INSTITUTE OF PUBLIC HEALTH OF SERBIA "DR MILAN JOVANOVIC BATUT"

INSTITUTE OF PUBLIC HEALTH OF VOJVODINA

UNDP

Empowered lives.
Resilient nations.

Towards Domestic Financing of National HIV Responses

Lessons Learnt from Serbia

Sustainable Financing of National HIV Responses

Towards Domestic Financing of National HIV Responses
Lessons Learnt from Serbia

June 2016

Authors:
Predrag Đurić, Danijela Simić, Christoph Hamelmann

Contact: rosemary.kumwenda@undp.org

Cover page photo: World Aids Day messages from secondary school students in Novi Sad

This report is part of UNDP's Eastern Europe and Central Asia Series on Sustainable Financing of National HIV Responses.
Series Team: Timur Abdullaev, Predrag Đurić, Christoph Hamelmann, Boyan Konstantinov, John Macauley
Series Editor: Christoph Hamelmann

Published are so far:

Disclaimer: The views expressed in the document are those of the authors and do not necessarily reflect the official opinion of the UNDP, Institute of Public Health of Serbia 'Dr Milan Jovanović Batut', and Institute of Public Health of Vojvodina. Neither the UNDP, Institute of Public Health of Serbia 'Dr Milan Jovanović Batut', and Institute of Public Health of Vojvodina, nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

Design and layout by Phoenix Design Aid A/S, Denmark. ISO 14001/ISO 9000 certified and approved CO2 neutral company – www.phoenixdesignaid.com

Table of Contents

List of figures

List of tables

Abbreviations

AIDS	Acquired immunodeficiency syndrome
AP	Autonomous Province
ARV	Antiretroviral (medicines)
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism (of the GF)
EECA	Eastern Europe and Central Asia
EU	European Union
GDP	Gross domestic product
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IPHS	Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'
LGBT	Lesbian, gay, bisexual, transgender
MARA	Most at risk adolescents
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	Needle and syringes programmes
OST	Opioid substitution therapy
PLHIV	People living with HIV
PWID	People who inject drugs
RHIF	Republican Health Insurance Fund
SEE	South Eastern Europe
SW	Sex workers
TB	Tuberculosis

Acknowledgements

This report has been prepared on initiative of the UNDP Istanbul Regional Hub in collaboration with the Institute of Public Health of Serbia 'Dr Milan Jovanović Batut' and the Institute of Public Health of Vojvodina.

Valuable inputs were provided by Miljana Grbić (WHO Country Office in Serbia), Katarina Mitić (Ministry of Health), Rajko Bulatović (Secretariat for Health, Social Care and Demographics of AP Vojvodina), Mila Uverić, Dragana Kojadinović and Vera Grkavac (City of Novi Sad), Gordana Bjelobrk (Statistical Office of the Republic of Serbia), Slađana Baroš, Maja Stošić, Milena Gajić-Stevanović (Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'), Radmila Zobenica (Institute of Public Health of Vojvodina), Marija Čukić (Red Cross of Serbia), many NGOs, academic institutions, and many other stakeholders.

The authors wish to thank in particular:
Đorđe Jevtović (Clinic for Infectious and Tropic Diseases 'Prof. Dr Kosta Todorović' of the Clinical Centre of Serbia) and Svetlana Ilić (Institute of Public Health of Vojvodina) for their peer reviews.

John Macauley (UNDP Istanbul Regional Hub) for project and partnership management.

Many others have participated in reviews of drafts and data verification, among them Quentin Etienne, Alisher Juraev, Alexandra de Olazarra, Okan Olgac, Dragoslav Popović, Sophia Sul, Alexander Steven Whan, Julia Whitman and Karen Zhang.

FOREWORDS

This report highlights the efforts of Serbia to continue funding and implementation of the national HIV response which had been significantly supported by the GF from 2003 to 2014 and resulted in an intensified communication and consultation between governmental and NGO sector. Serbia has a long tradition in national HIV programming. There is clear evidence that the most effective programmes are those in which civil society's role, engagement in providing prevention, care and support services for key populations and PLHIV and established partnership with other relevant stakeholders are strongest and equitable. Moreover, interventions should be supported by enabling legal and policy frameworks. This includes measures to increase availability and access to different services and to minimize law enforcement and other structural barriers. Constant advocacy work with relevant stakeholders and standardization of services is also recognized as very important.

It is essential to ensure stronger commitment of the Government to obtain sustainable and sufficient funding from different sources for implementation of prioritized strategic and evidence-based interventions. Support to programmes which target key populations at higher risk of HIV exposure and PLHIV through health and social services provided by governmental institutions and NGOs are needed on a larger scale in order to effectively control the HIV epidemic in the country and to reach the global 90-90-90 goals set by UNAIDS.

Dragan Ilić
Institute of Public Health of Serbia
'Dr Milan Jovanović Batut'

The report Towards Domestic Financing of National HIV Responses – Lessons Learnt from Serbia presents more than 30 years of activities to prevent and control the HIV epidemic. It especially emphasises the role of the Global Fund in scaling up services for key populations in higher risk of HIV exposure and people living with HIV. After twelve years of the Global Fund co-financing there are some programme activities which are now financed from the national Government, Government of Autonomous Province of Vojvodina and some local self-governments. However, there are still critical services, especially those for key populations, which require more domestic financing. Some positive examples of HIV programmes financed by local self-governments indicate the need for more involvement of other cities and municipalities in the national HIV response.

Vladimir Petrović
Institute of Public Health of Vojvodina

Management of HIV infections in Serbia had been in line with European and international guidelines since the mid-80s and the introduction of AZT monotherapy, along with the treatment and prophylaxis of opportunistic infections. However, HIV infection has not become a high priority health issue in Serbia; its management has unfortunately evolved in the opposite direction, away from European and international guidelines, mostly due to the misunderstanding by the health authorities of the importance of the HIV response in the context of the economic problems the health system is facing. This has led to enormous drawbacks. Today we are witnessing a non-comprehensive approach to patients care, the shortage of modern virological and other microbiological diagnostic tools, shortage of new drug classes, which has all together brought Serbian HIV treatment to lag behind the current European standards, and even the more conservative WHO approach.

Đorđe Jevtović
Clinic for Infectious and Tropic Diseases 'Prof. Dr Kosta Todorović' of the Clinical Centre of Serbia

This report is a valuable source of experience sharing for the international society, but especially for Eastern European countries, which are currently in different stages of transition.

The report analyses and presents both public and civil sector roles in the national HIV response before, during and after the GF projects in Serbia.

There is a long tradition of responding to HIV in Serbia, which started long before the first GF project in 2003. The GF contributed to strengthening the public sector, but also civil society roles in the national HIV response.

Unfortunately, despite the development of contracting mechanisms between NGOs and local, provincial and central governments during the presence of the GF projects in Serbia, most of the NGOs involved in the national HIV response had to stop HIV programmes and services after the GF left Serbia. Local self-governments should play more significant roles in the national HIV response providing financial support to NGOs for services which target key populations.

Svetlana Ilić
Institute of Public Health of Vojvodina

EXECUTIVE SUMMARY

Serbia is a South Eastern European country with a concentrated HIV epidemic and a long tradition of a national HIV response even before the Global Fund (GF) projects, which lasted from 2003 to 2014.

First HIV testing and counselling centres were established in the mid-1980-ies. A reference centre for HIV/AIDS was established in 1992. The first Serbian Commission for Combating HIV/AIDS was established by the Government in 2001. The National Programme for HIV/AIDS Prevention was adopted in 2005. The Red Cross started prevention programmes also in the mid-1980-ies and first NGOs started HIV prevention programmes in the 1990-ies. First needle and syringe programme, managed by an NGO, started in 2003. ART has been fully covered by the RHIF in Serbia since1997. All ARV medicines on the RHIF's list are provided free of charge. ART is decentralised and all four ART centres follow the European AIDS Clinical Society guideline.

The most recent GF project focused mainly on prevention among key and vulnerable populations, HIV counselling and testing (HTC), support to people living with HIV (PLHIV), and on building of supportive environments. It enabled scaling-up HIV testing and counselling in public health institutes and other health facilities, NGO premises and mobile units, scaling-up opioid substitution therapy (OST) in hospitals, primary care centres and prisons, needle and syringes exchange programmes, up-scaling and the extension of preventive HIV services for other key and vulnerable populations provided mainly by NGOs. It also supported services for PLHIV provided by organisations of PLHIV and the introduction of second generation HIV surveillance, as well as scaling-up monitoring and evaluation of the national HIV response.

In parallel to the national dialogue between civil society and government and the adoption of legislation, which allowed more transparent financing of NGOs by central, provincial, city and municipality governments, the GF project implementation units were involved in facilitating transition processes towards domestic financing. However, these financing mechanisms could sustain GF project components only partially. It seems that those HIV programme components (like OST) which were part of the standard benefits under RHIF schemes and those provided by public health institutes (HTC) had good chances to be continued after the transition process, but this is not the case for NGO services. Despite the existence of legal mechanisms, domestic financing of NGO services for key populations and organisations of PLHIV replaced only 6% of the budget available from the GF after the GF grants ended. As a result, many of the preventive services for key populations were down-scaled or discontinued. But as it is the NGO outreach services which build trust among PLHIV and affected populations, increase service coverage in relation to needs make treatment interventions more effective through better follow-up and adherence, the extent to which RHIF fulfils its role in providing preventive services could also be a subject of further discussion. Taking it broadly, preventive NGO services could be included under the benefit schemes (in terms of reimbursement of individual services); or (in terms institutional funding like drop-in centres) it could be funded from the state health budget.

Lessons learnt from the transition processes towards domestic financing of the national HIV response in Serbia will be of great value for other countries in the South Eastern European sub-region and beyond.

1. INTRODUCTION

The rising HIV epidemic in Eastern Europe and Central Asia (EECA) largely remains concentrated among key populations at higher risk for HIV exposure. The national HIV responses in many EECA countries still rely to a substantial degree on external funding for most of the well-defined essential HIV interventions, particular those targeting key populations like harm reduction measures for people who inject drugs. Between 2002 and 2009, the GF approved USD $263 million for harm reduction programmes in EECA, exceeding funding from all other international sources combined[1].

The GF's New Funding Model and related policies including the policy on eligibility criteria and counterpart financing requirements have significant implications for the majority of the EECA countries. Some countries cease to be eligible at all, while for others counterpart-financing requirements are gradually increasing and have reached already up to 60%[2,3]. In addition, pressure is increasing to improve programme efficiencies through optimized budget allocations to the most effective interventions in a country specific context (allocative efficiency) and through further reduction of unit costs without reducing quality standards (technical efficiency)[4,5,6,7].

At the same time, coverage of many HIV services is still too low; some 30% of adult PLHIV receive ART, the average number of syringes per person who inject drugs is only half the recommended threshold for effective harm reduction programmes and OST reaches less than 1% of people who inject drugs[8]. Scaling up to universal coverage as targeted in almost all national HIV strategic plans in the EECA region, in international commitments[9,10,11], and under the

1 Bridge J, Hunter B, Atun R, Lazarus J. Global Fund investments in harm reduction from 2002 to 2009. The International Journal of Drug Policy. 2012; 23(4):279-85.

2 The Global Fund to Fight AIDS, Tuberculosis and Malaria. Turning the tide against HIV and Tuberculosis Global Fund investment guidance for Eastern Europe and Central Asia. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2014.

3 The Global Fund to Fight AIDS, Tuberculosis and Malaria. New funding model: eligibility, counterpart financing and prioritization policy revision. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2013.

4 Republic of Tajikistan. Modelling an optimized investment approach for Tajikistan. Sustainable financing of national HIV responses. Authors: Đurić P, Wilson DP, Kerr C, Hamelmann C. Dushanbe: Ministry of Health of the Republic of Tajikistan; 2014.

5 Abdullaev T, Kostantinov B, Hamelmann C. Legal and regulatory frameworks for antiretroviral medicines and treatment in selected countries of the Commonwealth of Independent States – A Sub-regional Analytical Report including Belarus, Kazakhstan, Russia, Tajikistan, and Uzbekistan. Istanbul: UNDP; 2014.

