's experience shows that the policy commitments set by the government are insufficient if there is no financial support behind them. If the Montenegrin government does not prioritise HIV and AIDS programming, the work will not be maintained.

Being in its incipient stages and faced with fast paced changes in both the national legislative and programme environment, the contracting of HIV services delivered by NGOs has encountered significant delays and implementation challenges. Several of these are systemic and will require changes in implementation arrangements, regulatory documents and oversight. In consultation with key stakeholders, Montenegro should, therefore, carefully analyse the existing NGO contracting and service delivery challenges, review progress in the implementation of the *Sustainability Plan* and propose bold solutions in the design of the next grant, which strengthens the sustainability, continuity, quality and accountability of the HIV prevention, care and support services in Montenegro.

The Ministry of Health should consider progressively increasing funding of HIV prevention, care and support services up to the full estimated need of €300,000 per year, while using Global Fund support as an investment in institutionalising and strengthening the management of the contracting mechanism, the overall programme quality and its improvement.

Therefore, it is immensely important for Montenegro's CSOs, their prevention and support services and for beneficiaries of their services for the commitment of the Government and State authorities to allocate budgetary support every year to maintain and sustain the successes achieved to-date, as well as to further improve the country's performance towards full transition to domestic funding and sustainability of the HIV/AIDS programme in long term. In that sense, efforts need to be intensified and reinforced to address further amendments of existing legislation and policies and their alignment with the needs of the national HIV response and of KPs on-the-ground to facilitate further increases of domestic funding for this purpose.

The Government's full coverage of ART, OAT and VCT services, and increased investments in CSO-led prevention and support services during 2018 and 2019, as well as maintaining its investments during 2020 and 2021 at the level of at least €130,000, despite a very challenging financial, economic and public health environment due to COVID-19 pandemic, shows a high level of political will and the readiness of the Ministry of Health to support these interventions continuously.

However, despite all of these efforts, HIV prevention programmes led by CSOs remains underfunded from domestic sources. While working to maintain service delivery even at a reduced scale, continuous advocacy must continue to play a key role in securing continued government commitment and sustainable and durable systematic mechanisms for financing programmatic support to HIV prevention and support services, especially because of the significant level of coverage of KPs by CSO-led services and, thus, a significant contribution in maintaining low HIV prevalence in the country.

In this sense, further efforts are needed to establish a fully functional long-term funding mechanism for CSO-led and implemented HIV prevention and support services targeting KPs as part of the National HIV Programme by the MoH. Furthermore, concerted efforts need to be continued to adopt the National HIV/AIDS Programme, 2021-2023, with its Action plan, 2021-2022, whose final draft was prepared by the NAC Working Group of the MoH, in order to additionally secure the uninterrupted continuation of all prevention, treatment, care and support service interventions and measures in the country, as well as for the further strengthening of the HIV surveillance system through better data collection for monitoring and evaluation of the overall national response.

Regular implementation of IBBS among KPs needs to be scaled-up to generate fresh and reliable official data, including population size estimations, to respond adequately to difficulties in the monitoring of HIV in communities at increased risk of HIV, particularly in the context of the COVID-19 pandemic. In addition, the Government, i.e. the Ministry of Health, may consider planning and securing adequate budgetary allocations to support implementation of IBBS on a regular basis prior to the end of Global Fund support in order to contribute to their sustainability.

Further steps need to be undertaken to adjust the content of the basic package of services and to scale-up the level of other services including counselling, field testing and more client-oriented approaches, especially in the context of the COVID-19 pandemic. Specific attention should be given to scaling-up of HIV testing among KPs by enabling a wide range of HIV testing services both through the public health system and NGOs/community mobile testing services. In that sense, establishing a registry of CSO service providers within the MoH, along with licensing and accreditation of services and quality control regulations, will be of considerable benefit for the whole process, as well as for the beneficiaries of these services and would contribute to even greater transparency of their work and reputation.

Continuous and concerted efforts should continue to be pursued in investing in the human capital and capacity building of relevant staff to tackle challenges such as the brain drain and lack of human and institutional capacity. Particular attention is required in further capacity and human resource building of civil society, especially those vulnerable to humanitarian crisis such as the COVID-19 pandemic.

