

Republic of

SERBIA

**Second assessment of Public
Commitments to Ensure Sustainability
of the HIV Response Among Key Populations
in the Transition to National Funding**

EHRA
2023



ACKNOWLEDGEMENTS

This publication was prepared and published by the Eurasian Harm Reduction Association (EHRA), a non-profit, membership-based public organisation that unites and supports more than 300 Central and Eastern European and Central Asian (CEECA) harm reduction activists and organisations to ensure the rights and freedoms, health and well-being of people who use psychoactive substances. For more information, visit the website: <https://harmreductioneurasia.org/>

Author: Maja Stosic, MD, PhD.

English language editor: Graham Shaw

Project coordinator: Yevheniia Kononchuk

Acknowledgements:

Special thanks are given to the representatives of community-based organisations (CBOs), the civil society sector, medical institutions and key constituency groups for their active involvement in the process and their contributions to identifying and prioritising the government commitments towards the sustainability of the national HIV response from donor to domestic funding.

The author would like to extend their appreciation to EHRA for providing the opportunity to conduct this assessment. Without the support of EHRA, preparation of the country case study would not have been possible. Special credit is given to Yevheniia Kononchuk and Elena Zaitseva for their valuable contributions in providing overall guidance on the methodology and technical support while working on the Transition Monitoring Tool (TMT) and for reviewing and providing feedback on the country case study.

Recommended citation:

Stosic M. (2023). Republic of Serbia: Second assessment of Public Commitments to Ensure Sustainability of the HIV Response Among Key Populations in the Transition to National Funding. Eurasian Harm Reduction Association: Vilnius, Lithuania.

DISCLAIMER

This publication was prepared by the Eurasian Harm Reduction Association (EHRA) and published as part of the Regional project, 'Sustainability of services for key populations in the region of Eastern Europe and Central Asia' (SoS_project 2.0), implemented by a consortium of organisations led by the Alliance for Public Health in partnership with the Charitable Organisation, '100% Life', with financial support from the Global Fund.

The views expressed in this publication are those of the author and may not reflect the views of the consortium organisations as well as the Global Fund.

DISTRIBUTED FOR FREE

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	3
EXECUTIVE SUMMARY	4
1. CONTEXT	10
1.1. The HIV/AIDS situation in the country	11
1.2. HIV/AIDS prevention and control	12
2. PURPOSE AND METHODOLOGY	13
3. FINDINGS.	15
3.1. Transition and impact on the epidemic.	15
3.2. Achievement by health system domains.	16
3.2.1. Financing	17
3.2.2. Drugs, supplies and equipment	19
3.2.3. Service Provision	20
3.2.4. Governance.	22
3.2.5. Data and Information	24
3.2.6. Human resources.	26
3.3. Achievements by programmatic areas	27
3.3.1. HIV prevention among key populations	28
3.3.2. Treatment and Support	30
3.3.3. Human Rights	31
CONCLUSIONS AND RECOMMENDATIONS	33
Annex 1. Matrix of Commitments.	36

ACRONYMS AND ABBREVIATIONS

AMR	Antimicrobial Resistance
APH	Alliance for Public Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CEECA	Central and Eastern European and Central Asian
COVID-19	Coronavirus Disease
CSO	Civil Society Organisation
CSW	Commercial Sex Worker
DST	Drug Susceptibility Testing
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
GDP	Gross Domestic Product
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
IBBS	Integrated Bio-Behavioural Survey
M&E	Monitoring and Evaluation
MSM	Men-who-have-Sex-with-Men
NGO	Non-Governmental Organisation
NHIF	National Health Insurance Fund
OST	Opioid Substitution Therapy
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RG	Reference Group
RHIF	Republic Health Insurance Fund
SEE	South-East European
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TMT	Transition and Monitoring Tool
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCCT	Voluntary and Confidential Counselling and Testing
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The aim of this analysis is to reassess the fulfilment of HIV-related sustainability commitments given by the Government of Serbia in the context of the country's transition from Global Fund support to national funding using the EHRA methodology¹. As part of this study, relevant government commitments within the period of 2021 – 2022 have been identified and prioritised for the assessment and data was collected to inform the extent to which those commitments have been fulfilled as planned. Tasks were carried out by a national consultant together with a team of national experts, including civil society and community representatives. This is the second analysis as the first one was performed in 2021 for the period 2019-2020. Within the assessment, the prioritised commitments have been reviewed through the prism of health system domains and relevant HIV programmatic areas.

Overall, this analysis showed that the Government of the Republic of Serbia has shown substantial progress in fulfilling its transition and sustainability-related commitments, compared to the previous analysis performed when moderate progress was shown.

Out of six health system domains, significant progress was observed in the fulfilment of the commitments related to Service provision and Data and Information; substantial progress in commitments related to Financing; Drugs, Supplies and Equipment; and Human Resources, while average progress in Governance (Table 1).

Table 1. Overall evaluation of commitments by health system domain

No.	Health System Domain	Average performance by domain (%)	Final evaluation
1.	Financing	80.0%	Substantial progress
2.	Drugs, supplies and equipment	76.0%	Substantial progress
3.	Service provision	88.8%	Significant progress
4.	Governance	66.0%	Average progress
5.	Data and information	88.6%	Significant progress
6.	Human resources	83.3%	Substantial progress

If to compare the results with those of the first assessment performed in 2021, progress was made within each of the health system domains except the one of human resources.

The Republic of Serbia achieved progress in fulfilling the prioritised assessment commitments within the the domain of Financing compared to the previous assessment as the government increased funding for the programmes for prevention and support among key populations. Still, no funding has been provided for Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) by the government, with users paying for PrEP drugs out-of-pocket.

¹ Serebryakova L. (2023). Assessing Public Commitments to Ensure Sustainability of the HIV Response Among Key Populations in the Transition to National Funding. Methodological guide. Vilnius; Eurasian Harm Reduction Association

Overall, there was substantial progress in fulfilling the prioritised assessment commitments within the health system domain of Drugs, supplies, and equipment. Comparing overall progress per health system domain in this and the previous assessment, the result is better now. Progress with the fulfilment of commitments prioritised for the assessment within the domain of Drugs, supplies and equipment was increased compared to previous assessment, since four generic antiretroviral (ARV) drugs were registered in 2021, and virologic, immunologic and pharmacokinetic monitoring of people living with HIV (PLHIV) on ART was routinely performed. Regular procurement of quality assured needles and syringes, condoms and lubricants were achieved, while there was no progress in two commitments related to prevention of stock-outs of needles and syringes and condoms and lubricants.