6 Abdullaev T, Kostantinov B, Hamelmann C. Legal and regulatory frameworks for antiretroviral medicines and treatment in selected countries of Eastern Europe and Central Asia – A sub-regional analytical report including Armenia, Azerbaijan, Georgia, Kyrgyzstan, Moldova, and Ukraine. Istanbul: UNDP; 2015.

7 Republic of Uzbekistan. Modelling an optimized investment approach for Uzbekistan. Sustainable financing of national HIV responses. Authors: Đurić P, Wilson DP, Kerr C, Hamelmann C. Dushanbe: Ministry of Health of the Republic of Uzbekistan; 2015.

8 The Joint United Nations Programme on HIV/AIDS. The GARP report. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

9 Joint United Nations Programme on HIV/AIDS. Getting to Zero: 2011–2015 strategy. Geneva: Joint United Nations Programme on HIV/AIDS; 2010.

10 Joint United Nations Programme on HIV/AIDS. Fast-Track: ending the AIDS epidemic by 2030. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

11 Joint United Nations Programme on HIV/AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

sustainable development goal 3[12] will require more investments.

In addition, overcoming stigma, discrimination and criminalization of key populations such as men who have sex with men, sex workers and people who inject drugs, assuring equitable service access, and sustaining the important role of NGOs for providing outreach services and trust building among key populations have been proven to be critical enablers for programme effectiveness in concentrated HIV epidemics. It is essential to ensure further support to key populations at higher risk of HIV exposure and PLHIV through social services provided by state and non-state service providers. NGOs have proven to add special value in providing prevention services, care and support particularly for key populations[13,14,15]

In this context, the development of strategies, priority setting and practical approaches for the transition from external to domestic financing of national HIV responses is high on the agenda. Since countries in EECA are at different stages of transition, there are opportunities to share lessons learnt and to harmonize strategies, processes and operations among countries and stakeholders on sub-regional or regional level.

Serbia is a country whose HIV response was for a long time dependent on the GF support (from 2003 to 2014). Following the positive response to our first transition report from Croatia[16], the Serbian report aims to add another lesson learnt during transition processes in the SEE sub-region[17], the EECA region and beyond, and thereby contributing to the sustainable financing of national HIV responses.

12 Open Working Group of the General Assembly on Sustainable Development Goals. Opening Working Group Proposal for Sustainable Development Goals. New York: Opening Working Group; 2014.

13 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Serbia. Istanbul: UNDP; 2016.

14 UNDP. Asocijacija Duga/Association Rainbow case study from Serbia. Istanbul: UNDP; 2015.

15 UNDP. Omladina Jazasa Novi Sad/Youth of Jazas Novi Sad case study from Serbia. Istanbul: UNDP; 2016.

16 Đurić P, Lešo D, Jovović I, Hamelmann C. Towards domestic financing of national HIV responses: lessons learnt from Croatia. Istanbul: UNDP; 2015.

17 This report considers as SEE countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia and Slovenia.

2. METHODOLOGY

An extensive review of literature and reports was conducted including a review of the GF grant history in Serbia. For the assessment of the transition to sustainable national financing of HIV programmes in Serbia, the process and results of the replacement of external through domestic financing were examined.

Data sources used for this report included:

- Official statistical data published by the Government of the Republic of Serbia, MoH, Ministry of Finance, National Bank of Serbia, and the Statistical Office of the Republic of Serbia
- Published and unpublished data provided by the Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'
- Programme documents of the principal recipients of the GF grants
- Financial data provided by NGOs
- National strategies, programmes, policies and regulations in the field of HIV, development, healthcare provision, health financing, procurement and supply
- Legal acts related to the national HIV response, finances, operations and social contracting of NGOs.

3. SOCIO-ECONOMIC AND HEALTH SYSTEM OVERVIEW

After continuous increases since 2000, the gross-domestic product (GDP) per capita of Serbia decreased to $5,668 in 2009 following a negative annual GDP growth of 3.5%. Negative developments in the Serbia economy continued for the next years. In 2013, the GDP per capita of Serbia was 28.7% lower than the SEE average, and 5.4 times lower than the EU average. The highest budget deficit of -6.3% of GDP was reached in 2014. Since 2009, unemployment has increased to 18.9%, almost two times higher than the EU average. The age dependency ratio has been decreasing to 44% and is lower than in SEE and EU (table 1).

Serbia's population declined from 7.9 million in 1990 to 7.5 in 2001 and 7.1 million in 2014 (table 2). At the same time, life expectancy is still five years lower than the EU average, and remains significantly lower for males than for females. Between 1990 and 2014, infant and under-five mortality declined significantly, but is still higher than the EU average, while maternal mortality remained unchanged and twice that high as the EU average.

The Serbian health system is mainly public, including primary, secondary and tertiary care. Public healthcare financing originates from two main sources, namely from contributions to the mandatory health insurance (predominantly) and funds collected through general taxation. Healthcare contributions in Serbia are mandatory for all employed citizens, for whom their employers pay full contributions for mandatory health insurance, as well as for the self-employed[18]. The scheme covers family dependents of insured members as well. Healthcare insurance for Serbian citizens from defined vulnerable populations is paid from the budget of the Republic of Serbia; this includes

18 Republic of Serbia. Law on Health Insurance. Official Gazette 107/2005, 57/2011, 110/2012, 119/2012, 99/2014, 123/2014, 126/2014.

Table 1. Main socio-economic indicators in Serbia, in comparison with SEE and EU28

	Serbia						
	1990	2000	2008	2009	2014	SEE 2013	EU28 2013
GDP per capita (current $, thousands)	4.6	3.1	6.3	5.7	6.1	8.8	35.4
Annual GDP growth (%)	-8.0	5.3	5.4	-3.1	-1.8	1.7	0.1
Annual budget net surplus/deficit (% of GDP)	N/A	N/A	-1.7	-3.2	-6.3	-3.1[a]	-3.6[a]
Labour force (mil.)	3.2	3.3	3.3	3.2	3.1	22.9	246.3
Unemployment (%)	N/A	12.1	13.6	16.1	19.4	18.2	10.9
Age dependency ratio[b]	44.5	48.3	48.2	47.7	44.0[c]	45.7	51.3
Age dependency ratio, old	16.4	23.9	25.5	25.2	21.0[c]	22.1	27.6
Age dependency ratio, young	28.1	9.2	22.7	10.1	23.0[c]	23.6	23.5

[a] 2012. [b] Age dependency ratio is the ratio of dependents (people younger than 15 or older than 64) to the working-age population (those aged 15-64). Data are shown as the number of dependents per 100 working-age population. [c] 2013. *Source:* Statistical Office of the Republic of Serbia; National Bank of Serbia; World Bank.

Table 2. Main demographic and health indicators in Serbia, in comparison with SEE and EU28

	Serbia					
	1990	2000	2009	2014	SEE 2012	EU28 2013
Population (mil.)	7.9	7.5	7.3	7.1	50.0	506.7
Life expectancy (years)	N/A	72.1	73.7	75.1	75.0	80.3
Life expectancy, males (years)	N/A	69.6	71.1	72.6	N/A	77.6
Life expectancy, females (years)	N/A	74.8	76.4	77.7	N/A	83.2
Maternal mortality (per 100,000 live births)	11.1	9.5	19.9	12.0	10.0	5.1
Infant mortality (per 1,000 births)	24.2	10.9	6.9	5.7	7.4	4.0[a]
Under-five mortality (per 1,000 births)	18.3	12.7	8.0	7.1[b]	9.9	4.8

[a] 2011. [b] 2013. *Source:* Statistical Office of the Republic of Serbia; WHO.

children, pregnant women, people older than 65, the unemployed, and others including PLHIV[19].

In 2013, total health expenditures were 10.6% of the GDP, out of which 60.6% were public (mainly from the mandatory social health insurance) and 39.5% were private expenditures of which 96% were out-of-pocket[20]. Total health expenditures decreased from $672 per capita in 2008 to $475 in 2013 as a result of reduced public as well as private expenditures during the same period[21]. Voluntary health insurance can be purchased individually from either the RHIF or private insurers[22].

The mandatory health insurance covers prevention and early detection of diseases, examinations and treatment of women with regard to family planning and during pregnancy, childbirth and maternity until 12 months after childbirth, examination and treatment of diseases and injuries, dental healthcare, medical rehabilitation, medications and medical protetics[23]. Some healthcare services are fully covered by the RHIF, including prevention and early detection of diseases including HIV/AIDS, as well as treatment of PLHIV, whilst for other services a maximum 5%, 20% or 35% co-payment applies[24].

19 Ibid.

20 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'.

21 World Health Organisation. Global health expenditure database.

22 Republic of Serbia. Law on Health Insurance. Official Gazette 107/2005, 57/2011, 110/2012, 119/2012, 99/2014, 123/2014, 126/2014.

23 Ibid.

24 Ibid.

4. KNOW YOUR EPIDEMIC

Serbia has a concentrated HIV epidemic, with 1,956 PLHIV (out of 3,000 estimated) officially registered at the end of 2014[25], out of which 65% were on ART[26] (43% of the estimated number of PLHIV[27]) (figure 1). The annual number of newly diagnosed HIV infections almost doubled since 2000 and reached with 148 and 147 a historical maximum in 2010 and 2013, respectively, then declined to 125 in 2014. In 2014, 61% of newly diagnosed HIV infections were among men who have sex with men. The most recent HIV prevalence data are from 2013, when it was highest among men who have sex with men in Belgrade with 8.3%, 1.6% among sex workers in Belgrade, and 1.5% among people who inject drugs in Belgrade (figure 2)[28,29].

25 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on Communicable Diseases in Serbia in 2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2015.

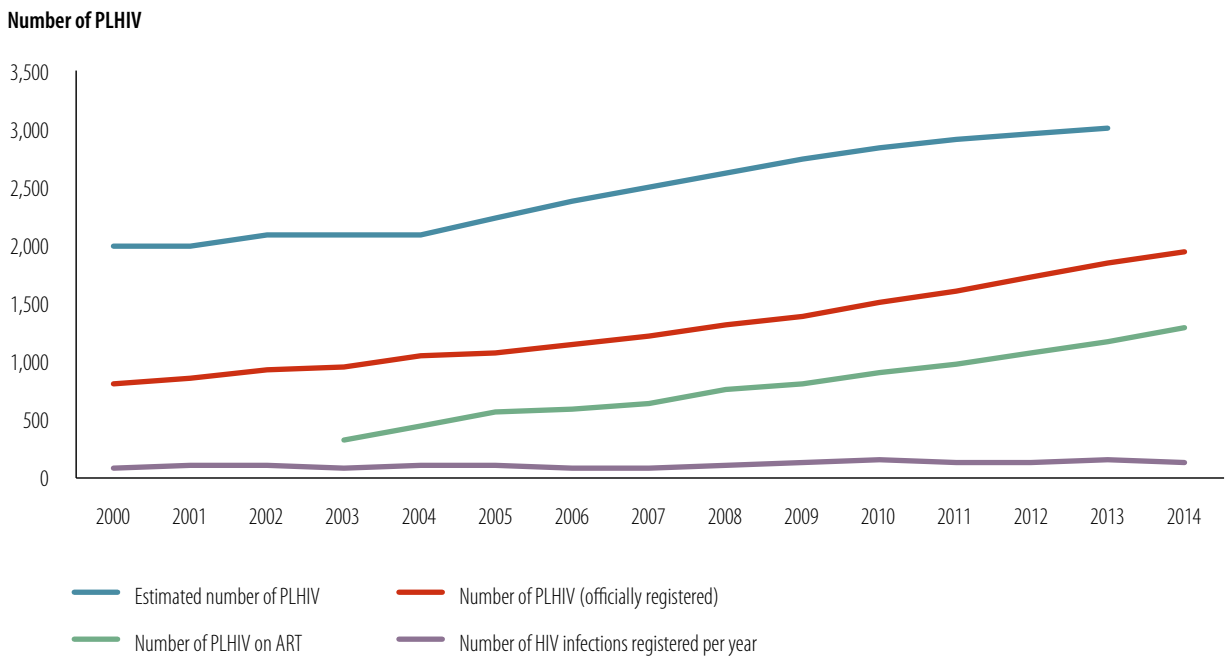
26 Calculation was done based on the estimated and registered number of people living with HIV and estimated number of people living with HIV eligible for ART.