Montenegro should consider prioritising surveys on stigma and discrimination among, and towards, KPs, including stigma index surveys, documenting stigmatisation among, and towards, communities. Additionally, the strong presence of stigma and discrimination highlights and feeds the need for changing the legislation enabling NGOs to conduct community-based testing, as this is more likely to be effective than centre-based testing. Nevertheless, in recent years individuals have become more willing to provide data on their sexual behaviour which is the result of increased trust and great efforts invested by society (especially the NGO sector) on the reduction of stigma and discrimination towards sexual minorities.

Recommendations

Government

- The Ministry of Health should adopt the National HIV/AIDS Programme for 2021-2023 with its Action plan for 2021-2022 as soon as possible to enable the continuation of all prevention, treatment, care and support service interventions and measures in the country, as well as the further strengthening of the HIV surveillance system through improved data collection for the monitoring and evaluation of the overall national response. The National HIV/AIDS Programme represents a key strategic document without which the country cannot achieve set goals and targets regarding the sustainability of the national HIV response.
- The Ministry of Health should enhance efforts to further increase domestic investments in the national HIV response in the next three years, especially for CSO-led prevention and support services, to fully reflect the estimated annual need of at least €300,000 per year. This is particularly important bearing in mind that Global Fund support is set to finish at the end of 2024 by when the Government, i.e. the Ministry of Health, should fully take over the funding of at least the currently existing CSO-led prevention and support services. There is a political and institutional willingness in place, but this needs to be translated into concrete actions and supported through concrete policies that will enable systemic and durable solutions to enforce and secure sustainability of these services in the long term.
- The Ministry of Health, in close cooperation with the Ministry of Public Administration, Media and Digital Society and the Ministry of Finance and Social Welfare, should prioritise improvements and adjustments to the necessary legal, administrative and institutional mechanisms as soon as possible, preferably by the end of 2022, to adequately contribute to an improved legal and institutional environment for the sustainability of CSO-led HIV prevention and support services among KPs that will reflect even better overall performance of the country in this area. This is particularly important bearing in mind the many challenges that the Ministry of Health and civil society have faced so far due to non-compliance of relevant policies, especially the Law on Non-Governmental Organisations (Ministry of Public Administration, Digital Society and Media (MPADSM)) and the Law on Health Care (Ministry of Health) with the needs of KPs on-the-ground and the needs of the national HIV response in general. Thus, these two ministries, in close cooperation with CSOs, should further scale-up efforts and actions to create a supportive legal and policy environment for successful sustainability of these services using an already existing resilience and dissatisfaction of the civil society service providers and CSOs in general with the existing Law on NGOs, as well as the preliminary expressed willingness of the MPADSM to consider and act upon CSO suggestions for the improvement of this Law. In the same time, the Ministry of Health should show more readiness and political will to respect and consider CSO suggestions and the needs of KPs by amending the Law on Health Care to recognise CSOs as health services providers. This would strongly contribute to their sustainability and would create a durable and sustainable systemic solution in the long term.
- The Ministry of Health should intensify efforts on establishing a fully functional long-term funding mechanism for CSO-led HIV prevention and support services targeting KPs for the contracting of CSOs as implementors of the National HIV Programme as soon as possible and not later than the first half of 2024 and to amend relevant legislation that will provide necessary legislative and institutional support to these services by the end of 2022 at the latest for securing the fulfilment of government commitments and the establishment of a sustainable and durable systematic mechanism for programmatic support to HIV prevention and support services led by CSO service providers.
- The Ministry of Health and the Institute for Public Health should prioritise regular implementation of IBBS among KPs according to the relevant work plans to generate fresh and reliable official data, including population size estimations, to respond adequately to difficulties

in monitoring of HIV in communities at increased risk of HIV, particularly in the context of the COVID-19 pandemic. In this regard, further efforts are required to strategically plan these surveys and to secure the necessary funding, as well as allocating sufficient human resources within both public health and civil society sectors for their successful implementation.

