



Guide

# FOR CONTINGENCY PLANNING FOR KEY POPULATION

# HIV SERVICES

 during COVID-19  
and Other Emergencies

2022

for  
**MONTENEGRO**



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# Abbreviations

<b>ART</b>	Antiretroviral therapy
<b>CSOs</b>	Civil society organizations
<b>EACS</b>	European AIDS Clinical Society
<b>HIV</b>	Human Immunodeficiency Virus
<b>MoH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>OST</b>	Opioid substitution therapy
<b>PEP</b>	Post-exposure prophylaxis
<b>PrEP</b>	Pre-exposure prophylaxis
<b>PLHIV</b>	People living with HIV
<b>PWID</b>	People who inject drugs
<b>STI</b>	Sexually transmitted infections
<b>SWs</b>	Sex workers
<b>TB</b>	Tuberculosis
<b>WHO</b>	World Health Organization

## Background

Key Populations	Population Size Estimate	Estimated PLHIV	
PWID	1,282 <sup>1</sup>	90-90-90 Progress	There were an estimated 480 PLHIV in Montenegro in 2021, while 400 and 360 in 2020 and 2019 respectively. Enrollment in treatment and viral suppression decreased in 2021 while diagnosed HIV infections remain stable before and during COVID-19 outbreak.
SW	no population size estimates <sup>2</sup>	Overview of Global Fund Eligibility	Montenegro is eligible for GF support to its national HIV response. <sup>3</sup> National and regional GF grant is ongoing.
MSM			
Transgender People			

### Key Features of Key Population Response and Enabling Environment Prior to COVID-19

The majority of services targeting most at risk populations are CSO-led services in Montenegro. There is an increase of support from state authorities to these services, but still there is room for improvements, especially regarding the support from the local authorities and private sector.

### HIV/AIDS situation in the country

Cumulatively, 331 people were living with HIV from 1989 to the end of 2021. Of them, 156 people suffered from AIDS (47% of all registered persons with HIV). In the same period, 65 people died of AIDS. According to the data from the HIV/AIDS Register, at the end of 2021, there were 266 people living with HIV in Montenegro (237 men and 29 women), which means that the prevalence of this infection in Montenegro is 0.04%. A total of 13 new HIV cases were registered in 2021 while 15 and 26 in 2020 and 2019 respectively<sup>4</sup>. The decrease in number of cases detected in 2020 and 2021 can be attributable to COVID-19 pandemic.

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

3 National HIV/AIDS Program Montenegro 2021-2023

3 <https://data.theglobalfund.org/location/MNE/eligibility>

4 Institute for Public Health of Montenegro, Annual HIV/AIDS Report, 2021.

Unprotected sexual contact is the main mode of transmission (87%) during the period 1985-2021. Of all new cases in the same period, 73% were registered among men who are having sex with men (MSM). This population group has the highest HIV proportion in the country in 2020, 2021 (58%) and 57% in 2019, making it a concentrated epidemic among MSM. The other most frequent mode of HIV transmission are heterosexual (30%) and through the blood – by drugs injection (3%).

This mode of transmission is the most common and has maintained an increasing trend since the beginning of the epidemic. HIV infection transmission through blood, whether injecting drug users or people who have received infected blood through transfusion in healthcare facilities, remains quite rare.<sup>5</sup>

## COVID-19 in Montenegro

From the beginning of the COVID-19 epidemic in Montenegro in March 2020, as of 13 of May 2022, there were 236.946 registered cases. Notification rate in the reporting week from 1 to 8 May was 73/100.000 while mortality rate of 3/100.000.<sup>6</sup> Cumulative COVID vaccine uptake was 45% of the total population.<sup>7</sup> There was no available data on number of SARS CoV-2 infections and COVID-19 vaccine uptake among key populations at risk of HIV.

