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# Newsletter

## UNDP/GFATM Programmes in Montenegro

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## The real killer is not the HIV but the ignorance



Access to Voluntary Counselling and Testing (VCT) centres is identified as a key factor in national response to HIV/AIDS in developed and under-developed countries. In 2010, WHO estimated 95 million people in low- and middle-income countries received HIV testing

and counselling and learned their test results. However it is a fact that 50% of people with HIV do not know that they are infected at all. For example, in 2004 the HIV testing rate in Montenegro was as low as 5.6%. One of the reasons for such a low testing rate was probably that testing was not confidential. You could still get tested in private laboratories, but apart from the result, there is still no accompanying essential HIV counselling service a client could obtain and, thus, no real contribution to HIV prevention.

Clients used to get their status/test results from nurses in health institutions, almost in public and without any further elaboration on the test meaning. There were cases when the information on their status 'leaked', thus creating serious social problems for patients. Needless to say, such cases pushed towards a strong intimidation of people towards HIV testing.

Situation in this field started to change in 2005. The first National HIV/AIDS Strategy 2005-2009 identified VCT centres as a key component in the HIV prevention. The first VCT centre was opened at the Institute of Public Health in Podgorica in 2005 with the financial support of UNICEF and Project HOPE. With UNDP's support and funds from Round 5 of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Grant, 7 additional VCT centres have been established in a way to ensure equitable regional coverage. UNDP procured IT equipment, HIV rapid tests, condoms and lubricants to support the VCT centre's work. Since 2005, the HIV testing rate in VCT centres has increased from 5.6% in 2004 to 10.9% in 2012.

Year	Number of persons tested for HIV	HIV testing rate
2004	3496	5.6
2005	3549	5.7
2006	3838	6.1
2007	3838	6.1
2008	4229	6.7
2009	5812	9.0
2010	6492	10.0
2011	7257	11.7
2012	6781	10.9

As mentioned above, before the VCT network in Montenegro was established, a person could get only testing, without any counselling. As explained by Ms. Aleksandra Marjanovic, the National VCT Coordinator, guiding principles in any VCT centre are so called 5 C's, as follows:

- **Consent**
- **Confidentiality**
- **Counselling**

- **Correct test results**
- **Connection/linkage to prevention, care and treatment.**

"In VCT centre one can get information on HIV and other sexually transmitted infections (STI), identify his/her behaviour risks and consequently, subject to test result, undertake steps on avoiding contracting or spreading the infection. Counselling is a confidential discussion between a client and a counsellor and it includes pre-test and post- test counselling and counselling during the treatment of the person living with HIV, if needed. Counselling could be performed with individuals, couples, or families" – explains Ms. Marjanovic.



"I used to have unsafe sex, not because I deliberately wanted it that way, but because I simply had no awareness regarding possible health implications." says Milan, a smiling 25-year-old from Podgorica, capital of Montenegro. However, as he continues his smile disappears... "Once I hooked up with an attractive girl in a bar and after flirting for a while we ended up at my place, spending the night together and basically that was it. However, a month or two later I heard a rumour that this girl was quite promiscuous and possibly even a commercial sex worker. I started to remember some sexually transmitted diseases whose names I had picked here and there and slowly started to panic. What if I had contracted some disease, what if this disease had been HIV, am I really going to die as a consequence of careless but harmless fun...!? – questions just kept coming. After a week of 'existing' rather than living, I decided to talk to my friend who was an activist of a local NGO dealing with HIV/AIDS. I was surprised when he told me that in Podgorica there is a Voluntary Counselling and Testing centre in which I could receive both counselling and testing, without even giving my name. He suggested that getting tested is the only way to know about the status and that it would be very useful for me to get further information on sexually transmitted diseases. It wasn't easy to make up my mind on this, but eventually I went to VCT Podgorica. I expected some old, grumpy nurses but instead I was welcomed by young, smiling professionals who made my fear instantly disappeared. I underwent the pre-counselling while waiting for the result and it seemed to last forever. Fortunately, the test turned negative! It didn't take me long to realize how a reckless behaviour could have changed my life. The counselling proved that I had some serious misconceptions regarding sexual behaviour. I have been telling about the VCT centre to everyone I know and I even had my present girlfriend going to the VCT and getting tested. Regardless of what anyone might think I really believe it's true that everyone is HIV positive until tested" – Milan concluded.