- The Ministry of Health should plan for, and secure, an increase in investments from domestic sources for the procurement of necessary health and non-health commodities (needles and syringes, condoms, lubricant, etc.) for CSO-led HIV prevention and support services to avoid stock-outs of these commodities, particularly in the context of the COVID-19 pandemic and open market procurement challenges faced by all health systems across the world due to increased demand for these and other commodities, by allocating at least €10,000 per year for this purpose. Procurement of these products by the government will free up resources which can be used to expand the scope and coverage of services. This goes together with the above mentioned necessary improvements of an enabling legal environment for these service providers and their formal recognition as health service providers in relevant national legislation.
- Further capacity and human resource building of CSO HIV service providers, particularly those vulnerable to humanitarian crises such as the COVID-19 pandemic, on quality service provision, community and online (internet and social media) outreach, monitoring and evaluation, public advocacy and communication, all of which need to be pursued and continuously conducted by all relevant stakeholders.
- The Ministry of Health should consider establishing a registry of CSO HIV service providers among KPs within the MoH, along with licensing and accreditation of services and quality control regulations as envisaged in the final draft of the National HIV/AIDS Programme for 2021-2023 and its Action Plan to be adopted by the MoH. This would enable clear insight into the existing national capacities in the CSO sector and provide the MoH with more clear guidance as to which CSO service providers exist, which are active in this field, which KPs they cover with their services, the type of services they provide and those that are licensed/accredited for the provision of such services. It would also contribute to greater transparency and accountability of their work and improved visibility and status among the wider public, decision makers and donors.
- Continuously invest in human capital by dedicating professional HIV staff for monitoring and reporting purposes and training them, as well as providing incentives and salaries to relevant professionals; this needs to be pursued and continuously conducted by the Ministry of Health to tackle challenges such as the brain drain and the lack of human and institutional capacity. Additionally, further capacity building of relevant staff, both in the public health and civil society sectors, needs to be supported by the Government, the Global Fund, technical partners and donors and continuously conducted by all relevant stakeholders. This is of essential importance for civil society as they are the most affected by this phenomenon, but it also applies to the public health system. Through such investments, the system will reach a higher level of dedication, accountability and effectiveness that will, in the long term, enable even better performance and results than now, especially in the area of human resources.
- Moving forward, the Ministry of Health should strengthen and improve the monitoring and evaluation (M&E) of the national HIV/AIDS response in terms of formulation, documentation and data collection related to the HIV sustainability commitments. For the purposes of monitoring the commitments and conducting similar assessments and determination of commitments in the future, it is important that in relevant national documents (the National AIDS Programme and relevant Action Plan(s)) the activities are clearly and concretely

formulated; have a baseline and target indicators for each year; include reliable data on the results of key achievements; and ensure that these are available through relevant open sources (the MoH and/or IPH websites). Finally, the MoH is encouraged to nominate focal point(s), or to even establish a separate organisational unit within their authority (MoH or IPH), that will be responsible for M&E at the national level, including documentation and data collection. This could be done by, for example, setting up a National HIV/AIDS Office or Department within the MoH (or the IPH) that would be responsible for such activities.

- The Government, in cooperation with local governments/municipalities and the Union of Municipalities, should urgently consider finding an appropriate solution for providing service provider CSOs with free-of-charge premises for the successful and long-term operation of drop-in centres. To-date, there have been several attempts by CSOs at both the national and local level to obtain such premises but without success. This is one of the essentially important components necessary to secure sustainability of these services as they are currently highly dependent on grants from both national and international sources. An alternative solution could be the allocation of certain resources by the Global Fund or technical partners (the EU, UN, etc.) for the purchase or renovation of adequate premises to enable CSO services to operate without major challenges regarding space and equipment.

