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Newsletter

UNDP/GFATM Programmes in Montenegro

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Grant Agreement Signing

Podgorica/Geneva, 14 November 2012 —The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) signed the Amendment to the Agreement with the United Nations Development Programme (UNDP) Montenegro for the Phase II of the Round 9 program “**Scale up of the national response to HIV/AIDS among most-at-risk populations in Montenegro**”, in the total amount of 1,730,818 EUR. The overall goal of the program is to maintain HIV prevalence in Montenegro.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has financially supported the implementation of the National HIV/AIDS Strategy in **Montenegro since 2006**.

GFATM's Rd5 program “**Support to Implementation of the National HIV/AIDS Strategy in Montenegro**” (2,424,124 EUR) was successfully implemented from August 2006 to July 2010 with UNDP as Primary Recipient of the funds (PR) and Country Coordinating Mechanism (CCM) as the responsible national entity and owner of the program.

The Round 9 HIV programme seeks to scale up and strengthen the national response to HIV/AIDS targeting most-at-risk populations in Montenegro 2010-2014. It will build on the Round 5 experience, successes achieved and challenges faced during the implementation of the National AIDS Strategy 2005–2009. The Round 9 was developed through a broad consultation process with all national actors contributing to the Montenegrin HIV/AIDS programme. It is also aligned with the WHO and UNAIDS policy guidelines and the National Response to HIV/AIDS to Montenegro 2010 to 2014.

Grant Agreement for the Phase I was signed in August 2010. The first phase was implemented in the period July 2010 - June 2012 with the budget of 2,332,012 EUR.

The activities within the Phase II of the Round 9 HIV program build upon the activities implemented in the Phase I. The Request for Renewal within the Phase II took into account recommendations that the focus should be on most-at-risk population groups and people living with HIV (PLHIV). The recommendations were based on the epidemiological evidence and appropriate program responses for upper middle income countries with the low burden of disease. In Montenegro, the most-at-risk groups are men having sex with men (MSM), injecting drug users (IDUs), female sex workers (SWs), merchant marines, poor Roma, Ashkali and Egyptians (RAE youth) youth and prisoners.

During the Phase I of the Rd 9 HIV Grant, services established under the Rd 5 HIV Grant were scaled up in terms of opening:

- **three drop in centers for IDUs**
- **one drop in center for SWs, and**
- **one counseling center for MSM.**

During the same period, outreach services targeting merchant marines were added to existing counseling centre for merchant marines established by the NGO Zastita in Bar. In addition, the PHC Centre Kotor established **counseling center for merchant marines**. The established centre for merchant marines is a first of a kind in the institutional settings.

The program for secondary schools' optional subject “Healthy



Life Styles” was developed, as well as a textbook for students and guide for teachers on the same theme.

One of changes in the Request for Renewal relates to institutional arrangements concerning the proposed Principal Recipients (PRs) for the Phase II in the original Round 9 project proposal. **Instead of the originally proposed two national PRs** (the Institute of Public Health and the NGO CAZAS), the Country Coordinating Mechanism (CCM) decided that the **UNDP should remain the sole PR**. This decision reflected the new requirements of the Request for Renewal as well as some concerns about the capacity of the proposed PRs.

Most of the Phase II activities will be implemented through the **NGO sector (49%)** through continuing existing outreach programmes for IDUs, SWs, MSM, merchant marines and RAE, and the drop-in centers for IDUs, MSM, SWs. The government component of the program will include strengthening and scale-up of the methadone maintenance treatment (MMT) services at the primary health care level, strengthening capacities of eight existing Voluntary Counseling and Testing (VCT) counselors, and treatment and support for PLHIV. **Three additional MMT Centers are planned to be opened in Years 3 and 4.**

Further strengthening of VCT services will aim to increase the number of people counseled and tested for HIV and to ensure quality and sustainability of these services through their full integration into the primary health care system. Treatment, care and support services for PLHIV will be strengthened through **further training of health professionals** at different levels of service delivery as well as training aimed at increasing treatment literacy and other life skills of PLHIV themselves. **Psycho-social support services for PLHIV** will be implemented by the recently formed **first PLHIV NGO** (Montenegrin HIV Foundation, MHF).

HIV surveillance in Montenegro will be strengthened through continuous training of health professionals from the Institute of Public Health in the Second Generation Surveillance. **Further five bio-behavioral surveys are planned amongst merchant marines and RE youth in Year 3, IDUs and MSM in Year 4 and female SWs in Year 5. A national database is expected to be introduced by January 2013**, with an aim of improving the reporting system and evidence-based decision making.