# HIV Prevention

Conventional forms of prevention are available in Montenegro. Biomedical prevention is available in the form of post-exposure prophylaxis – PEP, while pre-exposure prophylaxis – PrEP is not available. Overall testing rate has decreased from 2016 onwards (**figure 1**). VCCT among key populations is insufficient and is an obstacle to understanding the real value of HIV prevalence in these groups. Valid and complete data on testing of MSM, CSW and seafarers do not exist. There was no progress in development of guidelines for PrEP and ensuring the financing of PEP and PrEP by the National Health Insurance Fund.<sup>8</sup>

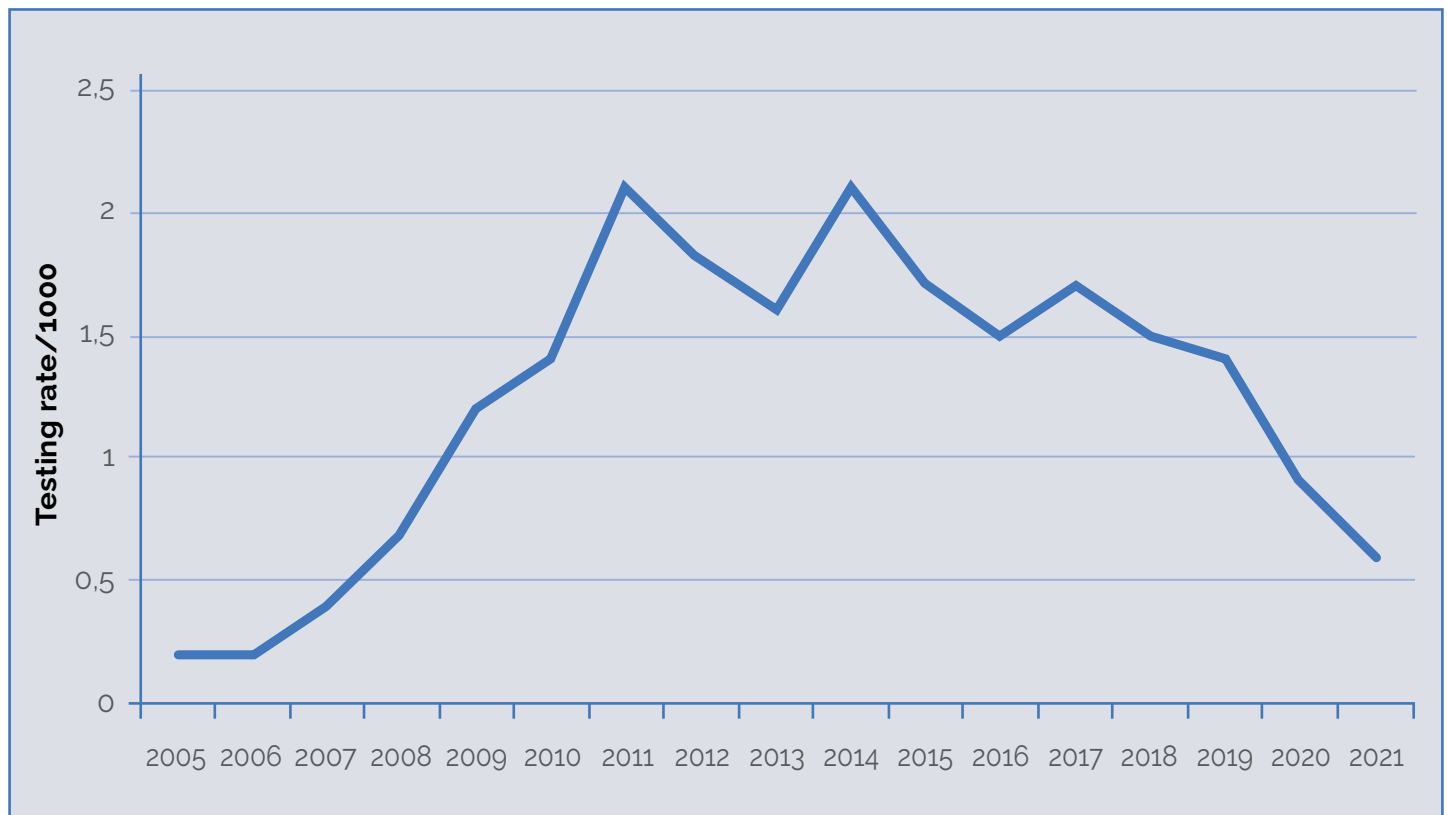
5 *Ibid.*

6 <https://ourworldindata.org/coronavirus/country/montenegro>

7 <https://data.theglobalfund.org/location/MNE/signed/treemap?components=HIV>

8 *Ministry of Health of Montenegro. Final Report on implementation of the National HIV/AIDS Strategy for the period 2015-2020. Podgorica. 2021*

**FIGURE 1.** Overall testing rates for the period 2005-2021, Montenegro



During COVID-19 pandemic CSOs have been actively cooperating with public health institutions in provision of ARVs and OST for patients living in remote communities, being isolated or due to restrictions in place. Services were as well provided using online tools (counselling with medical doctor, social worker and psychologist). In August 2020 risk self-assessment online platform has been launched by CAZAS with referrals to testing <https://zdravlje.co.me/zdravisa/>

Knowledge data base has been established within portal [www.zdravlje.co.me](http://www.zdravlje.co.me) with special COVID-19 segments where articles and materials developed by health professionals have been distributed and published. Immunization campaign has been conducted and webinars with medical doctors on HIV and COVID-19 developed and disseminated.