Civil society

- CSO HIV service providers, in close cooperation with the CCM, should continue their advocacy activities and pursue further advocacy efforts, especially regarding budget advocacy and necessary legal, administrative and institutional improvements and adjustments, but also regarding their enhanced participation in all in-country processes and platforms and better positioning related to ensuring continuous and increasing Government support to CSO-led HIV prevention and support services aimed at KPs that will result in greater sustainability in the provision of their services in the long term. These advocacy actions should be targeted at all key decision makers in the country, including – but not limited to – Parliament, particularly the Parliamentarian Committee on Health, Labour and Social Welfare, the Ministry of Health, the Ministry of Public Administration, Digital Society and Media, and the Ministry of Finance and Social Welfare through regular communication and cooperation to ensure high-level oversight of the government's commitments in the transition process in order to sustain the ongoing transitional efforts by CSOs and the CCM.
- CSOs, in close cooperation with the CCM, should continue their advocacy actions in establishing a fully functional long-term funding mechanism for CSO-led HIV prevention and support services targeting KPs for the contracting of CSOs as implementors of the National HIV Programme.
- CSOs, in close cooperation with the Ministry of Health and the Institute for Public Health, should intensify activities and efforts in the scaling-up of HIV testing rates among KPs (MSM, PWID and SW) to cover at least 60% of the total service provision coverage among each of these KPs by enabling a wider range of HIV testing services both through the public health system and NGOs/community mobile testing services.
- CSOs should adjust the content of the basic package of HIV prevention and support services, especially in the context of the COVID-19 pandemic, and scale-up the level of counselling, field testing and other more client-oriented approaches. Particular attention should be given to the scaling-up of community and internet outreach, mobile and community testing and the introduction of PrEP.

- CSOs should continue to advocate for, and implement further capacity and human resource building of, civil society, particularly for those vulnerable to humanitarian crises such as the COVID-19 pandemic, concerning quality service provision, community and online (internet and social media) outreach, monitoring and evaluation and public advocacy and communication in close cooperation with all relevant stakeholders, especially the Ministry of Health, the Institute for Public Health, the Infectious Diseases Clinic and primary health centres.
- CSOs should cooperate with the Ministry of Health in establishing a registry within the MoH of CSO HIV service providers among KPs as envisaged in the final draft of the National HIV/AIDS Programme, 2021-2023, and its Action Plan to contribute to greater transparency and accountability of their work and their improved visibility and status among the wider public, decision makers and donors.
- CSOs should continue their interaction and communication with all relevant national and local authorities in trying to secure free-of-charge premises for the successful and long-term operation of their prevention and support services, as well as with international partners, bearing in mind they are currently highly dependent on grants from both national and international sources. An alternative solution could be the allocation of certain support by the Global Fund or technical partners (the EU, UN, etc.) for the purchase or renovation of adequate premises to enable CSOs service to operate without major challenges regarding space and equipment.

The Global Fund

- The Global Fund should continue supporting CSO-led HIV prevention and support services in Montenegro at least until the end of 2024 and possibly even beyond this period if the Government is unable to fully take over funding of these services as of 2025. Together with this, the Global Fund should continue advocacy and communication with the Ministry of Health on increasing domestic investments in the national HIV response. In addition, the Global Fund should continue to provide funding for IBBS among KPs and for the work of the CCM Secretariat, as well as technical support to the Ministry of Health and the Government whenever it deems necessary in any of the identified areas that represent a challenge for the Government.
- The Global Fund should consider allocating certain funding for the purchase or renovation of adequate premises to enable CSO services to operate without major challenges regarding space and equipment, at least until the Government and other relevant authorities find appropriate solutions for this challenge.
- The Global Fund should continue to act as one of the most important partners of the Government of Montenegro and the Ministry of Health, at least until the Government and the MoH are able to fully take over funding of CSO-led HIV prevention and support services. Special attention is recommended in further building the capacity and human resources of civil society, particularly for those vulnerable to humanitarian crises such as the COVID-19 pandemic; on quality service provision; community and online (internet and social media) outreach; monitoring and evaluation; public advocacy and communication; as well as to provide such support to other relevant national stakeholders (e.g. the MoH, the IPH, PHCs) as needed and possible.

Technical partners (the UN, EU, et al.)

- Provide support to the Ministry of Health with regards to conducting necessary policy, administrative and institutional improvements and adjustments, as well as to enhance its leadership capacity in planning, implementation and monitoring of the relevant national strategic documents, its coordination and partnership capacity - particularly with CSOs - as well as providing technical assistance in all six key health system domains, especially governance and human resources, whenever possible and applicable.
- Provide capacity building for the CCM/NAC, as the relevant advisory, coordination and governing bodies of the overall national HIV response, concerning quality service provision; monitoring and evaluation; and public advocacy and communication in accordance with relevant strategic plans, such as the final draft of the National HIV/AIDS Programme, 2021-2023, and its Action Plan. Proper representation of civil society and affected populations is in place but should be continuously reinforced by technical partners, especially the WHO Country Office and the EU Delegation to Montenegro, and properly communicated with the Government.
- Provide technical assistance and other support to civil society to continue playing a significant and reasonably participatory role in all national processes related to HIV programming, as well as to ensure that the voices of KPs are heard and that nobody is left behind.