27 IPHS and UNAIDS estimation.

28 Republic of Serbia. Country progress report 2014. Belgrade: Ministry of Health, Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2015.

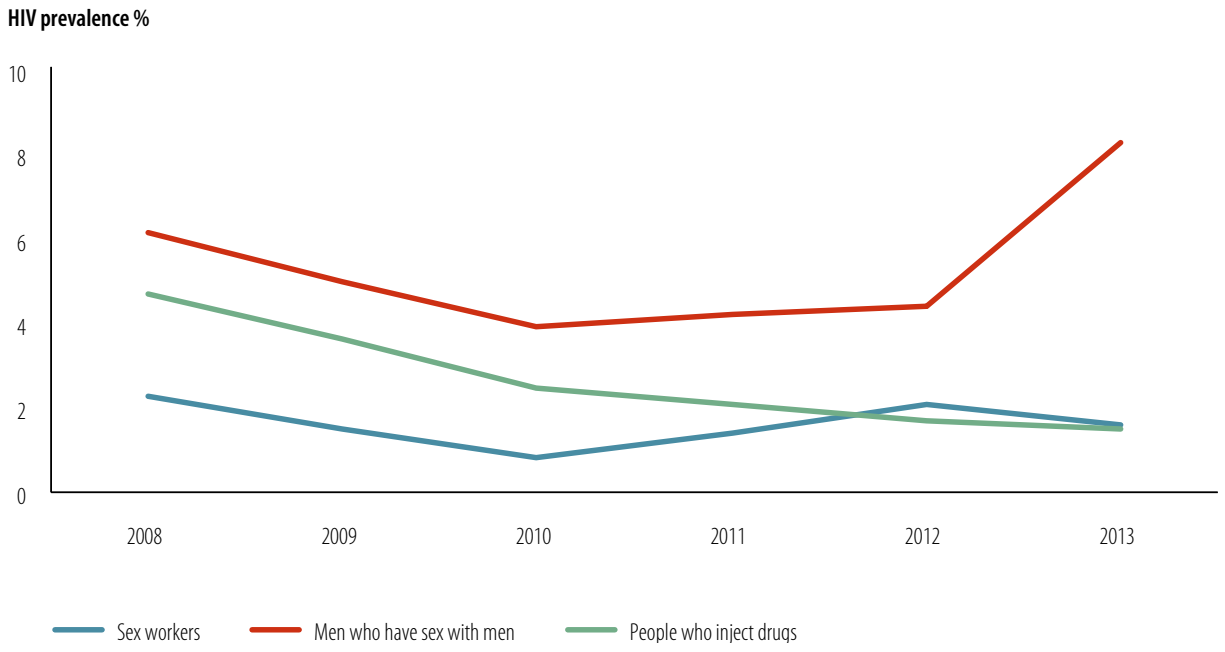
29 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Research among populations most at risk to HIV and among people living with HIV – Key findings. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2014.

Figure 1. Estimated and registered PLHIV, PLHIV on ART and newly diagnosed HIV infections per year



Source: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; UNAIDS.

Figure 2. HIV prevalence in key populations



Source: Data from integrated bio-behavioural surveys for Belgrade. Data for missing years were extrapolated based on prevalence observed in surveys.

5. KNOW YOUR RESPONSE

The Serbian Strategy on HIV Infection and AIDS for 2011-2015[30] prioritised prevention of HIV infections among key populations (men who have sex with men, sex workers, people who inject drugs), vulnerable population (prisoners, poor and marginalised persons, people with special needs) and "special interest" groups (youth, pregnant women, armed forces, police); prevention in healthcare institutions; health and social protection of PLHIV and support to PLHIV; HIV testing and counselling (HTC); decentralisation of HIV response; protection of human rights; communication in the area of HIV infection and surveillance, monitoring and evaluation (table 3 and table 4).

The new multi-sectoral Commission for Combating HIV/AIDS and Tuberculosis, established by the Government in August 2013, has a mandate to coordinate the HIV response in Serbia. The Commission consists of representatives of the Ministries of Health (chairing), Youth and Sport, Internal Affairs, Justice and Governance, Defence, Work, Employment and Social Policy, Education, Science and Technological Development, health sector, RHIF, local self-government, IPHS, Serbian Red Cross, four NGOs and representative of PLHIV, with UN agencies as observers. However, the Commission is not functional for two years now.

Serbia had a centralized system of treatment and care for PLHIV until 2008; since then and as a part of the GF project, the system has been decentralised, with four centres for treatment and care available in Belgrade, Novi Sad, Niš and Kragujevac. Triple combination ART was introduced in Serbia in 1997 for the first time, available free of charge (covered by RHIF) for all PLHIV.

As part of the GF project, the network of already existing HTC centres was expanded and strengthened with around 30 HTC centres available in health institutions and additional HTC services provided in prisons and by NGOs in outreach settings.

30 Republic of Serbia. Strategy on HIV infection and AIDS 2011-2015. Government of the Republic of Serbia; 2011.

Table 3. Objectives of Serbian Strategy on HIV Infection and AIDS 2011-2015	
1.	**Prevention**
1.1.	Lowering the number of newly infected and early diagnosis of HIV infections
1.2.	Maintaining a low rate of sexually transmitted infections' incidence
1.3.	Increase in coverage of preventive services and increase in quality of the provided services
1.4.	Creating conditions within state authorities and institutions, and citizen associations for highly efficient response to persons living with the risk for the purposes of lowering this risk
2.	**Health and social protection of PLHIV**
2.1.	Improvement of life quality of PLHIV
2.2.	Creating conditions for early diagnosis of HIV infected persons resulting in successful treatment, including timely treatment of children born of HIV infected mothers
2.3.	Continued improvement of quality of provided health protection at all levels
2.4.	Securing conditions for timely laboratory testing to monitor successfulness of ART in PLHIV
3.	**Support to PLHIV**
3.1.	Recognising, strengthening capacity and involvement of PLHIV, other associations of citizens and Red Cross in response to HIV epidemic
3.2.	Improving quality of services to PLHIV
3.3.	Improving quality of life for PLHIV by increased accessibility of health services, care and support to PLHIV and their families
4.	**Role of local authorities in response to HIV infection epidemic**
4.1.	Increase of accessibility and coverage of services related to prevention and control of HIV infection and providing support to PLHIV in local communities
4.2.	Strengthening of systematic, continued and planned multi-sectoral response of local communities to HIV epidemic
5.	**Protection of human rights**
5.1.	Adhere to, protect and promote human rights of PLHIV
5.2.	Adhere to, protect and promote human rights of other sensitive and marginalised social groups
5.3.	Lowering social, legal, cultural and socio-economic vulnerability with securing comprehensive participation of people living with HIV and other marginalised and vulnerable groups in response to the HIV epidemic
5.4.	Creating discrimination and stigmatisation free environment for people living with HIV and other vulnerable and marginalised groups
6.	**Communication in the area of HIV infection**
6.1.	Improving health communication in the response to HIV infection in the field of prevention
6.2.	Improving communication with the purpose of lowering stigma and discrimination related to HIV infection
7.	**Epidemiological monitoring, evaluation and reporting about national response to the HIV epidemic**
7.1.	Timely and adequate reaction to the current epidemiological situation
7.2.	Defining effective benchmarks of HIV infection control supported by evidence on all levels, through securing appropriate data for continued follow-up of epidemiological situation and trends
7.3.	Improvement of institutionalised network for data gathering and analysis on the level of republic/province/district
7.4.	Improvement of the system for monitoring and evaluation of successfulness of comprehensive response to HIV infection epidemic
7.5.	Development of research capacity of institutions, associations and individuals and support to researches in the area of HIV infection

Table 4. Impact and outcome indicators of Serbian Strategy on HIV Infection and AIDS 2011-2015	
1.	Prevalence of HIV infection in key populations and other populations at risk
2.	Prevalence of hepatitis C infection in key population and other populations at risk
3.	Percentage of people who inject drugs who reported using sterile kit in last drug injection
4.	Percentage of people who inject drugs who have not used non sterile injecting kit in the last month and who have used condoms in their last sexual intercourse over the previous month
5.	Percentage of sex workers who reported always using condoms with clients over the last month
6.	Percentage of sex workers who reported using of condom in their last sexual intercourse with clients
7.	Percentage of men who have sex with men who reported use of condom during last anal intercourse with a male partner
8.	Percentage of key populations who properly identify both ways of prevention of sexual transmission of HIV infection and at the same time reject the main misconceptions related to HIV transmission
9.	Percentage of young people 15-24 who properly identify both ways of prevention of sexual transmission of HIV infection and at the same time reject the main misconceptions related to HIV transmission
10.	Percentage of members of key populations and other populations at risk covered by preventive programmes
11.	Percentage of members of key populations and other populations tested for HIV in the last 12 months
12.	Median of age when first sexual intercourse is reported among young people 15-24
13.	Percentage of young people 15-24 who reported use of condom in last sexual intercourse with an irregular partner over the last 12 months
14.	Percentage of adults and children with advanced HIV infection who are on ART
15.	Percentage of adults and children infected with HIV, and known to be on ART 12, 24, 36, 48 months after introducing ART into their therapy plans
16.	Percentage of HIV positive pregnant women to accept complete prevention of transmission of HIV from mother to child programme in the last year
17.	Percentage of HIV positive children born from HIV positive mothers
18.	Percentage of healthcare workers who do not have a discriminatory attitude towards HIV positive persons
19.	Percentage of population aged 20-59 who do not have a discriminatory attitude toward HIV positive persons
20.	Percentage of PLHIV who are covered by support programmes
21.	Percentage of PLHIV who are satisfied with social status, support and involvement of PLHIV into society
22.	Percentage of PLHIV who did not miss taking the treatment according to therapy protocol during the last month

6. THE ROLE OF NGOS IN THE NATIONAL HIV RESPONSE

6.1 The role of NGOs in concentrated epidemics

Most countries in EECA face concentrated HIV epidemics. While HIV prevalence in the general population is low, it is more than 5% in one or more key populations who are often marginalised and/or stigmatised. Civil society has played a central role in engaging these key populations in the response, and NGOs have gained much experience in ensuring their access to essential services[31,32].

Partnerships involving civil society not only have supported PLHIV to demand and receive protection of their rights, but there is also increasing evidence that the most effective programmes are those in which civil society's role, engagement and partnership are strongest and equitable[33].

Since the early 2000's, in almost all SEE countries NGOs played a central role in establishing and maintaining services for key populations and PLHIV[34,35]. Social contracting between governments and NGOs is critical in ensuring sustainability of HIV services after the withdrawal of the GF in the region[36,37,38,39,40,41,42,43,44,45].

6.2 The role for NGOs in the Serbian Strategy on HIV Infection and AIDS 2011-2015

The Serbian Strategy on HIV Infection and AIDS states: "Civil society organisations play an important part in responding to HIV infection in the Republic of Serbia. Their activity had a significant impact even before the establishment of a national response. Today they serve in

31 European Centre for Disease Prevention and Control. Thematic report: Civil society. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: European Centre for Disease Prevention and Control; 2013.

32 Kelly JA, Somlai AM, Benotsch EG, Amirkhanian YA, Fernandez MI, Stevenson LY, et al. Programmes, resources, and needs of HIV-prevention nongovernmental organizations (NGOs) in Africa, Central/Eastern Europe and Central Asia, Latin America and the Caribbean. AIDS Care. 2006;18(1):12-21.

33 The Joint United Nations Programme on HIV/AIDS. UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations. Geneva: Joint United Nations Programme on HIV/AIDS; 2011.