Despite the COVID-19 pandemic, the country has maintained its coverage of service provision among key populations, as in the previous assessment. Namely, coverage of HIV testing has increased among men having sex with men (MSM) and sex workers (SW) as well as preventive programmes among young men and women aged 15-24 years, and there was high coverage of needles and syringes among people who inject drugs. In addition, overachievements in opioid substitution therapy (OST) programmes and ARV treatment coverage were found since the health care institutions and CSOs expanded programme implementation using electronic communication and online applications to bring them closer to the people in need. Moreover, information programmes for PLHIV and key populations about their rights and access to legal protection mechanisms for the purpose of prevention or response to violations was introduced by the CSOs with the support of a regional Global Fund grant and other donors. However, substantial progress had been achieved in the fulfilment of the commitment related to reproductive health in the youth population and the preventive programme for people who inject drugs, whilst there was low progress in the development and implementation of support programmes for people who are at risk of discrimination and violence and in the reporting of stigma and discrimination among MSM.

Governance was the health system domain where the greatest progress has been made compared to the previous evaluation. Out of six commitments related to governance, significant progress was made in three areas concerning the development of a National HIV/AIDS treatment protocol; protocols for PEP and PrEP; and a number of promotion campaigns for voluntary and confidential counselling and testing (VCCT) and early detection in the community. Average progress was made related to Guidelines for HIV, other sexual transmitted diseases PPIs and hepatitis B and C testing, as well as standards for providing HIV preventive services in the community for key populations at risk and the implementation of education and certification programmes for service providers to work in accordance with developed standards.

In this assessment, significant progress in the fulfilment of the commitments prioritised for the assessment within the Data and information domain was found to be the case, with the majority of commitments being fully implemented. However, the Methodological

Guidelines for HIV/AIDS and other STI Surveillance and the National M&E Plan for the National HIV Strategy developed by the Public Health Institute of Serbia in 2018 have not been adopted by the Ministry of Health. In addition, an Integrated Bio-Behavioural Survey (IBBS) was implemented in 2021 after a gap of 8 years. The infectious disease clinics and VCCT centre established databases for monitoring of clients on PrEP. However, there is no national database for monitoring PLHIV taking ART, as well as for PrEP, and there was no progress in education and periodic supervisory meetings of representatives of institutions and CSOs engaged in the response to HIV.

The achievement was downgraded in this assessment compared to the previous in relation to human resources, such as trainings of health care workers and CSO staff on HIV programmatic issues. Given the findings of this assessment and new internationally recognised guidelines², there is a need for continuous education of governmental and CSO staff regarding all programmatic issues.

With respect to programmatic areas, significant progress was made in HIV prevention, treatment and support and OST, while fairly low progress was made in the fulfilment of the commitments related to human rights (Table 2).

Table 2. Overall evaluation of commitments by Programmatic Area

No.	Programmatic Area	Achievement performance by programmatic area (%)	Final evaluation
1.	Prevention	93.9%	Significant progress
2.	Treatment and support	97.6%	Significant progress
3.	Human Rights	22.6%	Fairly low Progress
4.	OST	103.5%	Significant Progress

When comparing the first and second wave of assessments performed, progress was made in the second wave in prevention and treatment and support and OST, while fairly low progress was made in human rights.

Serbia made progress in preventive activities during the period 2021-2022 within a majority of health system domains compared to the previous period. However, certain issues related to the discontinuity of funding transfers from the Ministry of Health to CSOs, and the procurement of commodities, are identified that influenced the continuity of services provided by CSOs since there was a need to achieve high targets for the short implementation period. In addition, standards for providing HIV preventive services in the community for key populations as well as guidelines for HIV, other sexual transmitted diseases PPIs and hepatitis B and C testing are developed but were still not adopted and implemented countrywide.

² Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva; World Health Organization, 2021.

Serbia has also made progress in treatment and support compared to the previous evaluation. Commitments related to the percentage of PLHIV who are on ART was achieved due to increased coordination, cooperation, and efforts of key actors from the governmental health sector and CSOs in the field of prevention, linkage to care and treatment. A National HIV/AIDS Treatment Protocol/Guidelines was prepared and adopted after many years, involving stakeholders in treatment and prevention from the governmental sector as well as with the participation of CSOs. Drug susceptibility testing (DST) is available for all eligible patients in need. Also, virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART was available and routinely performed, and a financing mechanism ensures programmes provide support to PLHIV, as well as education sessions being implemented.

As already mentioned, the commitment to access new registered ARV drugs achieved progress but there is still a need for the availability of new and better tolerable ARV drugs.

Unfortunately, the achievement was downgraded in commitments related to human rights compared to the previous evaluation. To some extent during this evaluation period, activities related to human rights and discrimination were implemented by CSOs with the support of the Global Fund and other donors. However, no support programmes for people who are at risk of discrimination and violence have been developed, nor was the training of professionals in the fields of justice, police, health, labour and social policy and education were developed and implemented. During the previous evaluation period, four laws relevant to human rights were revised and the results in this area were evaluated better.

