#sos_project 2.0

Alliance for Public Health

Guide

# FOR CONTINGENCY PLANNING FOR KEY POPULATION HIV SERVICES during COVID-19 and Other Emergencies

2022

for

## BOSNIA AND HERCEGOVINA

## Team of authors

Zoran Milosavljević, MD, PhD

## Coordinator

Nadiya Yanhol


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Alliance for Public Health

ICF "ALLIANCE FOR PUBLIC HEALTH"

Address: 24 Bulvarno-Kudriavska street, Kyiv,

Ukraine 01601, Ukraine

Phone: +380444905485

**WWW.APH.ORG.UA**

E-mail: office@aph.org.ua

facebook.com/AlliancePublicHealth

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# Abbreviations

| | |
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| **ART** | Antiretroviral Therapy |
| **CSO** | Civil society organisations |
| **ECDC** | European Center for Disease Prevention and Control |
| **GF** | Global Fund against HIV/ AIDS, TB and malaria |
| **IDU** | Intravenous drug users |
| **MSM** | Men who have sex with men |
| **PLWH** | People living with HIV |
| **PrEP** | Pre-expositional prophylaxis |
| **SW** | Sex workers |
| **TasP** | Treatment as prevention |
| **WHO** | World health organisation |

# Introduction

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Bosnia and Herzegovina is situated in south-east Europe with a population of slightly over 3,2 million people. It is also a post-conflict country with complex organisational and political structure, an increased social inequality, health inequalities and in debt health system. Bosnia and Herzegovina provides unstable social context for the implementation of health-related policies and is very much dependable on the international financial support.

The complex political structure of the country with 12 active Ministries of Health (in each of 10 cantons of the Federation of Bosnia and Herzegovina, plus Federal Ministry of Health which comprise for 11 Ministries of Health in the Federation of BiH, plus one in the Republic of Srpska – the overall number is 12 Ministries of Health. An additional Department of Health is in the district of Brcko which is autonomous region. This complex structure makes common regulations and policies on the state level almost impossible to implement universally. An additional Department of Health exists as the part of the Ministry of Civil Affairs of Bosnia and Herzegovina. This is the state level entity with mandate for coordination and reporting on behalf of the country to the international organizations. Yet another contributing factor for health inequalities which complicates HIV/AIDS response and makes health key contingency planning complex is the financial burden of health system in RS (Republic of Srpska) – a huge debt in the range of over 0,5 billion US$ which makes any additional health cost of services during (and post) Covid-19 even more problematic.

## HIV/AIDS in Bosnia and Herzegovina

The data on HIV/AIDS in Bosnia and Herzegovina show that the country is a low prevalence country (ECDC, 2021)[1]. In 2018, after finalization of the programs funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), the country was able to sustain only provision of the antiretroviral treatment. In 2019 and 2020, the predominant result of Global Fund's withdrawal was the devastation of the national response to HIV and AIDS in Bosnia and Herzegovina. Despite complex health system structure, procurement of antiretroviral therapy for HIV (ARV) is centralized to some extent. The ARVs are being procured by the entity's HISSs – Federal Health Insurance Fund and Health Insurance Fund of Republic of Srpska.

The epidemiological data show that in the Federation of Bosnia and Herzegovina, 23 new cases of HIV were officially reported in 2021 with the overall number of 272 HIV infected individuals in the period 1994-2021[2]. During the same period 53 people died of AIDS related illnesses[3]. The dominant way of transmission was unsafe sexual intercourse among MSM – 53,7%, while 37,5% was unsafe sex among heterosexuals, 5,9% through intravenous drug use, and 2,9% was unknown way of transmission.

For comparison, in the Covid-19 pre-pandemic period, in 2018 the number of newly registered HIV cases in the Federation of BiH was 19, and in 2019 that number was 21[4]. This shows slow, but steady rise and the upward trend.

In 2021, the official number of PLWH in the Republic of Srpska was 151 with 18 newly registered cases[5]. The dominant way of transmission was MSM-related sex – 11 individuals, while heterosexual way of transmission was among 7 individuals. 69 individuals were on ARV in December 2021.

For comparison, in the Covid-19 pre-pandemic period, 9 newly registered cases in 2018, and 10 in 2019 thus show the slow rise in the number of cases[6]. 48% was heterosexual way of transmission, and 37% is homosexual/bisexual way of transmission.