The implementation of the National HIV/AIDS strategy has been jointly financed by the GFATM and the Government of Montenegro. One of preconditions for getting the GFATM grants for upper middle income countries such as Montenegro is that the **majority of activities be financed by the Government**, while GFATM finances up to 35% of the overall strategy budget with the progressive **increase of national share by the end of the Grant**. Most of the activities run through the governmental sector have already been incorporated in the health and education system, such as VCT services, MMT programs and Healthy Life Styles subject in primary and secondary schools.

All stakeholders together in one place



The VI Annual Review Meeting of the Country Coordinating Mechanism (CCM) for HIV/AIDS and Tuberculosis was held in Milocer from 24-26 October 2012. Participants were more than 60 professionals involved in the National response to HIV/AIDS and the implementation of the National Programme for Tuberculosis Control.

The Meeting was opened by Mr. Rastislav Vrbensky, UN Resident Coordinator and UNDP Resident Representative to Montenegro, Dr. Boban Mugosa, Director of the Institute for Public Health (IPH), Dr. Mensud Grbovic, Assistant Minister of Health and Dr. Olivera Bojovic, National Coordinator for Tuberculosis.

During two and a half days the participants had an opportunity to see and comment 35 presentations. The majority of activities presented have been funded through the GFATM Round 9 HIV Grant. In relation to HIV/AIDS, the activities are aimed at achieving of 5 goals:

1. Prevent HIV transmission among most-at-risk populations
2. Improve the quality of care and support to PLHIV
3. Create a supportive environment for HIV prevention and care
4. Strengthen the HIV surveillance system among most-at-risk populations
5. Increase capacity and coordination of a focused response to HIV among most-at-risk populations

At the Meeting was pointed out that the Grant Implementation in Montenegro has been rated as A1, i.e. the average achievement rate of 12 indicators was 104%. However, the following points were made:

- Capacity building for NGO umbrella sub-recipient needs to be accelerated;
- Additional efforts in sensitization of key persons within the health system need to be invested in order to strengthen the methadone maintenance treatment;
- Despite the HIV related sensitization activities implemented among health professionals throughout the Rd 5 and Rd 9 HIV Grant cycle, the level of HIV related stigma and discrimination towards people living with HIV/AIDS is still very prevalent, and special focus should be put on increasing HIV related knowledge among health professionals in order to ensure provision of health services to all in need;

- HIV related knowledge among young people is still insufficient. Still, young people who reported to have studied the "Healthy Life Styles" subject within the primary school education, showed much better overall HIV related knowledge as well as significantly higher level of acceptance of PLHIV.
- National information system for monitoring the response based on the National M&E Plan for HIV/AIDS needs to be finalized.
- It is critical to meet deadlines for sub-recipients' reporting towards the Principal Recipient (PR) and from PR to LFA and GFATM.

The activities from the programme "Establishing and Pursuing a High Quality of Tuberculosis Control Program in Montenegro", funded through the GFATM Round 6 Grant were also presented by Milan Jankovic, TB Project Manager. It was agreed that the success of the programme, which concretely resulted in increased screening and decreased number of new TB cases, was quite evident. Nevertheless, further recommendations were given:

1. In cooperation with the Ministry of Health, Special Hospital for Pulmonary Diseases and other UN agencies, it is necessary to improve the surveillance over most-at-risk populations (with special focus on prisoners);
2. The DOT system needs to be further improved;
3. Family members of patients need to be educated;
4. Cooperation with SNRL (Supra-National Reference Laboratory) needs to be regulated.

After each presentation day, a lively and fruitful discussion followed. The key recommendations from the Annual Review Meeting are summarized below.

- The main goal of the programme has been achieved. Montenegro remains a country with low prevalence (<1%).
- It should be pointed out that the Montenegrin HIV/AIDS Grant has been continuously rated as A1 (only 11% of countries in which GFATM portfolio is being implemented has received this grade); Activity achievement indicator – 111%.
 - All implementing partners, from GO and NGO sectors, have achieved the envisaged goals and fully implemented contracted activities under the GFATM Rd 9 HIV Grant;
 - In the following three years, the GFATM will continue to finance activities from the National HIV/AIDS Strategy, but



those funds will be respectively shrinking and it will be critical for the country to overtake the financing.