12 Milosavljevic 2021

13 Stosic M. Republic of Serbia: Benchmarking sustainability of the HIV Response among Key Populations in the Context of Transition from Global Fund's support to domestic funding. Eurasian Harm reduction association. 2021

14 Stosic M, Simic D. Evaluation of HIV preventive Programs in the Republic of Serbia 2020.



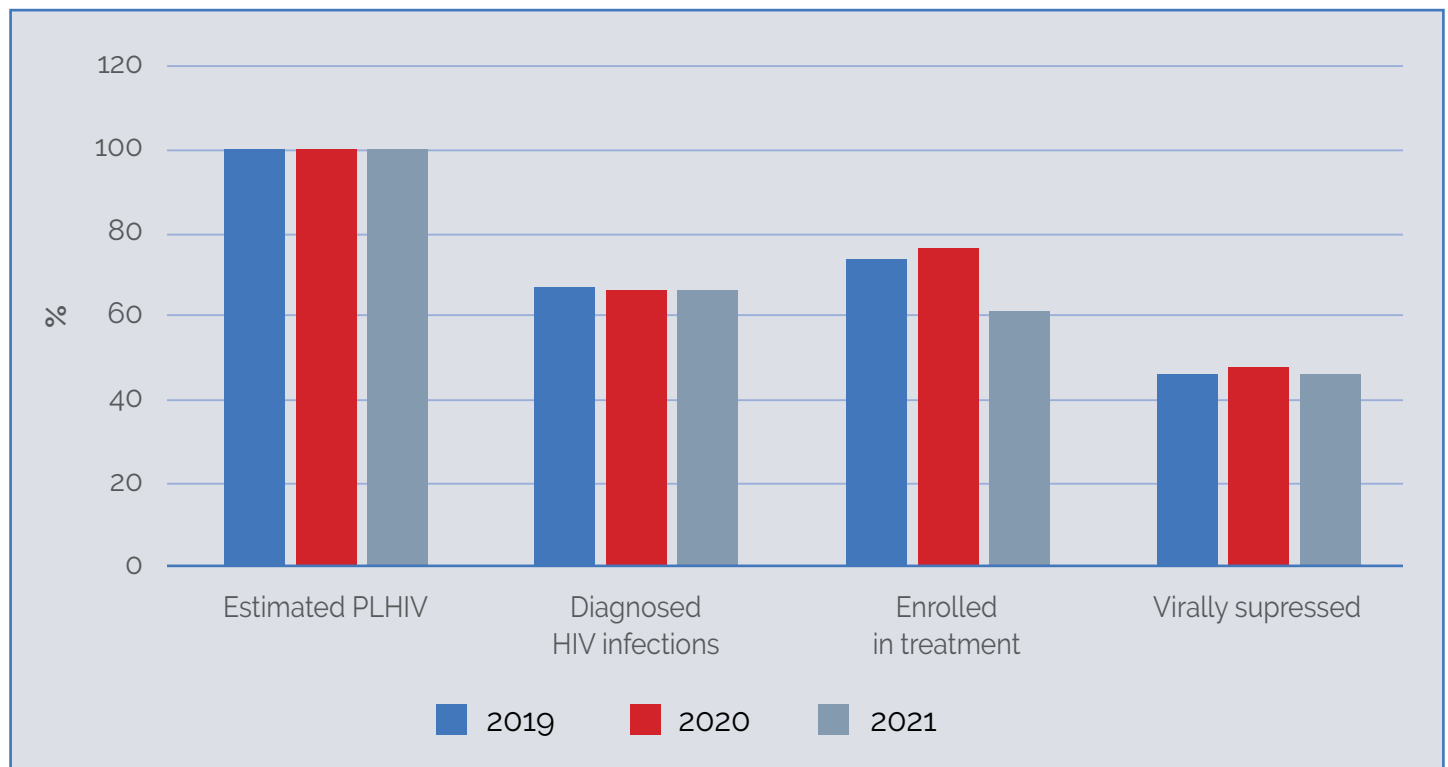
# HIV Testing and Linkage to Care in Montenegro<sup>9, 10</sup>