Other donors

- Additional external financial support is needed in the country. Therefore, donors should support civil society HIV-related advocacy initiatives and especially the continued monitoring of HIV programme implementation and related capacity strengthening.
- Existing HIV governing structures need further strengthening in terms of their mandate, transparency and good governance. Proper representation of civil society and affected populations is in place but should be continuously reinforced by the donor community and properly communicated with the Government.
- Given the existing HIV programming activities and interventions, the donor community should enhance support to initiatives that will contribute to improving these interventions; the scaling-up of existing HIV service delivery and testing rates; and improving the quality and quantity of the services provided. This should also include continuous capacity building of all relevant national stakeholders engaged in HIV programming.
- Donors should rethink and reconsider their support strategies not just in Montenegro but more region-wide (the Balkans and Eastern Europe). It is of essential importance to understand that their presence and continued support is an essential precondition for ensuring accountability, effectiveness and successfulness of the transition processes – from international, donor-oriented financing to domestic, national funding.

Annex 1: Repository and mapping of documents relevant to the transition process

No.	Document Name	Approval Status	Approved by	Public agency with primary implementation / coordination responsibility
1.	National HIV Strategy 2015-2020	Yes	Government	MoH
2.	National Strategy for Prevention of Drug Abuse 2013-2020	Yes	Government	MoH
3.	Social contracting mechanism for support to NGO-led HIV preventive service	No	Not yet approved, in progress	MoH
4.	National M&E Plan for the HIV/AIDS Response 2018-2021	Yes	MoH	MoH
5.	National HIV/AIDS Programme 2021-2023 and Action Plan 2021-22	Yes	Government	MoH
6.	Montenegro HIV Funding Request to the Global Fund 2019-2021	Yes	CCM	MoH and CCM
7.	Sustainability Plan for implementation of the national HIV programme and the HIV grant 2019-2021 co-funded by the Global Fund and the MoH	Yes	CCM	MoH and CCM
8.	Master Plan of the Development of the Health System in Montenegro 2015-2020	Yes	Government	MoH
9.	Law on Amendments to the Law on the Protection of the Population from Communicable Diseases	Yes	Parliament	MoH
10.	Law on Health Protection	Yes	Parliament	MoH
11.	Law on Non-Governmental Organisations	Yes	Parliament	Ministry of Public Administration, Digital Society and Media
12.	Law on the State Budget of Montenegro for 2021	Yes	Parliament	Ministry of Finance

Annex 2: Commitment Matrix (Table from the Tool)

№	Impact and results indicators / Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
							2019	2020	
I1.	To maintain a low level of new HIV infections	National HIV/AIDS M&E Plan		Percentage of new HIV infections per year	0.004% (2017)	0.004 (2020)	0.004%/ 0.004%	0.004%/ 0.004%	100%
I2.	Reduce HIV prevalence among MSM	National HIV/AIDS M&E Plan		Percentage of MSM who are living with HIV	12.5% (2014)	11% (2020)	12%/ N/A	11%/ N/A	N/A
I3.	Maintain low HIV prevalence among SW	National HIV/AIDS M&E Plan		Percentage of SW who are living with HIV	0% (2015)	0% (2020)	0%/ N/A	0%/ N/A	N/A
I4.	Maintain low HIV prevalence among PWID	National HIV/AIDS M&E Plan		Percentage of PWID who are living with HIV	1.1% (2013)	1 (2020)	1% / 1%	1% / 0.5%	100%
I5.	Increase percentage (%) of PLHIV receiving ART	National HIV/AIDS M&E Plan		Percentage of PLHIV who are on ART	45% (2018)	50% (2021)	46% / 49%	48% / 50%	105%
I6.	Increase % of PLHIV on ART that achieve viral suppression	National HIV/AIDS M&E Plan		Percentage of PLHIV who are virally suppressed	90% (2017)	96% (2021)	92% / 94%	94% / 96%	102%