Having in mind the abovementioned, in order to ensure a smooth transition process from donor to domestic funding, it is recommended to the:

a) Ministry of Health:

- To sustain funding for HIV prevention programmes and the provision of support services in communities through CSOs and community organisations after the completion of the Global Fund grant through public calls for CSOs for submission of project proposals in the field of HIV prevention among key populations and PLHIV support;
- To adopt a National Action Plan for HIV/AIDS prevention for the period 2023-2025;
- To develop and adopt a National M&E Plan for HIV/AIDS for the period to 2025;
- To avoid delays in competitions for the allocation of funds to CSOs in order not to cause the discontinuity of services provided, by planning and preparation of the documentation for competitions for the following year in advance, before the end of the current year;
- To ensure the procurement of quality assured commodities (needles, syringes, condoms, and lubricants) by defining the technical specification by the Institute of Public Health of Serbia and CSOs and to ensure supply without stock-outs;
- Under the umbrella of the Country Coordinating Mechanism (CCM), prepare a proposal for consideration by the National Health Insurance Fund for participation in the funding of PrEP from the national budget;
- Pilot PrEP through projects until it is financed from the national budget;

- To adopt developed standards for the provision of preventive services among key populations;
- Improvement in the testing protocol to introduce self-testing and community testing; and,
- In order to ensure a unique doctrine in the provision of services, to perform certification of CSOs who provide HIV preventive services outside of the health care system, in line with the developed standards for the provision of preventive services.

b) National Health Insurance Fund:

- To register, put on the list of medicines covered fully by the Republic Health Insurance Fund (RHIF), and procure new, well tolerated ARV drugs for all patients in need as per the list submitted by HIV clinicians; and,
- To allocate a budget for participation in the funding of PrEP and PEP medicines included in the national guidelines for PrEP and PEP starting in 2024 and 2025.

c) Public Health Institute of Serbia:

- To finalise and adopt guidelines for VCCT of HIV, viral hepatitis B and C and other sexually transmitted infections (STIs), including a self-testing strategy and the use of the simplified WHO recommended testing algorithm;
- To establish an electronic system for programmatic data collection and reporting that includes the monitoring of PrEP and PEP users; and,
- To continuously perform at least one education of governmental and CSO programme implementers per year for each of the following topics relevant to the prevention programme (VCCT, linkage to care, support to PLHIV, and human rights).

d) Local state authorities:

- To allocate funds from the budget of local self-governments for prevention services among key populations related to HIV, hepatitis B and C and other co-infections;
- To undertake capacity building of cities that signed the Paris Declaration on Fast-Track Cities Ending the HIV and Tuberculosis Epidemic for planning and implementing preventive services related to HIV, hepatitis B and C and other co-infections; and,
- To expand public calls at the local level for CSOs to submit project proposals in the field of HIV prevention among key populations and for PLHIV support.

e) CSOs and communities:

- To ensure the provision of quality assured services among key populations based on guidelines provided by governmental institutions;
- To work with local self-governments to facilitate the allocation of funds for HIV prevention services among key populations within the budgets already allocated for health;
- To expand support services in relation to human rights and discrimination;

- To monitor and follow the extent to which the government's commitments are fulfilled for priority areas in the HIV response based on the methodology used in this assessment; and,
- Continuous capacity building of CSOs for all areas of service provision (VCCT and outreach).

f) Cross-cutting issues for all stakeholders (Ministry of Health, Ministry of Labour and Social Affairs, CSOs and communities)

- To increase awareness of PLHIV and key populations related to anti-discriminatory laws and modalities for human rights protection that already exist in the system;
- To promote and increase the scope of programmes that are successfully implemented in the area of human rights and the prevention of discrimination;
- To provide trainings, advocacy and promotional activities to sensitise professionals from the health care, social welfare, labour and employment, and education sectors to work with PLHIV and to create a supportive, non-discriminatory, environment; and,
- To develop new programmes to address discrimination among PLHIV and key populations.

This assessment report should be used to assist CSOs, key population groups, government institutions and other stakeholders to stay more informed and engaged in the monitoring of the transition process from donor to domestic funding and to thereby advocate for the implementation of activities that will lead to a sustainable and evidence-based national HIV response in Serbia.

1. CONTEXT

Serbia is situated in south-east Europe with a population of 6,664,449 people³. Total gross domestic product (GDP) is USD62.6 billion, while GDP per capita is USD9,393.60⁴. Serbia spends a considerable amount of its resources on health care. In 2022, total health expenditure accounted for 7.16% of GDP, compared to 8.8% in 2017. The health system was recentralised in 2019 and the Ministry of Health is largely responsible for organisation and governance. The Serbian health system is based on compulsory health insurance, with payroll contributions the main source of public financing. Public spending on health as a share of GDP is above the average for South-East European (SEE) countries. The benefits package covers a wide range of services and 98% of the population, but financial protection is limited by co-payments. The high incidence of catastrophic and impoverishing out-of-pocket payments reflect major gaps in de facto health coverage. Outpatient medicines and medical products are the largest drivers of catastrophic spending on health. Life expectancy in Serbia has increased but remains below the average of the WHO European Region. Circulatory diseases and cancers are the most important causes of adult mortality and morbidity, and uncontrolled hypertension is by far the leading risk factor affecting population health. Serbia has made progress towards combating antimicrobial resistance (AMR) by taking a One Health approach, but the country still has one of the higher rates of antimicrobial consumption in the WHO European Region. The COVID-19 pandemic has resulted in excess mortality and, according to data reported by Serbia to Eurostat, life expectancy at birth declined by 1.5 years between 2019 and 2020. AMR is a public health priority in Serbia and the sale of antibiotics in community pharmacies is now closely regulated⁵.

Health care facilities are predominantly state owned, and Serbia has extensive health infrastructure. Maintaining sufficient health workforce capacity across the country is a challenge. Publicly owned health institutions comprise a wide network at the primary, secondary and tertiary level and are overseen by the Ministry of Health. As of 2021, this network comprised 335 health institutions with a total of 105,286 employees in the publicly owned health sector⁶. National legislation has allowed private health care services to operate since 2005, but their operation is poorly regulated. The Government, including the Ministry of Health, are responsible for the strategic planning in the health sector in cooperation with other ministries, particularly the Ministry of Finance and the Ministry of Public Administration and Local Self-Government. The Health Council has an advisory role, together with the parliamentary Health and Family Committee⁷.