According to UNAIDS, there were an estimated 480 people living with HIV in Montenegro in 2021, with 318 people aware of their HIV status (66%). Of these, 204 people were on antiretroviral therapy (ART) (61%) and, of those, 187 have achieved viral suppression (96%), which is 46% of the total estimated number of PLHIV. According to the available data from the Clinic for Infectious Diseases of the Clinical Centre in Montenegro, in 2021, 12 HIV-infected people started antiretroviral therapy (ART), out of 13 new HIV cases were registered.

In 2020, 66% of PLHIV were diagnosed, out of them 76% were on ART and out of people on ART, 97% were virally suppressed, which is 48% of the total estimated number of PLHIV.

In 2019, 67% of PLHIV were aware of their HIV status, out of them 74% were on ART and out of people on ART, 96% were virally suppressed, which is 46% of the total estimated number of PLHIV (*Figure 2*).

**FIGURE 2.** HIV testing and treatment cascade in Montenegro in 2019, 2020 and 2021



9 [https://www.unaids.org/sites/default/files/country/documents/MNE\\_2020\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/MNE_2020_countryreport.pdf)

10 [https://www.unaids.org/en/resources/documents/2021/HIV\\_estimates\\_with\\_uncertainty\\_bounds\\_1990-present](https://www.unaids.org/en/resources/documents/2021/HIV_estimates_with_uncertainty_bounds_1990-present)

Given the COVID-19 outbreak, the measures taken and the reorganization of work in health care institutions in our country have significantly affected the health workforce and thus contributed to lower coverage of testing, while the treatment and service provision were not significantly affected in negative manner, although service providers were forced to adapt their service provision to this unprecedented public health circumstances. Looking at the cascade of HIV testing and treatment, there is still a need for greater coverage of testing, especially of those at risk of HIV, and to increase the number of people diagnosed with HIV. Also, the coverage of ART for those diagnosed with HIV is unsatisfactory, especially bearing in mind that ART is available to all who have been diagnosed with HIV and that treatment costs are covered by the Republic Health Insurance Fund (RHIF).

## HIV treatment and care

HIV treatment in Montenegro is centralised in one Infectious Disease Clinic. The access to treatment was free but capacities were limited due to overburden of health care providers in management of COVID-19 cases. Appropriate conditions for the Clinic for Infectious Diseases (space, equipment), as well as conditions for establishing a counseling center at the Clinic within which psychosocial support were not provided even before COVID-19 outbreak and especially during the outbreak period due to reduced hospital capacities for HIV treatment and care due to COVID-19 pandemic.

Within the support of SOS project (COVID 19 allocation) following actions have been taken: procurement of 3 vending machines to reduce contacts during COVID 19, development and dissemination of webinars on COVID 19 related topics, establishment of COVID 19 knowledge base on [www.zdravlje.co.me](http://www.zdravlje.co.me), immunization campaign – materials, information and media dissemination among KPs services spot provision and development and distribution of articles, materials and other information products on COVID 19, immunisation and its impact on key population. In addition, donation of 5000 COVID-19 tests has been provided to Primary health care center Podgorica <https://www.vijesti.me/vijesti/drustvo/538623/cazas-donirao-podgorickom-domu-zdravlja-brze-antigenske-testove>

The prices of ARV in Montenegro are high and comprises significant portion of the overall HIV/AIDS prevention and control budget.<sup>11</sup> There was no progress in the preparation of a national treatment protocol for HIV/AIDS, pediatric HIV/AIDS treatment protocol as well as protocol for PrEP and PEP neither for the period before COVID-19 outbreak nor for the outbreak period. The guidelines of the European AIDS Clinical Society is being used.<sup>12</sup>

11 *Report. Access to antiretroviral therapy in Balkan Peninsula. SOS Project Consortium. 2020.*