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
1. Financing									
1.1.	Ensure increased national funding to sustain HIV prevention programmes for KPs	MoH Letter to the Global Fund on commitment to HIV/AIDS response	Budget allocated	Budget allocation	\$150,000 (2018)	\$350,000 (2021)	\$250,000/ \$200,000	\$300,000/ \$153,000	64%
1.2.	Ensure adequate funding for HIV treatment	Laws on State Budget of Montenegro for 2019 and 2020	Budget allocated	Budget allocation	\$1,700,000 (2018)	\$1,900,000 (2021)	\$1,700,000/ \$1,700,000	\$1,800,000/ \$1,800,000	79%

⁷⁵ Targets are presented unbold.

⁷⁶ Data collected are presented in bold.

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
1.3	Develop and adopt legal and/or bylaw provisions to ensure long-term and sustainable financing of HIV prevention programmes among KPs managed by civil society and community organisations	Information on ensuring sustainability of the national HIV response within the budget of the Ministry of Health and Global Fund	Adopted legal amendments and/or bylaws	Legal amendments/by-laws adopted	0 (2017)	1 (2021)	0/0	0/0	0%
1.4	Ensure increased funding for programmes of support for PLHIV	National HIV/AIDS Strategy and Action Plan	Funding allocated	Funding allocation	\$10,000 (2017)	\$30,000 (2021)	\$12,000/ \$30,000	\$13,000/ \$30,000	42%
2. Drugs, supplies and equipment									
2.1.	Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs, as well as ensure access to newly registered ARV drugs	National HIV/AIDS Strategy and Action Plan	Include essential ARVs into the positive reimbursement list of the National Health Insurance Fund	Allocation of funds for ARVs included into the positive reimbursement list	\$1,700,000 (2018)	\$1,900,000 (2021)	\$1,700,000/ \$1,700,000	\$1,800,000/ \$1,800,000	100%
2.2	Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	National HIV/AIDS Strategy and Action Plan	Allocation of budget, quality assured products procured	No stock-outs identified	No (2017)	No (2021)	No/ No	No/ No	100%
2.3	Ensure regular procurements of quality assured condoms and lubricants and prevention of stock outs	National HIV/AIDS Strategy and Action Plan	Allocation of budget, quality assured products procured	No stock-outs identified	No (2017)	No (2021)	No/ No	No/ No	100%
2.4	With technical assistance by the CCM, MoH to conduct consultations and to coordinate with relevant health authorities (IPH, CINMED and NHIF), as well as with relevant CSOs and patients' associations, in order to discuss potential inclusion of new ARVs/medicines into the positive medicines list, including PEP and PrEP	National HIV/AIDS Strategy and Action Plan	Conduct consultation and coordination between relevant institutions	Consultations and coordination conducted and decision made	0 (2018)	2 (2021)	0/ 0	2/ 1	50%

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
3. Service provision									
3.1.	Increase coverage and quality of basic HIV prevention services among MSM	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide services	Number of MSM reached with HIV prevention programmes/defined package of services (condoms, lubricant, counselling on HIV or other sexual and reproductive health-related topics and IEC (online or hard copy) material)	380 (2018)	682 (2020)	455/ 367	682/ 285	57%
3.2.	Increase coverage and quality of basic HIV prevention and harm reduction services among PWID	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide services	Number of PWID reached with HIV prevention programmes/defined package of services (sterile equipment for injecting, counselling on HIV, safe injection or other harm reduction/sexual and reproductive health-related subjects, IEC (online or hard copy) material, condoms, and lubricant).	780 (2018)	1,200 (2021)	800/ 535	960/ 497	59%
3.3.	Maintain high coverage and quality of basic HIV and STI prevention services for SW	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide services	Number of SW reached with HIV prevention programmes /defined package of services (sterile equipment for injecting available for SW who are PWID, condoms, lubricant, counselling on HIV or other sexual and reproductive health-related subjects and IEC (online or hard copy) material)	75 (2017)	200 (2021)	130/ 47	160/ 41	30%