³ Republic of Serbia Institute of Statistics. Population of the Republic of Serbia in 2023. <https://publikacije.stat.gov.rs/G2024/Pdf/G202427014.pdf>

⁴ World Bank Group. Current health expenditure. <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS>

⁵ World Health Organization (WHO). Regional Office for Europe (2022). Health System in Action: Serbia. Copenhagen; WHO. <https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-serbia-2022>

⁶ Jovanovic V (ed.) (2022). Health Statistical Yearbook of the Republic of Serbia 2021. Belgrade; Institute of Public Health of Serbia. <https://www.batut.org.rs/download/publikacije/pub2021a.pdf>

⁷ The Law on Healthcare. Belgrade; Paragraf (Official Gazette of RS, No. 25/2019). In Serbian. https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html

1.1. THE HIV/AIDS SITUATION IN THE COUNTRY

Cumulatively, 4,605 people living with HIV were diagnosed from 1984 to the end of 2022. Of them, 2,177 people developed AIDS (47% of all registered persons infected with HIV). A total of 164 HIV cases were newly registered in 2022 (making a notification rate of 2.40 per 100,000 inhabitants)⁸. Notably, over the last 10 years, the number of newly registered HIV cases has been increasing. The estimated prevalence by UNAIDS of HIV in the population aged 15 and over at the end in 2022, as in previous years, was less than 0.1%⁹.

Homosexual contact was the main mode of transmission (78.5%) in 2021. Overall, men having sex with men (MSM) have the highest HIV prevalence in the country, at 6% in the capital city, Belgrade, making it a concentrated epidemic. HIV prevalence among key populations is 2.3% among people who inject drugs and 1.5% among commercial sex workers (CSW)¹⁰. The second most frequent mode of HIV transmission is through unprotected heterosexual contact (7% of all registered cases in 2021). HIV notification among people who inject drugs continues to decrease (three persons, or 1%, in 2021 compared to 8% in 2009 and 70% in 1991, respectively)¹¹.

According to UNAIDS¹², there were an estimated 3,800 people living with HIV in Serbia in 2022, with around 3,300 people aware of their HIV status (85%). Of these, 2,400 people were on antiretroviral therapy (ART) (63%). 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 in total by the Republic Health Insurance Fund (RHIF).

The population size estimates for each key population are 40,000 MSM, 20,000 people who inject drugs and 3,901 SW in Serbia, respectively^{12,13,14}.

⁸ Institute of Public Health of Serbia. (2023). Report on Communicable diseases in Serbia for 2022. Belgrade; Institute of Public Health of Serbia.

⁹ <https://www.batut.org.rs/download/izvestaji/GodisnjiIzvestajZarazneBolestiSrbija2021.pdf>

¹⁰ Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS Country data: Serbia, 2022. Geneva; UNAIDS. <https://www.unaids.org/en/regionscountries/countries/serbia>

¹¹ Integrated Biological and Behavioral Study (IBBS) 2021, unpublished data.

¹² Idem

¹³ Idem

¹⁴ Decree on the Program of Health Protection of the Population from Infectious diseases, Official Gazette of RS, no. 21/16. <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/uredba/2016/22/1/reg>

¹⁵ Serbia. Allocation of HIV Resources towards Maximizing the Impact of Funding in Selected Eastern European and Central Asian Countries. Burnet Institute. https://optimamodel.com/pubs/SRB_HIV_2023.pdf

1.2. HIV/AIDS PREVENTION AND CONTROL

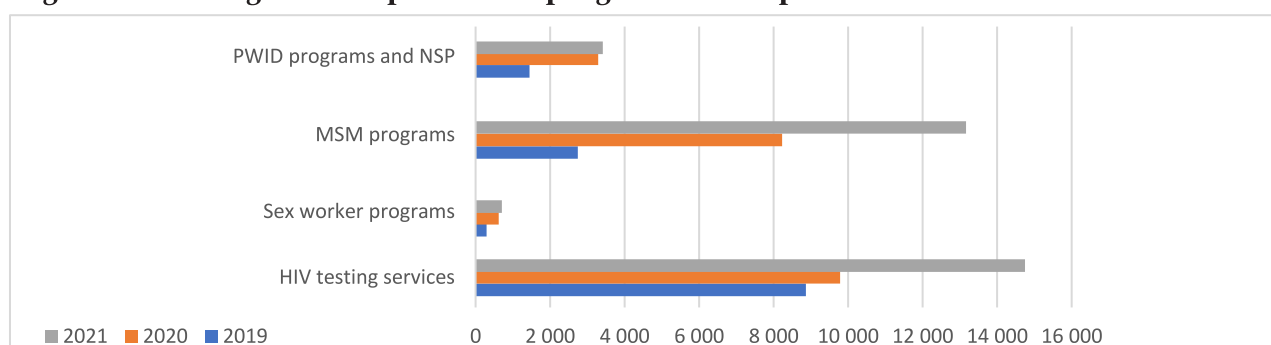
Prevention and control of HIV and AIDS in the Republic of Serbia has been implemented within the National Programme for Health Protection of the Population from Infectious Diseases based on the National Strategy for HIV Prevention and Control, 2018-2025. Action plan for the period 2023-2025 is in preparation for Government adoption^{11,13}. The implementation of programme activities is performed by health institutions and other forms of health service, state administration and CSOs. The Republic of Serbia allocated USD19,666,357 for HIV prevention and control in 2021¹⁴. In addition to the national funding, during the period 2019-2021, the Global Fund allocated funds in the amount of totalling USD1,474,640 to support HIV prevention services among key populations from 2019 to 2022 (grant number SRB-H-MoH 1833). Furthermore, Serbia is also the beneficiary of a sub-grant of USD359,800 from the Global Fund's HIV multi-country grant (No. 14-RG-19), 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia', implemented by the Alliance for Public Health (APH) in a consortium with '100% Life' (the All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network. The Grantee in Serbia is Timok Youth Centre (a CSO). Based on the latest Global Fund eligibility list, Serbia remains eligible for Global Fund support for its national HIV response¹⁵ and its CCM will prepare an application for this support within Window 7 in 2024 for implementation after December 2025.

HIV prevention programmes among key populations and support for people living with HIV

The Strategy identifies key populations as men who have sex with men, people who inject drugs, sex workers, transgender people and people serving criminal sanctions, in line with UNAIDS and WHO recommendations¹⁶. Voluntary counselling and testing (VCT) for HIV and other pathogens, especially for key populations, is strategically recognised as a key prevention programme.

Due to Global Fund support, the coverage of HIV prevention programmes increased in 2020 and 2021 compared to 2019 (Figure 1).

Figure 1. Coverage of HIV preventive programs in the period 2019-2021



Support programmes for people living with HIV are also recognised by the National HIV Strategy. The most frequently provided support service was individual peer counselling based on the one-on-one model, as well as counselling on ARV therapy. In addition, a certain number of services are provided without direct contact with clients (online and telephone counselling), as well as practical assistance services in the field.