12 *Ibid*

## Coinfection and Comorbidities (TB, HCV, mental health)

There are no available data on number of diagnosed co-infections from 2016 onwards. The latest IBBS data from 2013, 2014 and 2015 showed low prevalence of HBV (positive HBs Ag) -1.4% among PWID, 3.2% among FSW and 2.4% among prisoners. The prevalence of chronic HCV (positive anti-HCV At and PCR) is 47% among PWID, 12.2% among FSW and 17.8% among prisoners.<sup>13</sup>

## General Care (SRHR, nutrition)

There were disruptions in the provision of HIV prevention and support services, particularly for key and vulnerable populations covered by these services. According to the regular COVID-19 surveys that were regularly reported to the Global Fund in 2020 and 2021, due to GF grant, there has been evidenced a low level of impact of strict measures and lockdowns on the provision of CSO-led HIV prevention and support services. However, these measures and the epidemiological situation have affected HIV testing rates significantly<sup>13,14</sup>.

<sup>13</sup> Reports from IBBS conducted in 2013, 2014 and 2015 among PWID, MSM and FSW, IPH of Montenegro. These reports are currently not available online but are available upon request.

<sup>14</sup> Golubovic V. Montenegro: Benchmarking sustainability of the HIV response among Key Populations in the context of transition from Global Fund support to domestic funding. Vilnius, Lithuania; Eurasian Harm Reduction Association, 2021.

# Enabling Environment and Resilient and Sustainable Health Systems

The main obstacles in the access to comprehensive interventions in HIV prevention are stigma and discrimination towards the majority of most at HIV risk populations (especially MSM, CSW and PWID), lack of trust in health and other relevant services, as well as lack of community-based testing, and continuous and sustainable funding of the HIV preventive and support services from the State Budget. However, experience of PLHIV related to stigma and discrimination were not studied. There were reports on discriminations and stigma by PLHIV and members of their families, but they are not adequately documented.<sup>15</sup> However, in recent years, PLHIV more openly provide data on their sexual behaviour, which is the result of increased trust and great efforts invested by society (especially non-governmental sector) on the reduction of stigma and discrimination towards sexual minorities.

In addition, COVID-19 pandemic and strict measures put in place have had a certain negative impact on HIV services, particularly outreach services due to in-country travel restrictions. Nevertheless, this did not have a significant impact on the HIV services coverage rates which were mostly achieved fully or overachieved thanks to enormous efforts invested by the CSOs implementing these services, except for HIV testing rates which were severely affected by the pandemic and quarantine measures.

Even before the COVID-19 pandemic, HIV testing represented a challenge for the national HIV response due to certain legislative barriers that do not recognize NGOs as service providers in a way it is the case with public health institutions. According to ECDC (2019 data) report, Montenegro has one of the lowest testing rates in EECA region – 11/1,000 population. This leads to identification of HIV-positive individuals at the advanced stage. Montenegro is one of the countries in Europe with the highest rate (64%) of late detection (with CD4 cell < 350 per mm<sup>3</sup> blood at the time of HIV diagnosis)<sup>16</sup>. It is important to note that these annual figures from ECDC do not include voluntary blood testing.

15 *Situation Assessment "HIV services sustainability and transition to the post-grant domestically funded implementation regime in Montenegro", Alliance for Public Health, Ukraine, 2020*

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

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

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
<b>HIV Prevention</b>	<b>1.</b> Coverage with HIV prevention programs has slightly increased before and during COVID -19 pandemic among key populations due to GF funding	Ensure continuation of essential level of HIV prevention programs among key population including peer support from national resources	Ministry of Health (MoH), CSOs, donations
	<b>2.</b> Lack of community-based testing, and continuous and sustainable funding of the HIV preventive and support services from the State Budget before and during COVID-19 outbreak.	Ensure funding and implementation of community-based VCCT during the emergencies.	Ministry of Health (MoH), CSOs, donations
	<b>3.</b> Pre-exposure prophylaxis – PrEP is not available in the country.	Ensure access to PrEP by increasing availability of clinicians for PrEP prescribing	Ministry of Health, Infectious Diseases Clinics
	<b>4.</b> There was no progress in development of guidelines for PrEP	Development and introduction of new guidelines for PrEP	CCM, Ministry of Health, NHIF
	<b>5.</b> There was no progress in financing of PEP and PrEP by the National Health Insurance Fund	Expanding the therapeutic indications for ARV to be used as PrEP	CCM, NHIF, Agency for Medicines and Medical Devices
<b>HIV Testing and Linkage to Care</b>	<b>1.</b> Programmatic data of the Public Health Institute of Montenegro and the Ministry of Health of Montenegro shows lower coverage of VCCT among key population during COVID-19 outbreak	Ensure essential level of testing among key populations from national resources	Ministry of Health, Public Health Institute, CSO