34 Božičević I, Vončina L, Zigrović L, Munz M, Lazarus JV. HIV epidemics among men who have sex with men in Central and Eastern Europe. Sex Transm Infect. 2009;85:336–42.

35 USAID. Men having sex with men in Eastern Europe: Implications of a hidden epidemic. Washington: USAID; 2010.

36 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Belarus. Istanbul: UNDP; 2016.

37 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Bosnia and Herzegovina. Istanbul: UNDP; 2016.

38 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Kyrgyzstan. Istanbul: UNDP; 2016.

39 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet The fYR of Macedonia. Istanbul: UNDP; 2016.

40 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Moldova. Istanbul: UNDP; 2016.

41 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Montenegro. Istanbul: UNDP; 2016.

42 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Serbia. Istanbul: UNDP; 2016.

43 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Tajikistan. Istanbul: UNDP; 2016.

44 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Ukraine. Istanbul: UNDP; 2016.

45 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Uzbekistan. Istanbul: UNDP; 2016.

Box 1. Serbian Strategy on HIV Infection and AIDS 2011-2015

Areas for NGO engagement

- Integrating the programme of «positive» prevention into associations and institutions dealing with care and support and in general preventative programmes
- Establishing cooperation among associations to implement harm reduction programmes and health institutions for the purpose of realising free exchange of injecting kit
- Empowerment of people who inject drugs and their partners for using all the services and service providers that can lower the risk or reduce the damage from risky behaviour (health and social services, association of citizens, police etc.)
- Increasing capacity of institutions and associations for recognising health and social needs and possibilities to respond to the specific needs of the men who have sex with men population
- Developing capacity of associations of citizens as well as state institutions or field work with sex workers
- Strengthening capacity of state institutions and authorities, associations of citizens, to respond to the needs of sex workers, including the legal aspect of dealing with sex work
- Education for work on prevention of HIV infection in association of persons with special needs
- Strengthening the capacity of relevant associations of citizens to recognize especially vulnerable young people and provide adequate integrated response through development of new, needs based programmes that are age and gender specific
- Development of a programme for the education of health workers, counsellors and citizen's associations representatives with the aim of recognising the role of men in vertical transmission prevention
- Sensitisation of local self-governments to support programmes within social care for and health of PLHIV as well as to population vulnerable to HIV at the local level, provided by NGOs
- Providing support to association for citizens as well as support and financing for projects addressing needs of PLHIV in which partnerships are established between governmental institutions and associations of citizens at national, provincial and local level
- Involvement of associations of citizens dealing with PLHIV and especially vulnerable groups in education of employees in health, educational and institutions of social protection
- Encourage associations of PLHIV to make and implement accredited educational programmes intended for service providers of psychosocial and health support to PLHIV
- Strengthening capacity of associations of PLHIV for provision of services to people living with HIV
- Improving the quality of social health services and other support provided by associations of citizens to PLHIV
- Strengthening the influence and visibility of associations of citizens for PLHIV through mutual cooperation and networking
- Increasing accessibility and quality of information to PLHIV regarding services of support obtainable in the institutions and associations of citizens (creating brochures, guidelines)
- Developing and implementing gender policy in institutions and associations
- Improvement of partner relationships between civil society and state institutions in the area of protection of human rights of PLHIV
- Defining appeal procedures, jurisdiction and ways to solve cases of discrimination and stigmatisation of PLHIV
- Strengthening capacity of institutions and associations for monitoring and evaluation.

decision making, promoting and creating social values, and providing services"[46]. The Programme confirms the important role NGOs have played in the national HIV response in the past and identify them as key player for several programme components (see Box 1).

6.3 The role of NGOs under the Global Fund grants in Serbia

During the period between November 2003 and September 2014, the GF supported the national HIV response with $29,407,572 in total or $2,673,416 on average per year[47]. The last GF grant included several components:

- Prevention targeting people who inject drugs, men who have sex with men, sex workers, prisoners, Roma youth, children without parenteral care (most at risk adolescents and institutionalised children), HTC and condom distribution
- Treatment, care and support for PLHIV
- Creating a supportive environment, including civil society strengthening and stigma reduction in all settings
- Strengthening the capacity of the health system for developing effective, efficient and accessible HIV services, including strengthening HIV surveillance system, monitoring and evaluation[48].

All other components, like ART, blood safety, etc. were always financed by domestic sources (figure 3).

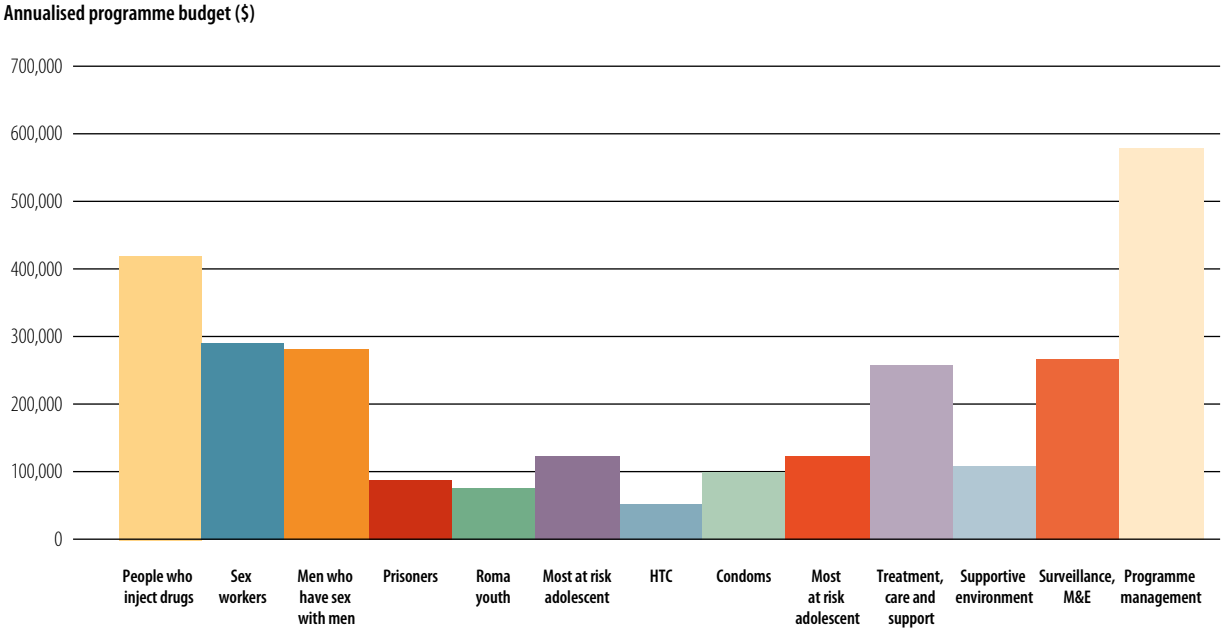
NGOs received 40% of the overall GF budget in (table 5). Prevention services for key populations and care and support for PLHIV were predominantly provided by NGOs. NGOs were also involved in prevention for vulnerable populations, and activities enabling a supportive environment.

46 Republic of Serbia. Strategy on HIV Infection and AIDS 2011-2015. Government of the Republic of Serbia; 2011.

47 The Global Fund. Country overview: Serbia.

48 Programme grant agreement between the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Ministry of Health of the Republic of Serbia and Youth of JAZAS Belgrade "Strengthening HIV prevention and care for the groups most vulnerable to HIV/AIDS".

Figure 3. Average annual Global Fund budget per programme component (2013-2014)*



* Calculation was done based on the data from MoH as GF project principal recipient; date represent average annual budget for 2013-2014.

Table 5. Global Fund annualised budget for NGOs (2013-2014)

Programme		Budget allocated to NGOs ($)	% of line budget	National/sub-national/ municipality level[a] (%)
Prevention	People who inject drugs	129,581	30.9	0/0/100
	Men who have sex with men	277,627	99.1	0/0/100
	Sex workers	273,631	94.1	0/0/100
	Roma youth	119,214	98.6	0/0/100
	Most at-risk adolescents	74,347	100.0	0/0/100
Prevention subtotal		874,400	60.8	0/0/100[b]
Care and support		218,867	85.2	0/11/89[b]
Supportive environment		6,647	6.2	100/0/0
TOTAL		**1,018,591**	**39.8**	**4/5/91**[b]

[a] Level of beneficiary access, not the territory for which an NGO have been registered was considered. [b] Some prevention services and programmes included both sub-national and municipality level, but it wasn't possible to express those expenditures separately.

Source: MoH; NGOs.

Preventive services for key and vulnerable populations as well as care and support for PLHIV were provided at the local level (cities), while activities related to supportive environments were provided at the national, sub-national and local level. Annually, nearly $1 million was available for NGO services at the local level, emphasising the importance of decentralisation of preventive services (table 5).

Before the GF projects only few NGOs and Serbia Red Cross were involved in the HIV response. Over the course of the GF project, many other NGOs joined the HIV response. For example, in 2014 twenty seven NGOs were financed by GF, with an average of $39,283 available per NGO (range $5,352- $103,140)[49]. There were also other HIV services provided by NGOs but not funded by the GF grant.

Moreover, NGOs providing prevention services for people who inject drugs and sex workers within GF HIV projects received a total of $196,635 in the period 2011-2015 from the GF TB project implemented by Serbian Red Cross for active case finding of TB patients among key populations at higher risk for HIV and TB exposure in drop in centres.

Additionally, within the GF Round 9 TB project implemented by the MoH, a total of $260,497 was spent for HIV/TB co-activities in the period 2010 – 2015. These activities included: a survey on HIV prevalence among TB patients in Serbia, development of protocol and guidelines on HIV/TB collaborative activities, active case finding of TB patients among OST users, capacity building of service providers for HIV testing among TB patients, training of health professionals on clinical management of TB/HIV co-infection, and development and distribution of the booklet on HIV/TB coinfection to PLHIV.

In December 2013, the CCM received an official letter from the GF announcing the termination of the Round 8 HIV grant agreement between the GF and OMLADINA JAZAS-a from Belgrade (one of the GF grant principal recipients, the other principal recipient was the MoH). OMLADINA JAZAS-a BELGRADE was accused of not complying with Article 21 of the standard terms and conditions regarding code of conduct for suppliers. The GF requested from the CCM to consider options for an alternative entity for the continuation of the programmatic activities until the end of GF HIV project; in line with recommendations from the CCM, the Project Implementation Unit of the MoH accepted to take over this additional role.

49 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Serbia. Istanbul: United Nations Development Programme; 2016.

7. TRANSITIONING TO SUSTAINABLE NATIONAL HIV FINANCING: ACHIEVEMENTS AND CHALLENGES

7.1 Transition of governance structures

In the former Socialistic Federative Republic of Yugoslavia, the national HIV response started in the mid-1980s, when the National HIV Committee was established. A Reference Centre for HIV/AIDS started its work at the Clinic for Infectious and Tropical Diseases in Belgrade in 1992; its main objectives were to perform confirmatory HIV testing, CD4 and PCR testing, to develop diagnostic and treatment guidelines for HIV/AIDS and opportunistic infections, and to follow up and treat PLHIV in Serbia.

In December 2001, a Commission for Combating HIV/AIDS chaired by the Minister of Social Affairs was established by the Government of the Republic of Serbia (figure 4). It comprised representatives of the government and its agencies, academia, civil society, and included PLHIV. The Commission took on the role of the CCM in January 2002, when it was decided to apply for the GF Round 1 HIV grant[50], and began establishing broad partnerships with other stakeholders, including NGOs and Red Cross of Serbia.

In 2004, the Commission for Combating HIV/AIDS separated again from the CCM, was reconstituted by the Government and chaired by Minister of Health[51]; it was tasked to formulate strategic directions for the national HIV response, to define priorities and to coordinate programmes and projects. In 2005 the first National Strategy for Combating HIV/AIDS (2005-2010) was adopted by the Government[52].

50 County Coordinating Mechanism of the Republic of Serbia. GFATM Proposal for HIV project; 2002.

51 Republic of Serbia. Decision on Establishment of the Commission for Combating HIV/AIDS Official Gazette RS No 71/2004 and 131/2004.