¹⁵ The Global Fund. Eligibility List 2023. Geneva; The Global Fund. 2023. https://www.theglobalfund.org/media/12505/core_eligiblecountries2023_list_en.pdf

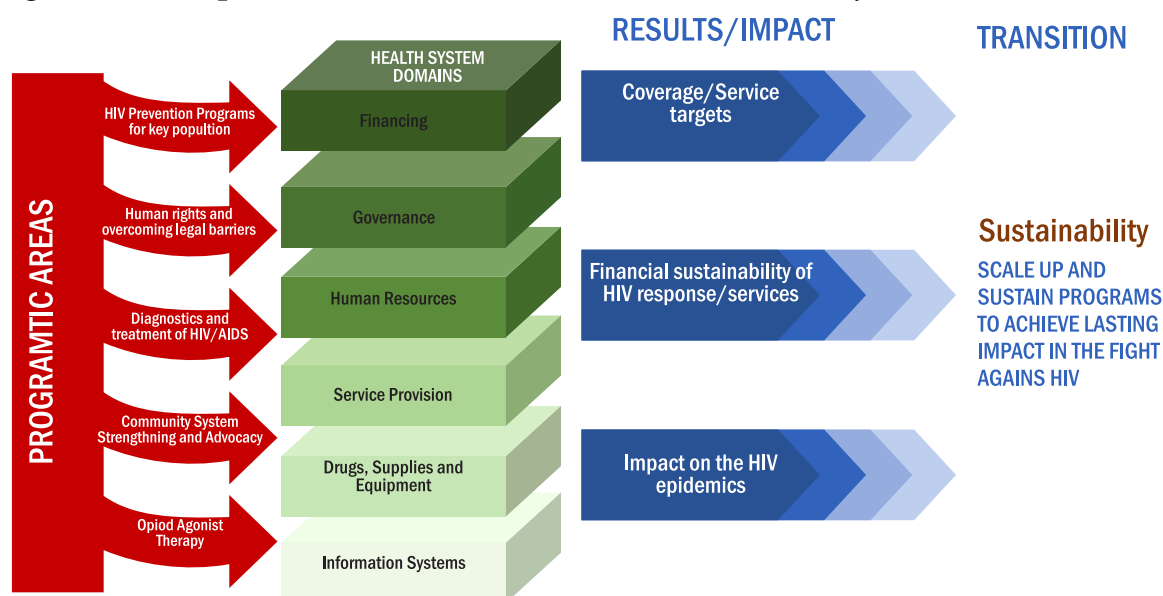
¹⁶ World Health Organization. (2016). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations – 2016 update. Geneva; World Health Organization. <https://apps.who.int/iris/rest/bitstreams/1260189/retrieve> (accessed 25 August 2021).

2. PURPOSE AND METHODOLOGY

The aim of this analysis is to assess the fulfilment of commitments given by the Government of Serbia to ensure the sustainability of their HIV response among key populations in the context of the transition from Global Fund support to national funding. The results of this analysis are considered as particularly important as they provide evidence that should be used to assist key communities to stay more informed and engaged in the monitoring of the transition process and to thereby advocate for the sustainability of the national HIV response in a community.

The assessment was performed using the Transition and Monitoring Guide¹⁷ developed by EHRA and applied through evaluation of the achievement of the commitments given by the Government of Serbia in publicly available documents. The prioritisation of the commitments was performed by consensus with national experts and representatives of CSOs. Further data collection and analysis was performed based on the Transition and Monitoring Tool (TMT) (Annex 2) for selected commitments according to the framework (Figure 2).

Figure 2. Conceptual framework for data collection and analysis



The study process was as follows:

- Identification of key public commitments related to the HIV response through a desk review of available documents. All of the commitments were derived from the National Strategy for HIV prevention and control and Action Plan for the period 2018-2021, given that for other commitments data related to the annual targets were not available;
- Prioritisation of commitments were performed based on the guidelines. The process for the prioritisation of commitments for each of the programme areas was as follows: determine the priority on a scale where "4" is the highest priority and "1" is the lowest; commitments that have received a score of "4" are selected for analysis. For positions that received scores from "1" to "3" in the individual questionnaires of Reference Group (RG) members (prioritisation method 1), the average score is calculated, after which positions with an average score above "2" are selected;

¹⁷ Serebryakova L. (2022). Assessing Public Commitments to Ensure Sustainability of the HIV Response Among Key Populations in the Transition to National Funding. Methodological guide. Vilnius; Eurasian Harm Reduction Association. <https://harmreductioneurasia.org/tmt/>

c) Commitments that were listed but not prioritised were:

- Area of prevention:
 - ✓ Created new prevention programmes for transgender persons – due to the unavailability of data;
 - ✓ Improved existing and created new prevention programmes for prisoners - due to the unavailability of data;
 - ✓ Ensure financing mechanism for standardised HIV prevention programmes in the transgender population – no financing, no data so far;
 - ✓ Promote the importance of VCCT and early detection of HIV by organising actions in the community (during campaigns) – widely implemented;
- Area of governance:
 - ✓ Establish and implement a system of institutional free legal aid - no financing, no data so far;

d) The National Reference Group was composed of 8 representatives of different government agencies and CSOs involved in HIV programme planning and implementation; 50% representation of CSOs was fulfilled.

A comprehensive review and analysis of available documents and reports was performed, including a review of the Global Fund grant documents and reports on HIV and AIDS prevention and control programme implementation in Serbia. Since the National HIV/AIDS Prevention and Control Strategy was developed in 2018 and endorsed in late 2018, targets for the period 2019-2021 were used in the analysis.

Publicly available data from the Institute of Public Health of Serbia 'Dr Milan Jovanović Batut' were used; programme and financial data obtained from CSO's; laws and bylaws of the Republic of Serbia; national strategies; programmes in the field of prevention and control of HIV and AIDS; health care published data of the Chamber of Health Workers and the Chamber of Social Workers, and others.