The data shows that HIV/AIDS epidemic in Bosnia and Herzegovina is an unstable one and is influenced by numerous social and political factors – unstable and corrupt political system, inefficient and fragmented health systems, social inequality, low socio-economic status, stigmatization and discrimination of key populations, etc. Covid-19 pandemic made this situation more complex as the resources (staff and equipment) were deployed for Covid-19 response.

1 *HIV/AIDS surveillance in Europe 2021-2020 data – Surveillance report, ECDC and Who Regional Office in Europe, DOI:10.2900/65321*

2 *See **zzjzfbih.ba/wp-content/uploads/2021/12/Podaci-za-Federaciju-BiH.pdf***

3 *Ibid*

4 *See **www.zzjfbih.ba/wp-content/uploads/2021/02/Bilten-2019-god-25.06.2020-za-WEB-03.02.2021-1.pdf***

5 *See **www.phi.rs.ba/index.php?view=clanak&id=2142***

6 *See Institute of Public Health of RS report, accessed on 27.11.2019. available at **www.phi.rs.ba/index.php?view=clanak&id=620&lang=SR-CIR***

## Covid-19 epidemic response in Bosnia and Herzegovina:

Since the start of the global pandemic of Covid-19 in the beginning of 2020, Bosnia and Herzegovina has shambolic health response characterised with the low level of SARS-Cov2 testing, an overburdened health system with insufficient hospital and health care capacities, as well as one of the lowest rates of vaccination in the world – 29% of adult population, and one of the highest mortality rates in the world – 21.14 deaths per million people.[7]

The overall number of Covid-19 cases on 18 June 2022. was 378.209 with 15.796 Covid-19 confirmed deaths.[8]

In relation to vaccination program, Bosnia and Herzegovina was highly dependable on WHO international Covax mechanism, as well as on vaccination in neighbouring countries, mostly Serbia.[9] The last available data on the share of population who received two doses of vaccine was on 29 January 2022 – 25,9%[10]. For comparison, the percentage of people in the neighbouring countries who are fully vaccinated is 47,7% in Serbia, and 55% in Croatia.

The case fatality rate in Bosnia and Herzegovina is 4,18% and is one of the highest in the world[11].

## HIV treatment and prevention

In 2019-2020, testing and counselling services for HIV are still fragile and jeopardized by the withdrawal of Global Fund in 2015. The provision of services is unequal in the whole territory of BiH and mostly concentrated in the couple of larger cities. Since the start of Covid-19 pandemic the access to services for the key populations under the higher risk of HIV is relatively stable. There were no ARV treatment interruptions during the Covid-19 pandemic in the Federation of BiH, nevertheless the treatment interruptions are happening now in 2022, and prior to that in spring of 2021 in Republic of Srpska (RS).

Pandemic of Covid-19 is still on, and the provision of ARV treatment in 2022 (post-epidemic period) in whole BiH is a burning issue. The updated protocols for ARV implementation exist[12]. Nevertheless, antiretrovirals for HIV treatment in Republic of Srpska were not available for some time, and as the result of it, PLHIV community keeps raising this issue constantly[13]. The organizations active in the

7 *see:* ***www.ourworldindata.com*** *– data retrieved on 07 February 2021*

8 ***www.ourworldindata.org/coronavirus/country/bosnia-and-herzegovina***

9 ***https://www.who.int/initiatives/act-accelerator/covax***

10 *Ibid*

11 *ibid*

12 *See:* ***www.partnershipsinhealth.ba/en/publications***

13 *See:* ***bl-portal.com/drustvo/prokic-pali-alarm-pacijenti-u-srpskoj-cetvrti-mjesec-bez-lijekova-nadlezni-ne-reaguju/,*** *accessed [01.06.2022.]*

field of HIV/AIDS raised this question, but still with no success. The problem seems to be on the level of ARV procurement and between the partners – official Health insurance Funds in the Republic of Srpska and the Federation of BiH (NHIF), and pharmaceutical companies, the manufacturers of ARV. Currently, there is a problem in the Federation BiH with one antiretroviral drug -Efavirenc, which is currently unavailable, due to the global procurement and supply chain challenges. On 01 June 2022, the news spread through media that in Banja Luka, RS, 17 newly identified PLHIV are not receiving any ARV treatment due to stock out of ARVs[14]. All of those cases are identified during 2022. In addition, and trying to solve this issue, PLWH community has shared their letters with all international actors, pharma companies, CSOs and nearly anybody active in HIV/AIDS response in Europe to help in ensuring continual provision of ARV for PLWH in Bosnia and Herzegovina.