52 Republic of Serbia. National Strategy for Combating HIV/AIDS. Belgrade: Ministry of Health; 2005.

Figure 4. Key milestones: Transition of the governance structures

Global Fund projects in Serbia: 2003-2006 and 2007-2014

1992	2001	2002	2004	2005	2006	2007	2008	2011	2013	2014
Reference Centre for HIV/AIDS established	National HIV/AIDS Commission established	National HIV/AIDS Commission took role of CCM and applied for GF project	National HIV/AIDS Commission separated from CCM	National Strategy for 2005-2010 adopted by Government	National HIV/AIDS Office and Vojvodinian HIV Network established	HIV, hepatitis, STI and TB Department established at the Institute of Public Health of Vojvodina	National HIV/AIDS Commission re-structured; HIV Commission of AP Vojvodina established	National Strategy for 2011-2015 adopted by Government	National HIV/AIDS and TB Comission established	CCM discontinued; National Commission inactive

In 2008, the Commission was restructured by the Government[53]. It comprised representatives of the Government, public institutions, NGOs and PLHIV, included UN agencies as observers and led the coordination of the national HIV/AIDS response.

In 2013, a new Commission for Combating HIV/AIDS and Tuberculosis, which replaced the Commission for Combating HIV/AIDS, was established by the Government, with the aim to formulate strategic directions for both HIV and TB responses, to define priorities, to develop action plans, to monitor and evaluate the national response, and to initiate financing processes[54]. However, the Commission has been inactive so far.

In 2006, with support from UN agencies, the National HIV/AIDS Office was established under the Institute of the Public Health of Serbia (IPHS) with the aim to be the operational body and secretariat of the National HIV/AIDS Commission coordinating implementation, monitoring and evaluation of the national HIV response in Serbia. The National HIV/AIDS Office has been continuously financed by the MoH since 2007. In 2014, as part of reorganization the National HIV/AIDS Office was integrated in the newly established Department for HIV infection, Sexually Transmitted Infections, Viral Hepatitis and Tuberculosis which is part of the Center for Prevention and Control of Diseases of IPHS.

In 2006, as part of a project supported by the Italian region Emilia Romagna, the Vojvodina HIV Network was established. It brought together all NGOs and public institutions from the AP of Vojvodina with the aim to coordinate their activities and fundraising.

At the Institute of Public Health of Vojvodina the Department for HIV, Hepatitis, Sexually Transmitted Infections and TB was established in 2007 aiming to coordinate the HIV response in the province. It became the first such department in public health institutes in Serbia, triggered by an existing strong provincial HIV response comprising seven public health institutes, NGOs and other stakeholders. It lasted until 2014, when it was integrated into the Department for Communicable Diseases.

In 2008, the Secretariat for Health and Social Politics of the AP of Vojvodina, established its HIV Commission, with the aim to coordinate the HIV response in the Autonomous Province[55]. It has 14 members including representatives of PLHIV, NGOs, health and academic sector, Red Cross of Vojvodina, and the Secretariat. The Commission established several working groups: for HTC, for healthcare of PLHIV, for the support of PLHIV, for blood safety, for prevention of mother-to-child transmission, for HIV prevention in prisons, and for the programmatic development of the HIV Response in the AP Vojvodina.

The CCM, initially together with both principal recipients of the GF HIV grant, took a lead in the development of a transition and sustainability plan after the end of the GF HIV grant in 2014. The CCM transition and sustainability plan highlighted priority activities and interventions which should be integrated into national, provincial and local financing mechanisms in order to effectively prevent and control the HIV epidemic in the future. In September 2014, a Consensus Conference was organized by the MoH and the IPHS with support from UNAIDS and with broad stakeholder participation. Key interventions and services identified at the Consensus Conference that should be continued were outreach HTC, harm reduction services for people who inject drugs, outreach and mobile medical units working with key populations, drop-in centres for key populations and care and support programmes for PLHIV. The conference also highlighted the need to sustain and achieve full coverage for key services and interventions, which had not been funded by the GF such as supply of medicines and test kits, ART services etc., to ensure best practice protocols and standards, to monitor access to and quality of services according to the needs of people affected and infected by HIV, to evaluate and report transparently about the implementation of the national programme.

53 Republic of Serbia. Decision on Establishment of the Commission for Combating HIV/AIDS Official Gazette RS No 54/2008.

54 Republic of Serbia. Decision on Establishment of the Commission for Combating HIV/AIDS and Tuberculosis. Official Gazette RS 76/2013.

55 Republic of Serbia, Autonomous Province of Vojvodina. Decision of Establishing HIV Commission No. 022-00126/2008. Novi Sad: Secretariat for Health and Social Politics; 2008.

The CCM discontinued in 2014 after the GF HIV project ceased and a modified CCM (the GF TB project was still active) was not accepted by the GF. Although Serbia has no active GF grants, based on the GF 2016 Eligibility List, the country remains eligible for GF support in HIV response[56].

The multi-sectoral Commission for Combating HIV/AIDS and TB, whose role is to analyse trends, initiate collaborative activities and monitor and evaluate programmes, has been inactive as several members (including chair) are not active in the HIV response anymore. Institute of Pubic Health of Serbia initiated the Commission reconstruction, but there was no response to that initiative yet from the MoH.

7.2 Transition of service provision through NGOs

Third Forum of Yugoslav NGOs, organised in 2001, was an important milestone in collaboration between Serbian NGOs and the Government[57]. It initiated the dialogue and identified the need for more transparent competitions for NGOs, particularly at the local level. After this meeting several ministries started to involve NGOs in consultation processes (box 2). The Autonomous Province of Vojvodina established a Fund for the Development of the Non-Profit Society which existed until 2011[58].

In 2009, the Law on Associations was adopted by the Government[59]. According to this Law, funds from the state (central government, provincial government, local self-governments) budget for NGO programmes could be allocated based on public competition only. Following the Law, the Government adopted a Decree in 2012, which regulated more specifically the financing of NGO programmes through the state budget (box 3)[60].

In 2011, the Government established the Office for Cooperation with the Civil Society. The Office's scope of work is very broad. Its activities include cooperation with civil society organizations, government authorities, local self-governments, independent institutions, media and corporate sector with the objectives to foster ongoing dialog, to consult about possible financial resources, to build capacities of civil society organisations, and to build communication and cooperation capacities of the republican, autonomous province and local self-government institutions.

56 The Global Fund. Eligibility List 2016.

57 NGO Policy Group. Third sector in Serbia (status and perspectives). Belgrade. Centre for Development of Non-Profit Society; 2001.

58 Republic of Serbia, Autonomous Province of Vojvodina. Decision on cessation of decision on the establishment of the Fund for Non-Profit Society Development of the Autonomous Province of Vojvodina. Novi Sad: Assembly of the Autonomous Province of Vojvodina; 2011.

59 Republic of Serbia. Law on Associations. Belgrade: The Assembly of the Republic of Serbia; 2009.

60 Republic of Serbia. Decree on the Means of encouraging programs or missing part of funds for financing programs of public interest implemented by associations. Belgrade: The Government; 2012.

Figure 5. Key milestones: NGO contracting framework

Global Fund projects in Serbia: 2003-2006 and 2007-2014

2001	2002	2003	2005	2009	2011	2014
Dialogue between NGOs and the Government initiated	NGOs and PLHIV represented in the National AIDS Commission and CCM	First GF HIV project started including funding of NGOs; Fund for Development of Non-Profit Society of AP Vojvodina established	NGOs recognized by National HIV/AIDS Strategy as important partners	Law on Associations adopted	The Office for Cooperation with Civil Society established	End of last GF HIV project and GF funding for NGOs; some HIV programmes funded through domestic social contracting mechanisms

Box 2. Examples of cooperation between the Government of the Republic of Serbia and the Non-Governmental, Non-Profit Society since 2001

- Consultations with the non-profit society during the adoption of new legislation
- Consultations during the process of development of national programmes and strategies, and action plans
- Assessments of national policy in all areas, including the broad area of health and social policy
- Decentralisation and cooperation in sustainable community development
- Partial financing of programmes and services of the non-profit society
- Civil participation in the decision-making process
- Encouragement and support to the self-organisation and voluntary engagement of citizens
- Development of social entrepreneurship and social capital
- Stimulation of a socially responsible business sector

Box 3. Procedures for approving funding from the state (republican, provincial, city and municipality) budget to NGOs

- Determining priorities for the funding of programmes and projects of NGOs for the budget year
- Announcing of public calls
- Evaluation and ranking of received applications by a commission, based on criteria which include programme references, goals, co-financing, rightness of use of previously approved funds, and call-specific criteria
- Ensuring applicant's access to the project proposals and received documentation
- Public information about the evaluation and ranking outcome
- Right to complain
- Final decision and signing of contracts awarded
- Monitoring and evaluating the implementation of approved programmes and projects

Additional documents were adopted in following years, including guidelines for the involvement of civil society in the process of adopting regulations[61].

A number of domestic funding schemes were available for NGOs during and after the GF project for HIV related programmes. They included funds managed by the MoH and Ministry for Youth and Sport through the NGO support programmes, funds managed by the Office for Human and Minority Rights, by the AP Vojvodina Secretariat for Health, Social Policy and Demographic and Secretariat for Youth and Sport, by the Commissariat for Health and the Commissariat for Social and Child Care of the City of Novi Sad, and by some local-self governments and private companies (table 6). However, these financing mechanisms could sustain GF project components only partially; only 6% of the average annual GF budget available for NGOs were replaced through domestic sources in 2015 (table 7).

Box 4 provides further examples for NGO financing through domestic resources after the end of the GF project.

In the last year (2014) of the GF HIV projects in Serbia, 27 NGOs were financed from the GF grant (table 7). They received around $1.1 million

61 Republic of Serbia. Manual for implementation of the guidelines for inclusion of civil society organizations in the process of adopting regulations. Belgrade: Office for Collaboration with Civil Society; 2014.

Table 6. Domestic financing sources for components of the national HIV response

6a. GF project components transitioned to domestic financing

GF project components	Domestic financing sources
Prevention – People who inject drugs	RHIF (OST only), local self-governments (Novi Sad, Pančevo)
Prevention – Men who have sex with men	Local self-governments (Novi Sad, Šabac, Raška, Tutin, Trstenik, Osečina, Lapovo)
Prevention – Sex workers	AP Vojvodina Secretariat for Health, Social Policy and Demographic, local self-governments (Novi Sad, Pančevo)
Prevention – Poor young Roma	MoH
Prevention – Youth	MoH, Ministry of Education, Science and Technological Development, Ministry of Youth and Sport, local self-governments (Novi Sad, Požarevac)
Prevention – HTC	MoH, local self-governments (Novi Sad)
Care and support for PLHIV and their families	Local self -governments, private companies, Directorate for Social and Children Protection of Novi Sad, Office for Human and Minority Rights, local self-governments (Subotica, Pančevo, Niš)
Surveillance, monitoring and evaluation	MoH

6b. National HIV response components always financed by domestic sources

National HIV response components	Domestic financing sources
Prevention in general population, campaigns	MoH
OST	RHIF, Ministry of Justice (for prisoners)
Treatment for PLHIV	RHIF, Ministry of Justice (for prisoners), Ministry of Defence (for army personal)
Biosafety	RHIF
Prevention of mother-to-child transmission	RHIF
Surveillance, coordination, M&E	MoH
HTC	MoH (partly)

(range $5,799-$111,591)[62]. In 2015, nine NGOs involved in the national HIV response reported that they received financial support from the Government, with $66.930 (average $7,497, range $1,328-$17,422) total budget available. Additional $147,184 were available from other international sources (The Delegation of the European Union in the Republic of Serbia, Technical Assistance to Civil Society Organisations and European AIDS Clinical Society).