There were several limitations to the analysis. Firstly, monitoring and evaluation plans for some of the health policy documents used in the analysis (National Youth Strategy and Abuse Prevention Strategy) were not developed and there were no targets for the period covered by this analysis. In such cases, the targets were set as simple mean values between baseline and final targets. In addition, in some cases, the calculations for indicators have been performed based on the achievement of one year, since the process of data collection for 2022 was not finalised by the time this report went to press. Secondly, the public health threat of international concern caused by the new coronavirus (SARS CoV-2) has significantly contributed to the difficult circumstances of collecting and processing relevant data.

Despite these limitations, this analysis provides important information for health policy and planning and for future improvements of HIV prevention and control in Serbia.

3. FINDINGS

3.1. TRANSITION AND IMPACT ON THE EPIDEMIC

The number of estimated new HIV infections per 1,000 population was quite constant in Serbia in 2021 and 2022, the same as 2017. However, there has been an increasing trend of AIDS mortality, with a corresponding mortality rate of 0.2 and 0.3 per 100,000 in 2021 and 2022 respectively¹⁸. The strategic impact goal of the country is to reduce the number of new cases of HIV and HIV related mortality by 2025. As stated above, the number of VCCT services increased even during the years of the COVID-19 pandemic due to Global Fund support to prevention programmes for key populations in the community and it would be expected to detect more newly diagnosed HIV cases. However, the number of newly diagnosed HIV cases is lower than expected. Given that the UNAIDS estimates on the number of new cases is stable, it can be attributed to low case detection due to the fact that the population most burdened by the disease were not reached to the right extent. Given the overburden of the health system during the COVID-19 pandemic where infectious disease specialists were predominantly engaged, there was limited access to health services for patients.

HIV seroprevalence slightly decreased over time among MSM and sex workers, from 8% in 2013 to 6% in 2021 and from 1.6% in 2013 to 1.5% in 2021, respectively, while it slightly increased from 1.5% in 2013 to 2.3% in 2021 among people who inject drugs (Table 4)¹⁹.

Table 3. Impact and outcome indicators of the HIV epidemic in Serbia

INDICATOR	Baseline	Baseline Year	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022
Number of new HIV infections per 1,000 non-HIV infected population	0.02	2017	0.01	0.01	0.02	0.02
Number of people who died from AIDS per 100,000 inhabitants	0.2	2017	0.1	0.1	0.2	0.3
Percentage of PLHIV among MSM	8.3	2013	8	n/a	6	n/a
Percentage of PLHIV among people who inject drugs	1.5	2013	2	n/a	2.3	n/a
Percentage of PLHIV among sex workers	1.6	2013	2	n/a	1.5	n/a

HIV prevalence among MSM and sex workers slightly decreased over time, from 8% in 2013 to 6% in 2021 and from 1.6% in 2013 to 1.5% in 2021, respectively, due to the targeted prevention programmes among these key population groups, while it slightly increased from 1.5% in 2013 to 2.3% in 2021 among people who inject drugs, as per the latest IBBS performed in 2021²⁰. Further efforts by governmental institutions and CSOs are needed to increase targeted testing, linkage and access to care, as well as support for adherence to treatment for PLHIV.

¹⁸ Report on Communicable Diseases in Serbia in 2022. Belgrade; Public Health Institute of Serbia, 2023. <https://www.batut.org.rs/download/izvestaji/GodisnjiIzvestajZarazneBolestiSrbija2022.pdf>

¹⁹ IBBS survey 2021 (unpublished data).

²⁰ IBBS 2021, Ibid.

3.2. ACHIEVEMENT BY HEALTH SYSTEM DOMAINS

The total number of commitments identified was 41. During the prioritisation process, 35 of them were prioritised as presented in detail within Table 4.

The initial list of commitments related to programme financing was reduced. The commitment related to the financing mechanism for standardised HIV prevention programmes in the transgender population was not prioritised.

Table 4. List of identified and prioritised commitments per health system domain

Health System Domain	Number of identified commitments	Number of prioritised commitments	Gaps
Financing	6	5	
Drugs, supplies and equipment	5	5	2
Service provision	13	10	
Governance	7	6	
Data and information	6	6	
Human resources	4	3	
Total	41	35	

Commitments related to drugs, supply and equipment were changed by the National Reference Group members. Two commitments were newly introduced instead of being originally proposed by the reviewer, including ensuring regular procurement of quality assured needles and syringes, condoms and lubricants, as well as ensuring the prevention of stock-outs of needles and syringes, condoms and lubricants, since they were identified as a significant obstacle to the continuity and quality of services provided.

The list of commitments related to service provision were reduced by reduction in three commitments due to the unavailability of data: first related to viral suppression of PLHIV on ART while the second and third related to prevention programmes among prisoners and transgender persons, respectively.

The commitments related to governance were reduced in terms of a reduction of the commitment related to the system of institutional free legal aid established and implemented.

The commitment related to data and information systems was not changed, while one commitment related to human resources was reduced.

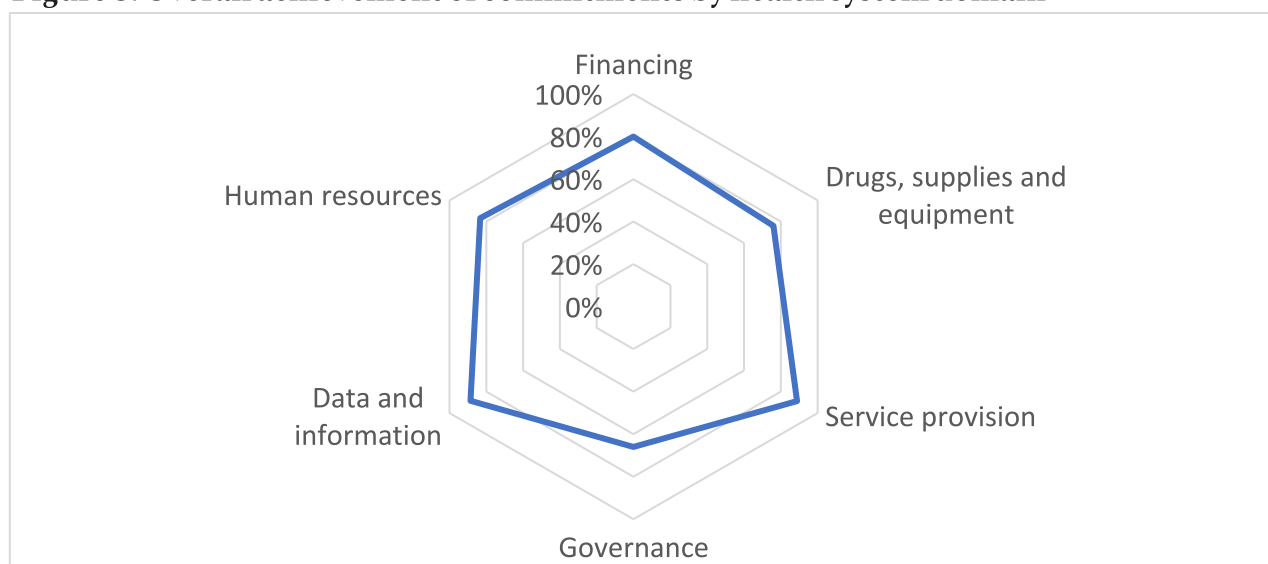
Overall, with regards to health system domains, significant progress was observed in the commitments related to service provision and data and information; substantial progress in the commitments related to financing, drugs, supplies and equipment and human resources;