Regarding VCT servises, with the Global Fund's suport there were 21 VCT centers established within the health system in country (at Infective diseases clinics, and Institutes of Public Health). After the end of the GF funding, there are only 7 active VCTs, due to the staff fluctuation, and challenge with procurement of HIV tests, mostly in the Republic of Srpska. There are very few community testing actions conducted, again due to the lack of funding. CSO 'Partnerships in Health' actions regarding VCT are limited because international funding support provides community base testing at a small scale. Due to the limited availability of counselling and testing services aimed at early identification of PLHIV, there is significant level of people with HIV in the country who do not receive antiretroviral treatment. During Covid-19 epidemic in Bosnia and Herzegovina a drop in testing and counselling services was notified in some parts of the country, especially in the Republic of Srpska (RS)[15]. The Minister of Health and Social Care in the RS Government warned there is a space for VCT improvement in RS[16].

Guideline for PrEP in Bosnia and Herzegovina was not developed. PrEP was shortly described in recently developed Clinical guidelines for treatment of HIV and AIDS. PrEP guideline is partially developed in the Clinic for Infectious Diseases in Sarajevo canton where PrEP is available for users, mostly MSM. In Sarajevo canton, the access to PrEP is free of charge, but precondition is to undertake regular VCT every three months. PrEP, without PrEP protocol developed, has been applied in the Sarajevo clinic only. The improvement with PrEP use will come with implementation of the project "Sustainability of services for key populations in EECA region" run by the Alliance for Public Health and funded by Global Fund[17]. Thorugh this project the protocol for PrEP will be developed. There is a plan to initiate PrEP development protocol with the authorities in the Republic of Srpska. Right now there is no PrEP guideline in the Republic of Srpska.

14 *Ibid*

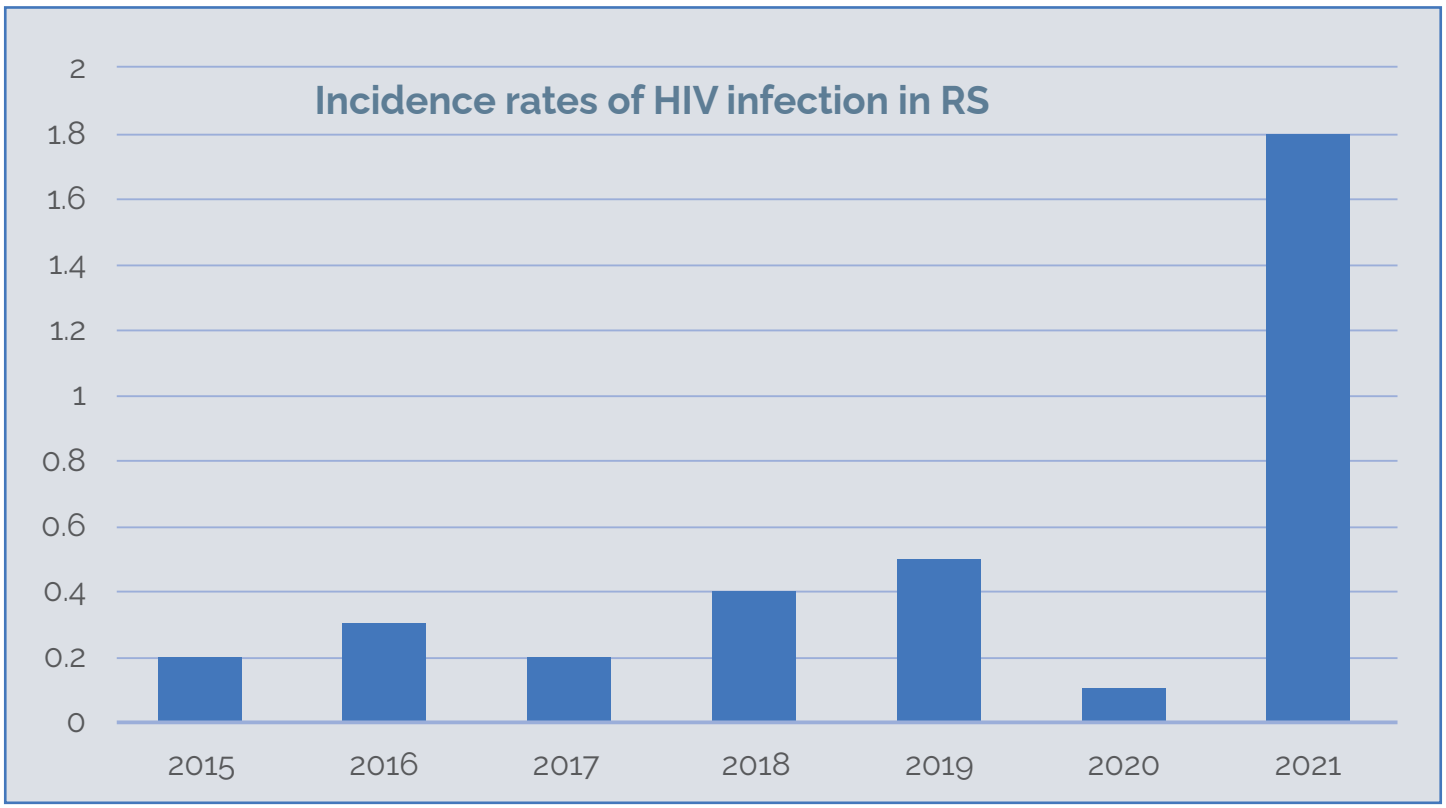
15 *See* ***bl-portal/drustvo/oboljeli-od-hiv-aids-***