- *The economic crisis might lead to an increased level of unsafe behavior resulting in potentially increased numbers of HIV and other STIs infections. Therefore, focus on HIV prevention should be preserved through targeted messages towards general population and young people as well as through concrete outreach activities among members of most at risk populations.*

- *Resource mobilization needs to be improved and funds for the next annual review meeting need to be secured, having in mind its importance as a forum for experience exchange and discussion on improvement of prevention activities.*

Modest Investment - Huge Gain

In Montenegro, there is no open scene for sex workers. The sex work is still criminalized and there is a significant percentage of sex workers who are subject to violence on a daily basis. Moreover, many of them are migrants who are not entitled to social or health care. According to the latest survey conducted among female sex workers, 55 % of them have children and 88% is unemployed.

NGO Juventas has been implementing the project „Health on Streets“ since February 2007, aimed at improving the life quality of persons selling sex. Also, the goal is to prevent transmission of HIV and other sexual transmitted infections among sex workers and their sexual partners. The focus of project activities is on providing information, education, safe and confident referral to Health Care System in Montenegro as well as on distribution of condoms, lubricants, needles and syringes.

High rate of drug abuse, including injecting drug use, was found to be present in all types of sex work. When it comes to the use of condoms and drugs, significant difference has been noticed between street sex work and sex work in night clubs. Most of female sex workers (FSW) on streets are long term IDUs (more than 80%) who sell sex at very low prices, and hardly practicing safe sex.

Ms. Tijana Zegura, Programme Director of NGO Juventas, remembers the beginnings:

- As time passed by, we realized that the time we were spending on streets, in clients' apartments, or in other places where sex workers gather or work, simply did not suffice for providing the needed information, or to advise on all the issues they were interested in. Therefore, in the first half of 2011 we decided to open a day center not only for female sex workers, but also for their families and children. Before starting to come to the day center, sex



workers who were IDUs used to visit the drop-in center for IDUs and gave excellent feedback regarding its usefulness. The drop-in center for female sex workers has been established as a friendly environment which provides counseling, exchange of needles and syringes, free condoms and, most importantly, referrals to the institutions of social, child and health care.

Social and outreach workers offer advice and support in the center, but female sex workers can also obtain services from a doctor, psychologist, class teacher and a hairdresser. Only between January 1st to October 1, 2012 four hundred female sex workers visited the center. They come for a coffee and a talk about sexually transmitted diseases and gynecological examination, or to discuss their rights to social and child support, or any other service.



- A number of clients have become our regular guests and often we have spontaneous gatherings or social events. We also have a corner for kids the sexual workers bring with themselves. Until recently, we had a teacher who used to work with their children, helping them with studying and socialization. Last year we organized a New Year's party for them. It was sad to realize that even some older kids had seen Santa Claus for the first time that evening. Sparkles in the eyes of 10-year-old children that believed Santa came that day just to be with them was a proof that the opening of the center was meaningful and justified. Of course, without financing from the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) none of that would be possible – Ms. Zegura pointed out.

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Among the clients visiting the center, there are two sex workers living with HIV, while the percentage of persons with Hepatitis C is quite significant. Thanks to the excellent cooperation with the Institute of Public Health and Clinic for Infectious Diseases, a strong link was established that connects people living

on the margins with the health care system.

Ms. Zegura proudly points out that they have been closely monitoring the pregnancy of four clients. Meanwhile, three of them delivered healthy babies, while one lady is still pregnant.



- It's a job where it is impossible to separate emotional from professional aspects. Sometimes it is very difficult to work under such conditions. But, positive results give strength to me

and my colleagues to continue, as we really feel our work in the day center for female sexual workers can make a huge difference in their lives. – Ms. Zegura concluded.

Provision of HIV prevention services for SWs, through outreach work and services within drop in center, resulted in more than a half sexual workers reporting consistent use of condom (58% in 2012) as well as **increased rate of condom use at last sex with the client** (77.5%). These changes in behavioral patterns are slow, but very important from the perspective of public health, because SWs could become a bridging population in terms of HIV and other STIs transmission to general population. Therefore, it is crucial to ensure sustainable financing for such services after withdrawal of the GFATM financial support, in 2015.



GETTING TO ZERO



Since the very first HIV/AIDS infection in 1989, 140 HIV persons have been registered in Montenegro. This puts the country among those with the lowest HIV/AIDS prevalence. However, according to the methodology recommended by the WHO, estimations are that the real figure is five times higher than the official one.

The latest relevant data, along with the achievements in combating HIV/AIDS in Montenegro, were presented at the World AIDS Day press conference, organised by the Ministry of Health.