Now there is a fully functional network of 8 VCT centres spread throughout Montenegro (Podgorica, Bar, Herceg Novi, Berane, Kotor, Bijelo Polje, Pljevlja and Niksic). It is important to mention that more and more chosen doctors from the primary health care level institutions are referring their patients to the VCT centres, due to intensive training efforts provided to health professionals

during the implementation of the Round 5 and Round 9 GFATM HIV Grants in Montenegro. Still, there is space for further promotion of the effectiveness and efficiency of VCT services within the community of health professionals, especially at the primary health care level.

VCT centre proved to be an important part in the overall HIV prevention as it is a hub where you can get counselling, testing, prevention, information material and condoms, which can contribute to behavioural change among people with HIV related risk behaviour as well as among people living with HIV – thus greatly reducing the HIV transmission risk.

- From 1 VCT centre in 2005 to 8 in 2013;
- Number of tested persons doubled in the same period;
- Referrals from chosen doctors and other stakeholders in the HIV prevention significantly increased;
- Further promotion of the importance of VCT services among health professionals and general population is crucial.



## HIV related KAP survey among young people aged 15-24

Globally, young people aged 15-24 represent 45 percent of all new HIV infections. Eastern Europe and central Asia are experiencing some of the fastest growing HIV prevalence rates among this population. Although there are no registered HIV/AIDS cases in this age category in Montenegro this unfortunately can not be considered as an indicator of success because the HIV testing rate within this age category is quite low.

Survey on HIV related knowledge, attitudes and sexual behavior among young people aged 15-24 in Montenegro in 2012 was conducted by the Institute of Public Health during February and March 2012 on a nationally representative sample of young people aged 15-24 and represents a part of the strategic framework for monitoring and evaluation of the national HIV response in Montenegro.

Overall goal of the survey was to collect and analyze data about knowledge of HIV transmission and HIV prevention, attitudes towards people living with HIV/AIDS, attitudes towards sexuality, sexual behavior, prevalence of STI symptoms as well as prevalence of HIV testing and coverage of young people with HIV prevention programs and with „Healthy Life Styles“ subject within primary schools and their impact to knowledge, attitudes and behavior change.

This has been a third survey of this kind (the first one in 2007 and the second in 2009). All three surveys were conducted with UNDP's support, and funded through Round 5 and Round 9 of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) HIV Grants.

The survey for 2012 included 1171 participants aged 15-24, out of which 611 (52.2%) males and 560 (47.8%) females, in average 20.1 years old.

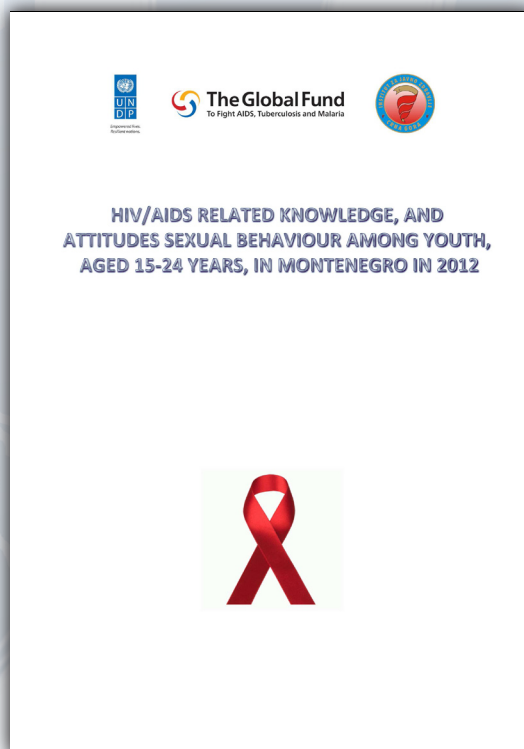
Slightly more than one fifth of the surveyed young people (22%) have shown the adequate level of knowledge in regard to HIV prevention and have declined the most widespread misconcep-

tions about HIV transmission, indicating significant decrease compared to 27.2% of young people in the 2009 survey.