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
	<p><b>2.</b> The coverage of ART for those diagnosed with HIV was unsatisfactory during the COVID-19 epidemic</p>	<p>Ensure enrollment in treatment for all diagnosed with HIV by mutual activities with CSOs (provision of education for introduction of treatment and follow up support by CSOs)</p>	<p>Ministry of Health, Infectious Diseases Clinics Public Health Institute, CSOs</p>
	<p><b>3.</b> Late diagnosis of HIV is an issue in Montenegro before and during COVID-19 pandemic</p>	<p>Ensure early case detection by providing continuous VCCT services including community services</p>	<p>Ministry of Health, Public Health Institute, CSOs</p>
<p><b>HIV Care and Treatment</b></p>	<p><b>1.</b> Appropriate conditions for the Clinic for Infectious Diseases (space, equipment), as well as conditions for establishing a counseling center at the Clinic within which psychosocial support were not provided even before COVID-19 outbreak and especially during the outbreak period</p>	<p>Ensure space, equipment and health workforce for the Clinic for Infectious Diseases of Montenegro for diagnosis, treatment, innovative approaches to counseling and psychosocial support regardless COVID-19 outbreak and especially during the infectious disease outbreaks.</p>	<p>CCM, Ministry of Health</p>
	<p><b>2.</b> Reduced hospital capacities for HIV treatment and care due to COVID-19 pandemic.</p>	<p>Preserve hospital capacities for HIV treatment and care during the infectious disease outbreaks</p>	<p>Ministry of Health, Infectious Diseases Clinics</p>
	<p><b>3.</b> The costs of ARV drugs were high before and during COVID-19 pandemic</p>	<p>Reduce the costs of ARV drugs to increase budget for prevention by optimizing treatment regimens and advocacy campaigns among stakeholders, health care providers and patients.</p>	<p>MoH, NHIF, CCM, Farma Companies</p>
	<p><b>4.</b> There is no national treatment protocol for HIV/AIDS and pediatric HIV/AIDS treatment protocol before COVID-19 outbreak and there was no additional treatment protocol for HIV/AIDS treatment during COVID-19. The guidelines of the European AIDS Clinical Society is being used.</p>	<p>Develop National treatment protocol for HIV/AIDS and pediatric HIV/AIDS treatment protocol as well as additional treatment protocol for HIV/AIDS treatment during COVID-19 and other outbreaks.</p>	<p>MoH, NHIF, CCM</p>

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
<b>Coinfection and Comorbidities (TB, HCV, mental health)</b>	No data of coinfections from 2016 onwards (TB, hepatitis B and C and other sexual transmitted diseases-STDs) was reported before or during COVID-19 pandemic	Ensure regular TB, HBV; HCV and STDs screening among key populations as well as recording and reporting system.	MoH, NHIF, CCM, Public Health Institute
<b>General Care</b>	<b>1.</b> The main obstacles in the access to comprehensive interventions in HIV prevention are stigma and discrimination towards the majority of most at HIV risk populations (especially MSM, CSW and PWID)	Ensure continuous implementation of stigma and discrimination adaptation and mitigation strategies (training of the health care workers, social protection providers etc, advocacy campaign, promotion through media...)	Government, MoH, Ministry of Social Affairs, Public Health Institutes, CSOs
	<b>2.</b> Lack of trust in health and other relevant services by PLHIV and KPIs were noted before and during COVID-19 outbreak	Work with governmental institutions together with CSOs to sensitize health care, social welfare, labor and employment professionals in the education sectors to work with PLHIV and to create a supportive and nondiscriminatory environment to ensure essential services during communicable diseases outbreaks.	Government, MoH, Ministry of Social Affairs, CSOs
		Empower key population to explore legal possibilities to fight discrimination to access essential services.	Government, MoH, Ministry of Social Affairs, CSOs
	<b>3.</b> Even before the COVID-19 pandemic, certain legislative barriers were in place that do not recognize CSOs as community service providers in a way it is the case with public health institutions	Ensure adaptation of the legislative that allows CSOs to provide community HIV prevention services regardless to increase access in emergency situations.	Government, MoH, Ministry of Social Affairs, CSOs