Beside the City of Novi Sad, who financed services provided by OMLADINA JAZASA NOVI SAD, PREVENT and CRVENA LINIJA with about $12,000, ten other local self-governments supported HIV services provided by NGOs, seven of them supported programmes of ASOCIJACIJA DUGA[63]. Out of nearly $67,000, around 10% was allocated from AP Vojvodina and about one third was allocated from local self-governments on city/municipality level.

62 Annualised budget based on July 1 2014-September 30, 2015 GF budget. Data for OMLADINA JAZASA Belgrade were not available.

63 UNDP. Asocijacija Duga/Association Rainbow case study from Serbia. Istanbul: UNDP; 2015.

Box 4. Examples of NGO funding from domestic financing mechanisms in 2014 / 2015

- Public tender of the MoH for the participation of NGOs in health programmes related to the implementation of national strategies, plans and programmes for 2015. In 2015, no funds were allocated to HIV project or services provided by NGOs (out of $18,429 available for all projects).
- Public tender of the Ministry of Youth and Sport for the participation of NGOs in health projects related to the implementation of the National Strategy for Young People. In 2015, $13,836 were awarded to an HIV project provided by one of the NGOs, AS Centre (out of $900,170 available for all projects).
- In 2015, Secretariat for Health, Social Policy and Demographic of Autonomous Province of Vojvodina allocated funds for programmes of social care improvement of NGOs – $4,892 out of $73,842 were allocated to three NGOs but only one project was directly related to the national HIV response.
- In 2015, Secretariat for Health, Social Policy and Demographic of Autonomous Province of Vojvodina allocated funds for health protection programmes of NGOs – $1,015 out of $19,383 were allocated to NGO PREVENT for the project 'Care on reproductive health for most vulnerable women'.

Table 7. NGOs involved in the HIV response

	NGO Name	City	Key populations served	Activity type	Annualised budget received from the GF in the last project phase ($)[a]	2015 budget received from domestic sources ($)	2015 budget received from external sources ($)
1	AID +	Belgrade	PLHIV	Psychosocial support, peer support and legal aid, strengthening PLHIV leadership	21,253	0	0
2	AS	Belgrade	PLHIV	psychosocial support, peer support, strengthening PLHIV leadership prevention	21,513	17,422	2,656
3	ASOCIJACIJA DUGA	Šabac	MSM	Prevention, Drop in centre, HTC	111,591	12,380	0
3	ASOCIJACIJA ZA SEKSUALNO I REPRODUKTIVNO ZDRAVLJE	Belgrade	MSM, Roma youth	Prevention	92,780	0	0
5	CENTAR ZA POMOĆ DECI	Niš	MARA	Prevention, education, drop in centre	25,754	0	14,945
6	CENTAR ZA INTEGRACIJU MLADIH	Belgrade	MARA	Prevention, education, drop in centre	46,487	0	0
7	ČOVEKOLJUBLJE	Belgrade	PLHIV	Advocacy for human rights	0	0	112,889
8	CRVENA LINIJA	Novi Sad	PLHIV	Psychosocial and peer support, strengthening PLHIV leadership, prevention	31,898	2,294	0
9	EKUMENSKA HUMANITARNA ORGANIZACIJA	Novi Sad	MARA	Prevention, education, drop in centre	23,810	0[b]	0
10	INTERNATIONAL AID NETWORK	Belgrade	HCW	Trainings of HCW	6,647	0	0

Table 7. NGOs involved in the HIV response (contd.)

	NGO Name	City	Key populations served	Activity type	Annualised budget received from the GF in the last project phase ($)[a]	2015 budget received from domestic sources ($)	2015 budget received from external sources ($)
11	JAZAS	Belgrade	SW	Prevention, drop in centre, HTC	70,622	0	0
12	NOVA+	Pančevo	PLHIV, PWID, SW	Psychosocial, peer and legal support, strengthening PLHIV leadership, prevention	20,800	5,016	0
13	NOVOSADSKI HUMANITARNI CENTAR	Novi Sad	Roma youth	Prevention	37,902	0	0
14	OMLADINA JAZASA BELGRADE[a]	Belgrade	N/A	N/A	N/A	N/A	N/A
15	OMLADINA JAZASA KRAGUJEVAC	Kragujevac	SW	Prevention, drop-in centre, HTC	65,438	0	0
16	OMLADINA JAZASA NOVI SAD	Novi Sad	MSM, SW, Youth	Prevention, drop-in centre, HTC	88,407	19,427	0
17	OMLADINA JAZASA POŽAREVAC	Požarevac	PWID	NSP	32,800	1,660	0
18	PREVENT	Novi Sad	PWID, SW	NSP, drop in centre, HTC	71,674	2,816	0
19	PUTOKAZ	Niš	PWID	NSP, drop in centre	31,720	0	0
20	Q KLUB	Belgrade	PLHIV	Psychosocial, peer, legal and support to PLHIV, strengthening PLHIV leadership, treatment literacy, HTC	32,648	0	16,694
21	SAFE PULS OF YOUTH	Belgrade	MSM	Prevention, education, drop in centre, HTC	55,687	0	0
22	SLOBODA PRAVA	Beograd	SW	Prevention, drop-in centre	0	0	0
23	STABLO	Kragujevac	Roma youth	Prevention	21,705	0	0
24	STAV+	Subotica	PLHIV	Psychosocial and peer support, strengthening PLHIV leadership	21,010	1,328	0
25	SUNCE	Niš	PLHIV	Psychosocial and peer support, strengthening PLHIV leadership	33,490	4,587	0
26	TIMOČKI OMLADINSKI CENTAR	Zaječar	SW	Prevention, support, HTC	65,438	0	0
27	USOP	Belgrade	PLHIV	Support, advocacy, strengthening PLHIV leadership	5,779	0	0
28	VEZA	Belgrade	PWID	NSP, drop in centre	32,260	0	0
29	ŽENA +	Belgrade	PLHIV	Psychosocial and peer support, strengthening PLHIV leadership	30,441	0	0
	TOTAL				**1,099,557**	**66,930**	**147,184**

[a] No data for OMLADINA JAZASA from Belgrade were available. [b] A shelter for street children, financed by the GF was fully incorporated in the Centre for Social Work of Novi Sad, and financed by the City of Novi Sad with about $78,000.

Sources: MoH, results of public calls, and NGOs.

Box 5. Some examples of NGO social contracting for HIV-related services by the city and municipality governments

- NGO ASOCIJACIJA DUGA received funds from seven municipalities (Šabac, Raška, Tutin, Arilje, Trstenik, Osečina and Lapovo) to provide HIV prevention outreach activities among key populations and general population.
- The NGO PREVENT from Novi Sad received some financial support from the City of Novi Sad for providing prevention services to people who inject drugs and by Autonomous Province of Vojvodina Secretariat for Health, Social Policy and Demographic for providing prevention services for sex workers in 2015.
- The NGO OMLADINA JAZASA NOVI SAD was funded by the City of Novi Sad to conduct HIV prevention outreach activities and to provide various services in drop-in centres for men who have sex with men, sex workers and PLHIV, as well to implement prevention programmes for young people in 2015.
- The NGOs STAV+ from Subotica, NOVA+ from Pančevo and SUNCE from Niš received small financial support from local self-governments for continuation of providing services to PLHIV in 2015.
- The NGO OMLADINA JAZASA POŽAREVAC provided prevention services for young people at the local level supported by the local government.

The major part of the social contracting volume is linked to the national level, but local self-governments play a role in the decentralisation of social contracting, corresponding to responsibility and authority, affordability, capacity, transparency and accountability[64]. Based on Serbian law[65], provincial and local governments provide conditions for the healthcare, prevention and health improvement of the population, and they organize and provide access to healthcare services. They are authorized to provide funds for healthcare of the population in their area above the standards established by the basic health insurance. Based on that, there are public calls for project proposals for NGOs in Serbia on municipality level. Some examples are shown in box 5.

UNDP has recently launched a Social Contracting Factsheet for Serbia, with the aim to describe legal framework, regulations and current practices of social contracting between Serbian government and NGOs in the context of the transition process towards domestic financing national HIV responses[66]. In addition to that, two NGO case reports from Serbia were published, with the aim to promote NGO experiences in social contracting during and after GF project[67,68].

7.3 Transition of the HIV service components

7.3.1 Prevention for key and vulnerable populations

In 2002, NGO VEZA from Belgrade initiated the first needle and syringe exchange programme (NSP) in Serbia with financial support from international donors (Medicins du Monde) and supported by the MoH (figure 6). In 2003 and 2004, NGOs PUTOKAZ and PREVENT started a similar programme in Niš and Novi Sad. From 2007 to 2014, the GF fully supported these NSP projects and complementary services in drop-in centres of these three cities plus services in Kragujevac which were operated by NGO OMLADINA JAZASA POŽAREVAC. In the period January - September 2014,

64 European Centre for Non-Profit Law, UNDP. A handbook on non-state social service delivery models. Bratislava: UNDP; 2012.

65 Republic of Serbia. Law on healthcare. Official Gazette 107/05.

66 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Serbia. Istanbul: UNDP; 2016.

67 UNDP. Asocijacija Duga/Association Rainbow case study from Serbia. Istanbul: UNDP; 2015.

68 UNDP. Omladina Jazasa Novi Sad/Youth of Jazas Novi Sad case study from Serbia. Istanbul: UNDP; 2016.

Promotional material with message on Harm Reduction Programmes designed by an NGO

4,334 persons who inject drugs were reached through these interventions[69].

After the end of GF support, these services were only continued by NGO PREVENT in Novi Sad, and on a very limited scale through trained outreach workers on volunteer basis by NGO PUTOKAZ in Niš. The other NGOs have tried to continue outreach and needle exchange on a volunteer basis (i.e. NGO VEZA by September 2015). However, without money to cover operating expenses, a lack of condoms, needles and syringes, and delayed procurement of HIV test kits, the number of clients were dropping day by day and services had to stop.

Since 1985 OST has been available in Serbia. The transition was more successful for OST services. The GF projects played a substantial role in extending the network of OST centres in Serbia. During the GF project, there were 29 OST centres, with 2,460 persons who inject drugs covered in 2013 and 3,503 in 2014[70,71]. After termination of the GF project, there were still 23 OST centres active, and the number of persons who inject drugs covered by OST increased to 4,336 in 2015. As NSP has not been financed by RHIF, its seems that those HIV programme components (like OST) which are part of the standard benefits under the RHIF schemes have good chances to be continued after the transition process.

The NGO SAFE PULSE OF YOUTH, established in 2001, was the first LGBT NGO in Serbia who took part in the national HIV response. The NGO ASOCIJACIJA DUGA from Šabac was founded by LGBT people in 2004. The GF HIV project in Serbia played the most critical role in the development of services for HIV prevention among men who have sex with men. It supported prevention among MSM and drop-in centres in several Serbian cities and involved, beside SAFE PULSE OF YOUTH and ASOCIJACIJA DUGA, other NGOs including OMLADINA JAZASA NOVI SAD in Novi Sad, and ASOCIJACIJA ZA SEKSUALNO I REPRODUKTIVNO ZDRAVLJE in Niš. Particular attention was paid to motivate men who have sex with men to get tested for HIV and other sexually transmitted infections, both in drop-in centres and in public health institutes. These interventions led to increased numbers of diagnosed infections and to earlier diagnosis[72]. During the last nine months of the GF project, more than 18,000 clients were reached with prevention activities (counselling, distribution of condoms and lubricants and educational material and referral to HTC).

After the closure of the GF project in Serbia, NGOs SAFE PULSE OF YOUTH and ASOCIJACIJA ZA SEKSUALNO I REPRODUKTIVNO ZDRAVLJE

69 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on activities realised as a part of the national HIV response during period January 1 – December 31, 2014 with comparative analysis for 2010-2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2016.

70 Ibid.

71 RHIF.

72 Đurić P, Ilić S, Turkulov V, Brkić S, Rusnak M. Epidemiology of HIV infection in the men who have sex with men (MSM) population of Autonomous Province (AP) Vojvodina, Serbia. J Ecol Health. 17(2):81-6.