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
3.4.	Maintain the coverage and quality of HIV prevention in prisons	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide services	Number of prisoners reached with HIV prevention programmes / defined package of activities (education on prevention of HIV, STI and harm reduction, plus OAT as relevant)	100 (2018)	120 (2021)	100/ 80	110/ 47	60%
3.5.	Ensure affordable and equal treatment, care and assistance for all persons living with HIV	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide services	Number of PLHIV covered with individual and group/peer counselling and self-support groups, therapeutic literacy sessions and psychosocial support sessions	70 (2018)	120 (2021)	90/ 44	100/ 50	49,5%
3.6.	Ensure affordable and equal treatment, care and assistance for all persons living with HIV	National HIV/AIDS Strategy and Action Plan; National HIV/AIDS M&E Plan	Provide access to treatment, care and support	Percentage of PLHIV adults and children known to be on treatment 12 months after initiation of ART	86% (2018)	90% (2021)	86%/ 86%	86%/ 86%	100%
4. Governance									
4.1.	Establish a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs within the National HIV Programme for contracting CSOs as implementors of the National HIV Programme that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support	National HIV/AIDS Strategy and Action Plan	Officially establish a fully functional and long-term funding mechanism with clear criteria, rules and procedures for the contracting of CSOs as implementors of the National HIV/AIDS Programme in the form of a by-law	Adopted mechanism	0 (2018)	1 (2021)	0/0	0/0	0%

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
4.2.	Develop proposals for amendments to the relevant laws and by-laws, or for new by-laws and procedures, related to the establishment of a fully functional and long-term funding mechanism for HIV activities	National HIV/AIDS Strategy and Action Plan	Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures	Developed proposals for the legislative framework	0 (2018)	2 (2021)	N/A	2/ 2	100%
4.3.	Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs	National HIV/AIDS Strategy and Action Plan	Adopt proposals for legal amendments	Adopted proposals for legal amendments	0 (2018)	1 (2021)	0/ 0	0/ 0	0%
4.4.	Conduct preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM	National HIV/AIDS Strategy and Action Plan	Conduct an analysis of the regulatory and institutional framework with recommendations for improvement of existing guidelines on PEP and the introduction of PrEP in line with relevant international standards	Preparations, national consultations and discussions, as well as analysis of regulatory and institutional framework, conducted and relevant recommendations prepared and disseminated amongst decision makers	0 (2018)	2 (2021)	1/ 0 (0%)	1/ 1 (100%)	50%

5. Data and information

5.1	Develop and adopt National HIV/AIDS M&E Plan	National HIV/AIDS Strategy and Action Plan	Development and adoption	M&E Plan developed and adopted	No (2018)	Yes (2021)	100%/ 100%	100%/ 100%	100%
5.2	Ensure implementation of periodic IBBS among KPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and to estimate the size of these populations	National HIV/AIDS Strategy and Action Plan	Develop relevant protocols and conduct studies	IBBS carried out among MSM, PWID, SW and persons serving prison sentences	0 (2016)	4 (2021)	1/ 0 (0%)	2/ 1 (50%)	25%

№	Commitments	Source	Action	Indicator	Baseline (year)	Final target (year)	Targets ⁷⁵ / Data collected ⁷⁶		Overall achievement
							2019	2020	
5.3	Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.).	National HIV/AIDS Strategy and Action Plan	Collect data on coverage	Assessment carried out and report developed	1 (2018)	1 (2021)	1/ 1	1/ 1	100%
5.4	Collect data on the coverage with activities for HIV prevention within KPs (VCT, minimal service package)	National HIV/AIDS Strategy and Action Plan	Collect data on coverage	Developed reports on activities implemented and coverage	1 (2018)	1 (2021)	1/ 1	1/ 1	100%
6. Human resources									
6.1.	Increase the capacity of HCW and CSO staff in HIV programmatic issues	National HIV/AIDS Strategy and Action Plan	Organise and conduct trainings	Number of trainings performed	4 (2018)	8 (2021)	2/ 3 (150%)	3/ 4 (133%)	142%
6.2.	Employ human resources for National HIV/AIDS Programme monitoring and evaluation	National HIV/AIDS Strategy and Action Plan	Hire and employ human resources for National HIV/AIDS Programme M&E	Number of newly employed persons for National HIV/AIDS Programme M&E	0 (2018)	2 (2021)	0/ 0	2/ 0	0%