while there was average progress in governance (Table 5, Figure 3). In relation to the previous assessment performed in 2021, progress was made as seen in the current evaluation in each of the health system domains except for human resources.

Table 5. Overall evaluation of the commitments by health system domain

No.	Health System Domain	Average performance by domain (%)	Final evaluation
1.	Financing	80.0%	Substantial progress
2.	Drugs, supplies and equipment	76.0%	Substantial progress
3.	Service provision	88.8%	Significant progress
4.	Governance	66.0%	Average progress
5.	Data and information	88.6%	Significant progress
6.	Human resources	83.3%	Substantial progress

Figure 3. Overall achievement of commitments by health system domain



3.2.1. Financing

Out of five commitments prioritised within the financing health system domain, the commitment related to the financing mechanism for standardised HIV prevention programmes among MSM, people who inject drugs, sex workers and PLHIV were achieved, while there was no progress in the financing of PEP and PrEP by the NHIF. Therefore, overall progress of the financing health system domain was 'Substantial' (Table 6). Still, when comparing the results of the two assessments, the result is better than in the first assessment when the achievement of this health system domain was rated as moderate.

Table 6. List of commitments related to financing and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Financing	Number of people who used PEP and PrEP covered by the NHIF	0.0%	80%	Substantial progress	Substantial progress
Financing	Financing mechanism ensured for standardised HIV prevention programs in the MSM population	100.0%			
Financing	Financing mechanism ensured for standardised HIV prevention programmes in the population of people who inject drugs	100.0%			
Financing	Financing mechanism ensured for standardised HIV prevention programmes in the sex worker population	100.0%			
Financing	Financing mechanism ensured for standardised programmes of support to PLHIV	100.00%			

There has been increased funding of HIV prevention programmes for key populations at risk in 2021 and 2022 within the budget of the Republic of Serbia, as it was a condition of the Global Fund for supporting national prevention programmes. Still, no funding has been provided for PEP and PrEP by the government. In 2022, guidelines for PrEP and PEP were developed. As the majority of services targeting key populations are CSO-led in Serbia, in the forthcoming period, the Ministry of Health should sustain its commitment through further financing of the programmes after the finalisation of Global Fund support. There is an increase of support from state authorities to these services, but still there is room for improvement, especially regarding support from local authorities and the private sector.

3.2.2. Drugs, supplies and equipment

Out of five commitments related to drugs, supplies and equipment, two commitments were overachieved, one reached 80%, while two achieved 50%.

Regular procurement of quality assured needles and syringes, condoms and lubricant were achieved, while there was no progress in two commitments related to the prevention of stock-outs of needles and syringes and condoms and lubricants and, therefore, a final score for the compliance of these 2 commitments was 'average' per commitment. As a result of stock-outs in the regular procurement of equipment, discontinuity of services provided was a common problem. CSOs often use equipment funded by other programmes to bridge the implementation gap. It is recommended to either the Institute of Public Health of Serbia or to CSOs to procure commodities themselves, since such action is allowed by the national Law on Public Procurement, under a supervision mechanism to be monitored by the Government.

The commitment related to access to newly registered ARV drugs achieved substantial progress in terms of its fulfilment since four generic drugs were registered in 2021. However, based on the data obtained during the interviews with clinicians, the available ARV drugs cause severe toxic effects to patients and, therefore, there is a need for registration and availability of new and better tolerable drugs. Virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART are routinely performed and is available countrywide, as well as DST tests to all patients with an inadequate response to first-line therapy.

Overall, there was substantial progress with fulfilment of the commitments prioritised for the assessment within the health system domain of Drugs, supplies, and equipment (Table 7). When comparing the results of the two assessments, the result of the second assessment is better than previously when the achievement of this health system domain was rated as average.

Table 7. List of commitments related to drugs, supplies, and equipment and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Drugs, Supplies, and Equipment	No stock-outs identified, quality assured needles and syringes procured	50.00%		Substantial progress	Substantial progress
Drugs, Supplies, and Equipment	No stock-outs identified, quality assured condoms and lubricants procured	50.00%			

Drugs, Supplies, and Equipment	New ARV drugs available for all patients in need	80.0%	76%		
Drugs, Supplies, and Equipment	DST tests performed for all patients with inadequate response to first-line therapy	100.00%			
Drugs, Supplies, and Equipment	Virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART routinely performed	100.00%			

3.2.3. Service Provision

Out of ten commitments prioritised for the assessments within the domain of Service provision presented in Table 8, significant progress has been observed in the fulfilment of six commitments related to MSM and sex work prevention programmes, harm reduction programmes among people who inject drugs, OST programmes and the ARV treatment programme, as well as information programmes for PLHIV and key populations about their rights, and access to legal protection mechanisms for the purpose of prevention or in response to violations. Substantial progress had been achieved in the fulfilment of the commitment related to reproductive health in the youth population and the people who inject drugs prevention programme, while low progress in the development and implementation of support programmes for people who are at risk of discrimination and violence and the reporting of stigma and discrimination among MSM. Therefore, the overall achievement of this domain is considered as significant. Overall results for the service provision health system domain in the previous and this current assessment are the same.