16 *Ibid*

17 *See* ***www.aph.org.ua/en/por-works/eastern-europe-and-central-asia/; www.partnershipsinhealth.ba/en/projects***

The identification of new HIV cases shows upward trends with the incidence rate rising in the period 2015–2019. In 2019, the number of newly reported HIV cases in the Republic of Srpska was 5 and the number of AIDS cases was 6[18]. In the same year, 21 newly reported cases were identified in the Federation of Bosnia and Herzegovina. It is estimated that the true number of infections is much higher than reported. Disproportion in detection of newly reported cases of HIV amongst two federal entities (Federation BiH and Republic of Srpska), also speaks in support of the week identification of the new cases through testing facilities.

**FIGURE 1.** Incidence rates of HIV-positive cases in Republic of Srpska, Bosnia and Herzegovina, 2015-2021 (source: Institute of Public health of RS)




The individuals who do not know their HIV status due to the lack of testing are the crucial factor in the spread of HIV to their sexual partners. Barriers to test those individuals include a lack of knowledge, but also poor access to testing services and medical care. Limited availability of HIV testing services, poor rates of newly identified PLHIV, and late enrolment into ARV treatment (late presenters' number is proportionally high) – are all contributing factors for the uncontrolled spread of HIV infection and unstable epidemic. Screening services, raising awareness and targeted campaigns are simply lacking. Regarding ARV tretament, as it was already mentioned previously, there is a cohort of 17 newly indentified PLHIV in Banja Luka (RS) in 2022 without ARV treatment due to shortage of ARVs.

*18 See Analysis of population health in the Republic of Srpska, Public Health Institute of Republic of Srpska, 2019, p. 268*

Although BiH does not have legislation regulating CSO contracting, available grant schemes allow CSOs to tap public resources. Each year, in accordance with the annual State Budget Rebalance, the Ministry of Civil Affairs of BiH announces a public call for small grants. It should be noted that in 2021 the Council of Ministers of Bosnia and Herzegovina failed to adopt the national budget. Due to this decision/situation, even small HIV and TB prevention funding was lost and services, as well as staff salaries were jeopardized.

The healthcare system has been burdened with structural inefficiency and debt before Covid-19 pandemic, and the situation got worse when the pandemic started. Covid-19 pandemic revealed numerous weaknesses of health system in BiH, which has failed to timely procure vaccines and conduct campaigns addressing the vaccination hesitancy. BiH has been rated as third country globally on mortality related to Covid-19. Media have reported number of cases of abuse of funds in Covid-19 procurement and health system has even used industrial oxygen to treat people with Covid-19.

## Comorbidities

There is no official data on care and treatment of comorbidities during Covid-19, but the disruption of services at every level of health care lead to conclusion that underreporting was present for this period. In the following period reports from Public Health Institutes will provide a clearer pictures on this issue. Mental health of the key populations was certainly worsened during Covid-19 epidemic and the access to services was reduced. The number of TB patients in relation to HIV infection is yet to be determined in Public health institutions' reports.

## General Care

In general, a low socio-economic conditions in Bosnia and Herzegovina were worsened during Covid-19 due to the lack of funding, low pay grade, economic migration, etc. The key populations under the higher risk of HIV witnessed disruption of services at every level during Covid-19 epidemic – from VCT to ARV although not in the same time and not to the same extent in different parts of the country.