In all three surveys, data consistently confirm the lowest level of knowledge among respondents from the northern region showing mild increasing trend in this period (15.4% 2007, 16.2% 2009 and 17.3% 2012), with females from the northern region constantly showing better knowledge than their male peers (18.7% 2007, 18% 2012). Although young people who had the optional subject „Healthy Life Styles“ in the primary school (37.2%) as well as those who participated in the peer education activities (32.1%) have shown **significantly higher level of knowledge**, these values are, still, inadequate and indicate to the need for thorough evaluation of the quality of the implemented activities and that quality as well as coverage should be improved. Only 4% of young people had listened the optional subject „Healthy Life Styles“, while only 2.4% of the surveyed population reported that they had participated in the peer education activities, and their contribution to the overall level of knowledge is not significant due to such a low proportion they make in the overall surveyed population.

Despite continuing efforts during the previous six years, focused at increasing HIV related knowledge and decreasing of stigma and discrimination towards PLHIV as well as towards members of population groups whose behavior is usually linked with the increased risk for HIV, level of non-acceptance of PLHIV is still at the concerning level. Attitudes towards people living with HIV revealed that:

- More than two fifths of the respondents would not share a meal with the person living with HIV/AIDS, while more than three fifths would not buy food from the food-seller known to be HIV infected;
- More than one out of five respondents think that the HIV infected pupil should not be allowed to continue attending



school regularly, while more than one third of respondents thinks that the HIV infected teacher should not be allowed to continue teaching at school;

- One out of three respondents would not frequent (hang out with) the person living with HIV;
- More than one out of five respondents think that children of parents living with HIV/AIDS should be immediately separated from their families;
- More than one third of survey respondents would not sit at the same chair or share a desk with the HIV infected person;
- More than one out of three respondents think that HIV infected persons should be registered in the police records;
- More than one out of four think that HIV infected persons should be removed from all the workplaces where they could contact with other people, while almost the same proportion think that people living with HIV/AIDS should be put in quarantines in order to prevent further HIV transmission;
- Almost three out of four respondents think that all the members of most at risk groups for HIV should be legally obliged to HIV testing;
- Only two out of five respondents think that people living with HIV should not be treated differently depending on the way they contracted HIV.

More than half of the survey respondents, 616 of them (52.9%), reported that, at the time when survey was conducted, had already had certain sexual experience. Respondents had their sexual initiation in average at the age of 17.2, with males significantly earlier in the age of 16.7 years, and females in the age of 18.3, remaining at the same level as in the 2009 survey. 5.6% of young people had their sexual initiation before the age of 15, i.e. 7.6% of males and 1.5% of females. Males, in general, reported significantly higher number of partners compared to females ( $Med_m=2$ ,  $M_m=2.93$ ,  $Med_f=1$ ,  $M_f=1.10$ )<sup>1</sup>

It is concerning if almost one out of three males and more than a half of the females did not use any kind of protection at first sexual intercourse, regardless very good information level regarding condom efficacy as a prevention mean, as well as that number of females who used condom at first intercourse decreased significantly compared to 2009 (61% 2009, 47% 2012) although condom promotion campaign was continuously implemented during the previous two year period.

Condom use at last sexual intercourse with non-regular partner, one of the indicators measuring extent of the risky sexual behavior, indicated further increase (78.7%) compared to the survey from 2009 (68%).

While being in a steady relationship, almost half of the males (45.6%) had sexual intercourse with someone out of the primary relationship, compared to only 4.1% females. In the previous 12 months, 40% of males and 13.2% females had sexual intercourse under the influence of alcohol. Although risk sexual behavior is present in a significant extent, especially within male part of the population, perception of HIV and other STIs risk is still very low, as well as the HIV testing rate. Only 5.6% of the sexually active respondents or 3% at the level of entire surveyed population, regardless sexual activity status, have been ever tested for HIV and were informed about the testing results.

Campaigns targeting general population should address in parallel overcoming of the misconceptions and decreasing the HIV related fears as well as providing targeted information related to existing VCT centers and the possibilities for anonymous HIV testing, and about treatment possibilities of this, now considered, a chronic infection.

<sup>1</sup> Med – median, M – mean value