An NGO volunteer in a drop-in centre

stopped their services for men who have sex with men and NGOs OMLADINA JAZAS-a NOVI SAD and ASOCIJACIJA DUGA continued them at lower extent[73]. After the end of the GF project, this NGO continued to run a drop-in centre for men who have sex with men in Novi Sad (as a part of the programme 'Prevention Club', which also includes a drop-in centre for sex workers and a club for PLHIV) now financed by the Secretariat for Health, Social Policy and Demographic of Autonomous Province of Vojvodina and City of Novi Sad; however the budget is less than 10% of the budget available from the GF.

ASOCIJACIJA DUGA launched in 2013 an advocacy campaign for the access to funding for HIV prevention programmes at the local level and secured funds for its programmes from several local self-governments. As these funds are much smaller than those which were available through the GF, ASOCIJACIJA DUGA developed social enterpreneurship activities and 50% of its income has been invested in its prevention programmes.

The NGO JAZAS from Belgrade was active in HIV prevention among sex workers and in advocacy for decriminalization of sex work since 2004; funding was provided by international donors including GF HIV and TB projects. Outreach activities were conducted in mobile medical units since 2005, offering HTC and complementary services including screening on TB provided in drop-in centre. Also supported by the GF, additional NGOs provided outreach prevention and other services for sex workers in several cities: OMLADINA JAZASA NOVI SAD and PREVENT in Novi Sad, TOC in Zaječar and other 10 municipalities and OMLADINA JAZASA KRAGUJEVAC in Kragujevac. During the last nine months of the GF project, 3,375 sex workers were reached with prevention activities (counselling, condom distribution, educational material, referral to HTC).

PREVENT and OMLADINA JAZASA NOVI SAD continued to provide services for sex workers on a reduced level after the end of the GF project through funds provided by AP Vojvodina Secretariat for Health, Social Policy and Demographic. NGO JAZAS focused its activities to support another NGO from Belgrade,

73 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on activities realised as a part of the national HIV response during period January 1 – December 31, 2014 with comparative analysis for 2010-2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2016.

SLOBODA PRAVA, who provide prevention services in the drop-in centre and in mobile medical unit for sex workers in Belgrade on volunteer basis [74]. NGO NOVA+ from Pančevo received support from local self-government and it provides prevention and other complementary services in a drop-in centre in Pančevo. OMLADINA JAZASA KRAGUJEVAC continued its services in Kragujevac and TOC continued its activities in 11 cities and municipalities, but in a very limited scale and on volunteer basis due to lack of funding from local government or other sources.

Systematic HIV prevention among vulnerable populations was introduced in Serbia as a part of a project conducted by UNDP, DFID, Imperial College and International Harm Reduction Development between 2004 and 2007. During this project HTC and OST were offered in prisons for the first time. GF projects further strengthened activities in prisons, including trainings for prison staff and prisoners. According to the GF project reports, HIV prevention in prisons reached 40% of prisoners. The prevention package included participation in training workshops, counselling on HIV, sexually transmitted infection and safe sexual and injecting practices, provision of information, educational material and condoms, and referral to HIV testing. After the end of the GF project, 23 out of 29 prisons in Serbia continued with HIV related education for prisoners, but only five continued with HTC. OST is available in all prisons in Serbia, both for prisoners who were on OST during the GF project and for those who started with OST after termination of the GF project.

HIV prevention among Roma population was introduced in 2004 by NGO NOVOSADSKI HUMANITARNI CENTAR. It included peer-education and behaviour change communication. During the GF projects additional NGOs took part in this programme component: ROMKINJE U DEKADI, ASOCIJACIJA ZA SEKSUALNO I REPRODUKTIVNO ZDRAVLJE, CENTAR ZA INTEGRACIJU MLADIH, STABLO. About 8,150 Roma youth were reached during the period January - September 2014 with outreach services (peer education, Roma health mediators, outreach work – condom distribution; distribution of educational materials; referrals for testing for HIV and STIs, etc.)[75]. These interventions have stopped after the GF projects.

Prevention among street children were also one of the components of the GF projects in Serbia. It involved NGOs CENTAR ZA INTEGRACIJU MLADIH, CENTAR ZA POMOĆ DECI and EKUMENSKA HUMANITARNA ORGANIZACIJA, who were responsible for running shelters for children. The children were educated about HIV prevention, and counselling about HIV prevention was offered. In the first nine months of 2014, 637 children were reached by these services[76]. Only EKUMENSKA HUMANITARNA ORGANIZACIJA from Novi Sad succeeded to fully integrate this service in the Centre for Social Work in Novi Sad and the City of Novi Sad financially supported the shelter, as a good example of a multi-sectoral approach (City of Novi Sad supported HIV-related social programmes through its Commissariat for Social and Children Care since 2006) that could be used as a model for other local self-governments.

In addition, 385 institutionalised children and children in foster care were reached with prevention programmes during the period January-September 2014 as a part of the GF project. After the project these activities weren't provided.

7.3.2 HIV counselling and testing

HTC services were established in public health institutes in Belgrade and Novi Sad in the mid-80's, but it was only after 2000 when ART became available that HTC services further expanded in Serbia. Since 2003, GF projects supported HTC by provision of test kits, trainings and public campaigns. Sustainability of HTC beyond the GF support was already subject of panel discussions and negotiations at the end of GF Round 1 in 2006; without concrete and timely results,

74 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on activities realised as a part of the national HIV response during period January 1 – December 31, 2014 with comparative analysis for 2010-2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2016.

75 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on activities realised as a part of the national HIV response during period January 1 – December 31, 2014 with comparative analysis for 2010-2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2016

76 Ibid.

most of the HTC centres consequently had to stop their activities for some time during 2007[77].

As early as 2003 the Secretariat for Health, Social Policy and Demographic of the AP Vojvodina financed procurement of HIV test kits for all seven public health institutes in the AP Vojvodina and since 2004 the Commissariat for Health of the City of Novi Sad had started to finance procurement of HIV (and later hepatitis B and C, chlamydia and syphilis) test kits. In 2009 the Working Group of the HIV Commission of the AP Vojvodina made an internal assessment of financial needs for HTC sustainability. About $14,000 annually was found to be required for HTC HIV test kits or about $99,000 annually for all test kits used in HTC centres – tests for HIV, hepatitis B and hepatitis C. About 50% of this amount was for confirmatory tests.

NGO JAZAS from Belgrade initiated first HTC mobile units in 2005, as part of the MATRA programme (a programme under leadership of the Ministry of Foreign Affairs of the Netherlands). This service was offered to sex workers. Since 2008 the GF project continued to support HTC by provision of test kits to public health institutes. It also initiated HTC in drop-in centres which were managed by NGOs, outreach HTC among key populations (using mobile units) and

Promotional material with message for sex workers designed by an NGO

77 Đurić P, Ilić S, Rajčević S. Provider-initiated vs. client-initiated HIV testing in Autonomous Province of Vojvodina, Serbia, 2000-2008. J Infect Dev Ctries 2013; 7(11):844-80.

Figure 6. Key milestones: Prevention services for key and vulnerable populations

Global Fund projects in Serbia: 2003-2006 and 2007-2014

2001	2003	2004	2005	2007	2014
First LGBT organisation established; First NSP started in Belgrade	NSP started in Niš and Novi Sad	First projects for sex workers started; HIV prevention in prisons and among Roma population started	First PLHIV organisation established	GF supported services for MSM, PWID, SWs, prisoners; OST services expanded; programmes for vulnerable children and young Roma supported	GF project ended; some programmes expanded ((OST), some continued in lower extent (PWID, MSM, SW, prisons), some stopped (young Roma and vulnerable children); some ministries, autonomous province and 10 local self-governments financed HIV services

HTC in a mobile medical unit

HTC in public spaces in several cities as part of the campaign for promotion of HTC. These activities were conducted in partnership between NGOs and public health institutes. Several public health institutes and the institutes for healthcare of students in Belgrade and Novi Sad also conducted campaigns to promote HTC, including HTC during the night, HTC in rural communities, in communes for drug addiction treatment, schools, etc.

In 2007, the Commission for Combating HIV/AIDS adopted an HTC guideline[78] and the Institute of Public Health of Vojvodina and its NGO partners published four guidelines for healthcare workers (HIV and other blood borne infections counselling, post-exposure prophylaxis, the role of health care workers in HIV response), including the guideline for HTC in healthcare settings[79,80,81,82].

The development of sustainability strategies for HTC services was an important part of the GF HIV projects. During several round tables with representatives from HTC centres obstacles and challenges of HTC in Serbia were discussed. One of the main challenges was seen in the fact that the RHIF can only cover costs for name-based HTC, while one of the core HTC principles is anonymity. The only solution found was in financing HTC from the state budget. Based on these efforts, contracts were signed in 2011 between the MoH and

78 Anđelković V, Ilić-Vlatković L, Ilić D, Paunić M. Guideline for voluntary confidentially counselling and testing. Belgrade: Institute of Public Health of Serbia; 2007.

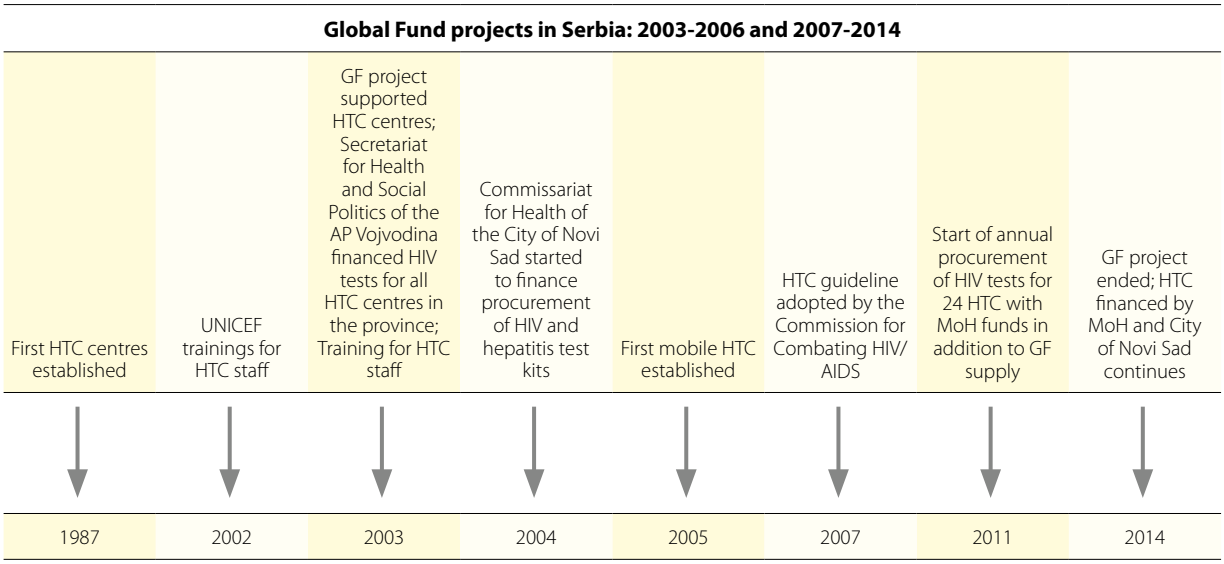
79 Đurić P. Counselling and testing on HIV and other blood borne infections in healthcare settings. Novi Sad: Institute of Public Health of Vojvodina; 2007.

80 Đurić P, Ilić S. HIV infection and healthcare workers. Novi Sad: Novosadski Humanitarni Centar; 2007.

81 Đurić P, Ilić S. The role of healthcare workers in the response to HIV epidemic. Novi Sad: Ekumenska Humanitarna Organizacija; 2008.

82 Đurić P, Brkić S, Ćosić G, Petrović V, Ilić S. Control and prevention of blood borne infections in healthcare institutions. Novi Sad: Institute of Public Health of Vojvodina; 2008.

Figure 7. Key milestones: HTC



all 23 public health institutes that provided HTC, making the MoH responsible to provide funding for the procurement of HIV test kits through additional annual budget allocations. However, financial resources are still not available through the MoH for hepatitis B and C testing free of charge at HTC centres without referal which were earlier provided under GF HIV projects implemented by the MoH.