The access to vaccination for key populations against Covid-19 was not available at the start of the vaccination process. The individuals from key populations, as well as general population of Bosnia and Herzegovina, had the opportunity to be vaccinated in neighboring Serbia after Serbian authorities opened the borders for the citizens of neighboring countries for free of charge vaccination.

Peer support was essential way of dealing with HIV and Covid-19 related issues among key populations' individuals, thus those services should be more developed. Harm reduction services were reduced even before Covid-19 pandemic started, especially in the RS. Empowering individuals from key populations and reduction of stigma would result in better inclusion and use of services.

# Annex 1. Action planning for Key Population HIV Services during COVID-19 and Other Emergencies in Bosnia and Herzegovina

| Intervention Being Assessed | Assessment of the situation | Action planning (recommendations) | Performers |
|---|---|---|---|
| **HIV Prevention** | **1.** Coverage with HIV prevention programs reduced | Ensure continuation of essential level of HIV prevention programs among key population by improving existing system of services for key populations – regular procurement of ARV, condoms, syringes, additional materials for prevention.<br>Expand system of services geographically to cantons and areas where it is not available | Ministries of Health (MoHs), CSOs, NHIF, donations |
| | **2.** Coverage VCCT among CSW's reduced due to the lack of funding and staff shortage | | |
| | **3.** Relatively few people are using PrEP mostly in Sarajevo canton as PrEP is available at the Clinic of Infectious Diseases for free. The source of PrEP is thgrouh domestic funding – ARV procurement. | Ensure access to PrEP by increasing availability of PrEP in other cantons in BiH (for instance in Tuzla canton which is the biggest canton in the Federation of BiH) by allocating funds (through cantonal budgets, international support, donations); renegotiating the price of PrEP with pharmaceutical companies | Ministry of Health, NHIF, Infectious Diseases Clinics, CSOs, donations, pharmaceutical companies |
| | **4.** Guideline for PrEP use is not developed. PrEP guideline is partially used only in the canton of Sarajevo, and no other instutions in other cantons are using it. Limited acces to PrEP in BiH limits the results in biomedical prevention of HIV. | Development and introduction of new guidelines for PrEP in the whole teritory of BiH | Ministries of Health, Department of Health – Ministry of Civil Affairs, Clinics for Infectious diseases, CSOs |
| | **5.** PrEP was mainly given to MSM in Sarajevo canton, but without the official guideline and led by one MD. It was not introduced in any document, or systematically integrated in the funding scheme. | Allocating funds for PrEP in the bigger cantons (Srajevo, Mostar, Banja Luka, Tuzla) from cantonal budgets and in collaboration with international partners | Ministry of Health, Agency for Medicines and Medical Devices, International organisations |

| Intervention Being Assessed | Assessment of the situation | Action planning (recommendations) | Performers |
|---|---|---|---|
| | **6.** „Treatment as Prevention" (TasP) as a preventive method is not fully achieved before and during COVID-19 pandemic due to the lack of ARV and low adherence | Ensure continual access to ARV – allocate funds for 6 months period in advance, improve procurement – renegotiating prices with pharma companies and improve supply chain, make yearly plan with estimated number of ARV needed per patient per year | Ministries of Health, NHIF, Infectious Diseases Clinics, pharmaceutical companies |
| | **7.** PEP is available (in the Clinics for Infectious Diseases). | Ensure access to PEP by increasing availability of clinicians for PEP prescribing | Ministries of Health, Infectious Diseases Clinics |
| **HIV Testing and Linkage to Care** | **1.** The officials in RS and the media addressed the issue of VCCT during Covid-19 and there is a space for improvement of these services | Ensure essential level of testing among key populations from cantonal, but also from national resources | Ministry of Health, Public Health Institutes, CSO |
| | **2.** The coverage of ART for those diagnosed with HIV was satisfactory during the COVID-19 epidemic. Post-Covid19 period (if we can define this as a present moment since the Covid-19 epidemic is still ongoing) is a challenge. | Ensure enrollment in treatment for all diagnosed with HIV as well as the continuation of access to ARV – the alert on ARV adherence should be introduced | Ministry of Health, Public Health Institutes, Infectious disease clinics, CSOs |
| | **3.** Late diagnosis of HIV is due to poor availability of testing. Stigma is present, but not that high to divert people from testing when available. Also, it is a small country, people can travel to testing centers. | Ensure early case detection by providing continuous VCCT services.<br>Stigma reduction activities should continue – through lectures, peer support, media attention during the whole year | Ministries of Health, Public Health Institutes, CSOs |
| **HIV Care and Treatment** | **1.** Reduced hospital capacities for HIV treatment and care due to COVID-19 pandemic. | Preserve hospital capacities for HIV treatment and care during the infectious disease outbreaks | Ministries of Health, Infectious Diseases Clinics, Regional governments, NHIF |
| | **2.** Less availability of care and treatment services due to allocation of staff and equipment | | |