“Twelve new HIV/AIDS cases have been registered this year,” said Alma Čičić from the Institute for Public Health of Montenegro. “Men make 84% of the infected, and the largest number of infections - 90%, was discovered at the so called labour and reproductive age - 15 to 49 years,” she said. Ms. Čičić also highlighted that the unsafe sexual contact – 87% is the most common way of HIV transmission.

Director of the Institute for Public Health, Dr Boban Mugoša

stressed out the importance of early discovery of the infection. “Early detection allows adequate treatment and increases chances for a patient to live a long life. That is why I would encourage regular testing,” said Dr Mugoša. “Although we have achieved good results in suppressing HIV/AIDS trend, a high level of stigma and discrimination is still present. They cause intimidation and low testing rate. Unless changed, this can also lead to a higher number of infected people,” Dr Mugoša warned.

Dr Mensud Grbović, Assistant Minister of Health pointed out that the infective potential and social factors that can foster the spread of the disease represent a warning for all and require more efforts, particularly when it comes to creating of supportive environment for PLHIV.

Mina Brajovic, Head of WHO Country Office and Chair of the UN Theme Group for HIV said that Montenegro, unlike other neighbouring countries, has almost a 100% access to treatment of PLHIV.

“Thanks to continuous efforts in implementation of prevention activities within the National response to HIV, Montenegro





Dr. Boban Mugosa
Director of the Institute for Public Health

remains to be a low HIV prevalence country, which is less than 1%," Ms. Brajović pointed out. Commemorating all who lost the battle against AIDS, she stated that recent UN study signals significant advance in battling AIDS. Ms. Brajović also highlighted the challenges still awaiting and reminded that support to the response to HIV/AIDS remains one of priorities of the UN System in the country.

During 2012 the UN organizations in Montenegro fully contributed to the implementation of the National HIV response through coordination and management of the GFATM supported Round 9 programme "**Scale up response to HIV/AIDS among most-at-risk populations in Montenegro**", as well as through UNAIDS supported activities.



Mina Brajović
Head of WHO Country Office



Mensud Grbovic
Assistant Minister of Health

Night HIV counseling and testing in Montenegro



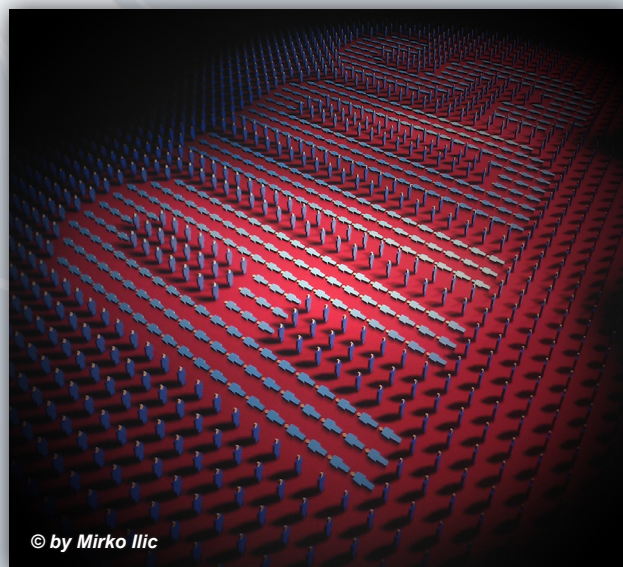
On Friday, 30 November 2012, the Institute for Public Health of Montenegro (IPH) organized **night HIV counseling and testing**, as part of public awareness raising campaign to promote personal responsibility and motivate the general public to overcome stigma and prejudices when it comes to HIV testing. The night HIV counseling and testing was organized on the occasion of the World AIDS Day, in cooperation with Voluntary and confidential testing centres in primary health care centres (PHCC). It was organized by the Institute for Public Health and PHCC Bar, Berane, Bijelo Polje, Kotor, Herceg Novi, Kotor, Niksic and Pljevlja. The testing

up of the National Response to HIV/AIDS among most-at-risk populations, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria through the Round 9 Grant. The United Nations Development Programme in Montenegro coordinates the implementation, under the supervision of the Country Coordinating Mechanism for HIV and Tuberculosis.

took part from 18 to 23h.

The test results were disclosed 45 minutes after the testing, as rapid tests were used. The practice around the world has shown that this kind of testing leads to a significant turnout among the general public, but also among the most-at-risk populations.

This activity has been implemented within the programme **Scale**



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