Between 2008 and 2010, on average 9,773 persons were tested for HIV at the HTC centres per year compared to 9,339 persons per year between 2011 and 2014[83,84]. In addition, financed by the GF, several NGOs (ASOCIJACIJA DUGA, JAZAS, PREVENT, PUTOKAZ, OMLADINA JAZASA NOVI SAD, OMLADINA JAZASA KRAGUJEVAC, Q CLUB, SAFE PULSE OF YOUTH,STAV+, VEZA, TIMOČKI OMLADINSKI CENTAR) had started to provide outreach HTC for the general population and for key populations in collaboration with public health institutes or other healthcare institutions in several cities, through mobile medical units and in drop in centres. Only some of them continued their activities after the end of the GF (PREVENT, OMLADINA JAZASA NOVI SAD, etc.).

7.3.3 Surveillance, monitoring and evaluation

Reporting of people diagnosed with HIV infections and AIDS had started in Serbia in the mid-eighties. It allowed to monitor trends and leading routes of transmission. Repeated (bio)behavioural surveys among key and vulnerable populations (people who inject drugs, men who have sex with men, sex workers, prisoners, young Roma, institutionalized children without parental care) as well as surveys among PLHIV were introduced in Serbia as part of GF supported activities in 2008. The surveys were repeated in 2010, 2012 and 2013. It was envisaged under GF projects that bio-behavioural surveys will be integrated into the regular scope of work of the IPHS and be funded by the state budget through the MoH after the end of GF projects. The national Programme of Population Protection Against Infectious Diseases adopted by the Government in March 2016 incorporated second generation HIV surveillance, but planned bio-

83 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Analysis of the activities realised as a part of the national HIV response 2008-2013. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2014.

84 Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'. Report on activities realised as a part of the national HIV response during period January 1 – December 31, 2014 with comparative analysis for 2010-2014. Belgrade: Institute of Public Health of Serbia 'Dr Milan Jovanović Batut'; 2016.

behavioural surveys among people who inject drugs, men who have sex with men and sex workers could not be conducted, as the financing from the MoH was not provided for 2016.

The United Nations Thematic Group on HIV/AIDS has supported development and implementation of the national monitoring and evaluation of the national HIV response since November 2004. Under the GF project, the improvement of monitoring and evaluation system played a significant role and resulted in the Plan for Monitoring and Evaluation of the strategic response to HIV/AIDS in Serbia for the period 2011 to 2015, which was adopted by the Commission for Combating HIV/AIDS in 2011[85]. A web-based HTC database has been developed and implemented at national level since January 2014. Size estimations of key populations at local and at the national level were conducted as part of the project; the most recent size estimation of people who inject drugs was done within a twinning project related to drugs.

7.4 Scaling-up treatment, care and support

ART has been fully covered by the RHIF in Serbia since 2001. After registration at the Agency for Medical Products and Medical Devices of Serbia, a pharmaceutical product should be accepted by the RHIF and included on the RHIF's list of reimbursable medicines. All ARV medicines on the RHIF's list (table 8 and table 9) are provided free of charge. ART centres follow the European AIDS Clinical Society guideline[86].

HIV treatment in Serbia has been partially decentralised since 2008, which means that PLHIV can go for initial assessments, clinical, immunological and virological diagnosis (CD4 count, viral load, etc.), and regular follow-up to one of the four treatment centres in Belgrade (covering more than 80% of registered PLHIV), Novi Sad, Niš and Kragujevac.

Among ARVs recommended as a first line regimen by the 2013 WHO ART Guideline, there was only one ARV not on the RHIF list (FTC). Among fixed-dose combinations strongly recommended by WHO, there was only one (3TC/AZT) on the RHIF list (table 8). Two antiretrovirals (ATV/r and FTC), which are among the WHO second line regimen for adults are not on the RHIF list. Only four first and second line regimen ARVs for children recommended by WHO are on the RHIF list. On the other hand, there are 10 ARVs and one fix-dose combinations which are on the RHIF list, but not recommended by the WHO guideline (table 9). Additional three fix-dose combinations and one single ARV drug were registered in Serbia, but not on the RHIF list (table 10).

As part of GF HIV projects, equipment and test kits for ART resistance monitoring were procured and available in the National Reference Laboratory. Although the test kits are eligible for RHIF financing, they were not procured after the end of the GF project and became unavailable from March 2015.

Funded by the GF, eight PLHIV organisations provided psycho-social and legal support to PLHIV. It included peer support and counselling, personal assistance and legal aid through self-support and resource centres, and to a smaller extent treatment literacy. The GF project also strongly supported capacity building of the eight PLHIV organisations and their union (USOP).

After the end of the GF HIV project, all eight PLHIV organisations are still active in providing mainly peer counselling and some other support services to

ART related educational material

85 Republic of Serbia. Plan for monitoring and evaluation of the strategic response to HIV infection and AIDS in the Republic of Serbia 2011-2015. Belgrade: Ministry of Health; 2011.

86 European AIDS Clinical Society. Guidelines version 7.1 November 2014.

Table 8. WHO 2013 consolidated ART guideline and ARVs on the RHIF list*

Treatment regimens	Categories of patients	WHO ART Guidelines, 2013		
		Recommended treatment building blocks		Recommended treatment
		Single	Fixed-dose combination	
First line regimen	Adults and adolescents	3TC	3TC/AZT	3TC/EFV/TDF"*
		AZT	3TC/AZT/NVP	EFV/FTC/TDF
		EFV	3TC/EFV/TDF	3TC/AZT/EFV
		FTC	3TC/TDF	3TC/AZT/NVP
		NVP	EFV/FTC/TDF	3TC/NVP/TDF
		TDF	FTC/TDF	FTC/NVP/TDF
	Children	3TC	3TC/AZT	3TC/ABC/EFV
		ABC	3TC/AZT/NVP	3TC/ABC/LPV/r
		AZT		3TC/AZT/LPV/r
		EFV		3TC/AZT/EFV
		FTC		3TC/AZT/NVP
		LPV/r		3TC/EFV/TDF
		NVP		3TC/NVP/TDF
		TDF		EFV/FTC/TDF
				FTC/NVP/TDF
Second line regimen	Adults	3TC	3TC/AZT	3TC/AZT/ATV/r
		ATV/r	3TC/TDF	3TC/AZT/LPV/r
		AZT	FTC/TDF	3TC/TDF/ATV/r
		FTC		3TC/TDF/LPV/r
		LPV/r		FTC/TDF/ATV/r
		TDF		FTC/TDF/LPV/r
	Children	3TC	3TC/ABC	3TC/ABC/LPV/r
		ABC	3TC/AZT	3TC/ABC/EFV
		AZT	3TC/AZT/NVP	3TC/AZT/EFV
		EFV		3TC/AZT/LPV/r
		FTC		3TC/ABC/NVP
		LPV/r		3TC/AZT/NVP
		NVP		3TC/NVP/TDF
		TDF		3TC/TDF/LPV/r
				FTC/TDF/LPV/r

* ARVs highlighted in blue are on the RHIF list.

** Combinations highlighted in green are those recommended as preferred; combinations without highlighting are alternative.
3TC – Lamivudine, ABC – Abacavir, AZT – Zidovudine, d4T – Stavudine, ddI – Didanosine, DRV – Darunavir, DTG – Dolutegravir, EFV – Efavirenz, ENF – enfuvirtide, FPV – Fosamprenavir, FTC – Emtricitabine, LPV – Lopinavir, MVC – Maraviroc, r – Ritonavir, RAL – Raltegravir, RPV – Rilpivirin, TDF – Tenofovir, TPV – Tipranavir, SQV – Saquinavir.

Sources: WHO; RHIF.

Table 9. ARVs on the RHIF list, but not in WHO 2013 guidelines

ARVs	
Single	**Fixed-does combination**
d4T	3TC+ABC
r	
ddI	
DRV	
TPV (solutio)	
MVC	
RAL	
SQV	
FPV	
ENF	

Table 10. ARVs who are registered but not on the RHIF list

ARVs	
Single	**Fixed-does combination**
DTG	FTC+TDF
	FTC+TDF+EFV
	FTC+TDF+RPV

PLHIV. In 2015, they received $30,647 from domestic sources equalling about 14% of the previous GF budget. However, including other financing sources, and including one additional NGO which provides psycho-social support to PLHIV (this NGO was not supported by the GF), 75% of the GF budget for PLHIV services was replaced by other sources. Moreover in 2015, 90% of all external support to HIV projects in Serbia went to PLHIV services (psycho-social, legal support and similar).

Promotional material targeting young PLHIV

8. CONCLUSIONS

Serbia is a good practice example for demonstrating complex transition processes in the funding, sustaining or even expanding (according to needs and targets) of national HIV responses in SEE. While a range of HIV services including for example ART were covered by existing national health financing mechanisms such as the RHIF from the beginning and would only need further scale-up, efficiency gains and some quality improvements in order to achieve full coverage as part of a general universal health coverage strategy, and while others were financially supported by external sources (particularly through the GF) and quite successfully integrated into existing national health financing mechanisms such as the RHIF like for example OST, other previously externally funded services suffered severe cuts and consequently service reductions or even complete stop of services.

In particular, funding for some HIV prevention services provided by NGOs targeting key and vulnerable populations was reduced and only 6% of the average annual GF budget available for NGOs was replaced with domestic sources after the end of the GF support to Serbia. Although the legal and regulatory frameworks as well as social contracting mechanisms do exist in Serbia[87], they have not been used to the extend necessary to sustain or even expand according to needs and targets these services provided by NGOs which are regarded as critical enablers for successful national HIV responses particularly in settings of epidemics concentrated among key populations such as in Serbia. As a further consequence, critical expertise among service providers may have been lost.

On a much reduced scale, there are good examples on national, provincial and municipality level how important outreach services to key populations provided by NGOs can be sustained through domestic resources and within a concept of close collaboration and coordination with public services and institutions. There are also encouraging new initiatives like applying concepts of social entrepreneurship as additional financing mechanisms for NGOs or examples of efficiency gains through reviews and changes of service organization within the structure of individual services providers and across the service offerings on national and sub-national levels. All of that has been well documented in this report.

However, there has not been a systematic review and agreement among the key stakeholders in Serbia demonstrating that the current (2015) post-GF level of funding, service organization and in particular of the involvement NGOs in the service provision to key populations is adequate and optimized to achieve key commitments and targets such as universal service coverage and ending the HIV and AIDS epidemic in Serbia. As helpful for such an inclusive 'Phase 2' transition process could be considered the timely adoption of an updated national HIV strategic plan and the full and effective functioning of the National HIV/AIDS and TB Commission. In addition and in view of the commitment to general universal health coverage which has gained further dynamic through the Sustainable Development Goals as being one of the targets under goal 3, a review of the role of the RHIF as one financing mechanism for prevention services could create useful discussions about more flexible benefit schemes and inclusion of a more diversified group of service providers for some defined benefits taking into account mid-term and long-term reductions for treatment, care and support costs as a result.

Without such a systematic and inclusive approach, the national HIV programme is increasing unnecessarily

87 Abdullaev T, Đurić P, Konstantinov B, Hamelmann C. NGO social contracting fact sheet Serbia. Istanbul: UNDP; 2016.

uncertainties and risks related to the further outcome of the HIV epidemic in Serbia. After all, through the efforts during the last decades, the national programme was successful to maintain a very low HIV prevalence in the country. If the funding under the GF has by and large contributed to this status by end of 2014, it maybe worth considering whether a cut of some US $1 million annually in funding for essential outreach services without evidence-based forecast is worth the risk taken through the loss of service output, of accumulated expertise and of the direct benefits for PLHIV;
US $1 million translates into about 0.02% of the annual health expenditure in Serbia.

Empowered lives.
Resilient nations.

INSTITUTE OF PUBLIC HEALTH OF SERBIA "Dr MILAN JOVANOVIC BATUT"

INSTITUTE OF PUBLIC HEALTH OF VOJVODINA