| Intervention Being Assessed | Assessment of the situation | Action planning (recommendations) | Performers |
|---|---|---|---|
| | **3.** The costs of ARV drugs were high before and during COVID-19 pandemic. This is still a problem, and some new drugs are still not registered. Country can only procure in ordinary process registered drugs | Reduce the costs of ARV drugs to increase budget for prevention.<br>However if ARV cost will be reduced, there is not guarantees that funds will be directed to the prevention. That requires change of the legal framework – improve legal framework so that funds could be used for prevention oonly | MoHs, NHIF, Government, HIV/AIDS and TB Commitee, Pharmaceutical Companies |
| | **4.** The cost of drugs should be negotiated with pharmaceutical companies which affects contioual provision of ARV to helath care facilities | Renegoating terms and conditions for continual provision of ARV with pharmaceutical companies | Ministres of Health, The Council of Ministers, NHIF in Federation and RS, pharmaceutical companies |
| | **5.** There is a National treatment protocol for HIV/AIDS before COVID-19 outbreak, and the 3rd version has just been approved. | Develop and update National treatment protocol for HIV/AIDS and additional treatment protocol for HIV/AIDS treatment during COVID-19 and other outbreaks | MoH, NHIF, Government HIV/AIDS and TB Commitee |
| **Coinfection and Comor-bidities (TB, HCV, mental health)** | **1.** There is no data from BiH regarding low detection of coinfections (TB, hepatitis B and C and other sexual transmited diseases-STDs) | Ensure regular TB, HBV; HCV and STDs screening among key populations;<br>Screening of TB patients on HIV and vice-versa;<br>Improved epidemiological surveillance and report-ing of coinfections in the whole territory of BiH;<br>Improved surveillance and reporting on STDs, hepatitis C and hepatitis B | MoHs, Public Health Institutes, Clinics for Infectious diseases |
| | **2.** Concentated epidemic of syphilis among MSM was ongoing | Ensure availability of mental health services for key populations in emergency situations. Develop programs for e-health services. Empower peer-support services | MoH, NHIF, Health care institutions, CSOs |

| Intervention Being Assessed | Assessment of the situation | Action planning (recommendations) | Performers |
|---|---|---|---|
| | **3.** People from the key population were in a precarious position and isolation during COVID-19 pandemic due to alow socio-economic conditions | Empower key population to use available social services, peer support<br><br>Develop programs for e-social services | Local (cantonal) Government, CSOs |
| **General Care** | **1.** Low socioeconomic status is prevalent in BiH and affects people from the key populations. This was enhanced during Covid-19 due to the lack of jobs and economic disruptions | Ensure subsidies for key population for essential goods | Government, MoHs, Ministries of Social Affairs |
| | **2.** Low availability of health services was reported during the COVID-19 epidemic due to staff and equipment allocation | Ensure availability of general health services for key populations in emergency situations | Government, MoHs |
| | **3.** Vaccines against Covid-19 were not available for key populations and general population in the start of the vaccination programs worldwide | Ensure better communication between key stakeholders regarding vaccine availability;<br><br>Ensure constant updating on epidemiological situation between international organisations (WHO, ECDC) and Bosnian authorities;<br><br>Ensure sufficient financial funds for vaccination;<br><br>Ensure managerial training in health crisis situation for state administration and politicians to increase performance in health crisis | Government, MoH, Ministries of finance, pharmaceutical companies, Institutes of Public health,<br><br>Medical schools |
| | **4.** For some PLHIV, especially in RS, there were some difficulties to obtain ARV therapy in the post-epidemic period | Increasing availability of clinicians for ARV prescribing; Renegotiation the terms of import with pharmaceutical companies.<br><br>Networking with CSOs and other peers. | Ministries of Health, Infectious Diseases Clinics, CSOs |