Table 8. Commitments related to service provision and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Service Provision	Percentage of MSM who have been tested for HIV in the previous 12 months and who know their test result	123.6%		Significant progress	Significant progress
Service Provision	Percentage of people who inject drugs who have been tested for HIV in the previous 12 months and who know their test result	85.7%			

Service Provision	Percentage of sex workers who have been tested for HIV in the previous 12 months and who know their test result	143.1%	88.8%		
Service Provision	Percentage of young men and women aged 15-24 (30) who used a condom during last sexual intercourse with an unmarried/non-cohabiting partner among those who had such a partner in the last 12 months	78.3%			
Service Provision	Number of needles and syringes distributed per person who injects drugs in a 12-month period	140.0%			
Service Provision	Number of people on OST in health care institutions	101.3%			
Service Provision	Percentage of PLHIV who are on ART	103.5%			
Service Provision	Percentage of MSM who reported stigma and discrimination per year	12.9%			
Service Provision	Support programmes for people who are at risk of discrimination and violence developed and implemented	0.0%			
Service Provision	Information programmes for PLHIV and key populations about their rights, ways to exercise them, access to legal protection mechanisms for the purpose of prevention or response to violations of their human rights and discrimination developed and implemented	100.0%			

The health care institutions and CSOs expanded their services using electronic communication and online applications to bring them closer to the people in need and, therefore, achieved the targets. Moreover, overachievement by CSOs of services provision was found, although there were delays in competitions for the allocation of funds to CSOs by the Ministry of Health. Discontinuity of funding and procurement of commodities influenced the quality of services provided by CSOs since there was a need to achieve high targets for the short time available. Substantial progress had been achieved in the commitment related to reproductive health in the youth population and the prevention programme for people who inject drugs. Overachievements in the OST programme and ARV treatment coverage were found in relation to the targets despite the COVID-19 pandemic since the services were available for all patients in need due to efforts made by health care institutions. Information programmes for PLHIV and key populations about their rights and access to legal protection mechanisms for the purpose of prevention or response to violations was introduced within the CSOs with the support to the regional Global Fund grant and other donors and this indicator is achieved. There was, however, low progress in the development and implementation of support programmes for people who are at risk of discrimination and violence and the reporting of stigma and discrimination among MSM. Stigma and discrimination of PLHIV and key populations is a long-lasting problem since the beginning of the HIV epidemic. Several newly adopted legislative acts indicates that there are ways to protect the interests of vulnerable people; qualitative studies performed in Serbia have demonstrated that this is not properly used. It demonstrated that PLHIV primarily recognise discrimination in the health system, followed by discrimination in the systems of social welfare, labour and employment, education, and other systems. Despite recognising discrimination, most PLHIV do not use the possibilities of the existing system to fight such discrimination. Therefore, although some progress was made, in future, further efforts are needed by governmental institutions together with CSOs to sensitise professionals in the health care system, and those in the social welfare, labour and employment, and education sectors to work with PLHIV and to create a supportive and non-discriminatory environment. In addition, PLHIV should be encouraged by CSOs to use existing government mechanisms, as well as possibilities within CSOs, to ensure the respect for human rights when disclosing their HIV-positive status.

3.2.4. Governance

Out of six commitments related to governance, significant progress was made in the fulfilment of 3 commitments related to the development of a National HIV/AIDS treatment protocol, protocols for PEP and PrEP, and a number of promotion campaigns for VCCT and early detection in the community. Average progress was made related to guidelines for HIV, other PPIs and hepatitis testing and standards for providing HIV preventive services in the community for key populations at risk and implementation of education and certification programmes for service providers to work in accordance with developed standards.

The overall progress with the fulfilment of the commitments prioritised for the assessment within the Governance domain is, therefore, considered average (Table 9) compared to the previous evaluation when the result was fairly low.

Table 9. Commitments related to governance and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Governance	Guidelines for HIV, other PPIs and hepatitis B and C testing developed	50.0%	66.6%	Average progress	Average progress
Governance	Protocols for PEP and PrEP developed	100.0%			
Governance	Number of promotion campaigns for VCCT and early detection in the community	100.0%			
Governance	National HIV/AIDS treatment Protocol prepared	100.0%			
Governance	Standards for community service delivery for key populations at risk of HIV (MSM, PWID, SW, trans* persons, persons serving criminal sanctions) developed	50.0%			
Governance	Implement education and certification programmes for service providers to work in accordance with developed standards	0.0%			

Commitments related to the governance achieved a much better result than in 2021. The national HIV treatment protocol was developed by HIV clinicians based on European AIDS Clinical Society and WHO guidelines as well as a protocol (methodological guidelines) for PrEP and PEP. New guidelines for the testing of HIV, STIs and hepatitis B and C is still under development.

Standards for providing community-based HIV prevention services for key populations were developed by relevant experts. Certification of prevention service providers in line with the developed standards, although recognised by the national strategy, is a great challenge due to resistance of the national health legislation, namely, a certification body has to be established within government institutions to assess the capacities and conditions under which CSOs can provide HIV prevention programmes.

3.2.5. Data and Information

Out of six commitments related to data and information, significant progress was made with the fulfilment of four of them. Average progress was made in the development of the national M&E plan for HIV/AIDS as it was not adopted; while there was no progress in education and periodic supervisory meetings of representatives of institutions and CSOs engaged in the response to HIV to build their capacity for monitoring and evaluation and the use of data for strategic planning and advocacy. Therefore, significant progress overall of the Data and information health system domain was suggested (Table 10). It is significant progress compared to the previous evaluation when the corresponding result was rated as average.

Table 10. Commitments related to data and information and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Data and Information Systems	Number of people monitored by the infectious disease specialist using PrEP within the database	181.7%	88.6%	Significant progress	Significant progress
Data and Information Systems	Professional methodological guidelines for epidemiological surveillance of sexually transmitted infections, including HIV infection developed	100.0%			
Data and Information Systems	Assessment of the size of defined population groups at increased risk of HIV, as well as the number of people living with HIV and other parameters performed	100.0%			
Data and Information Systems	Plan for monitoring and evaluating the strategic response to HIV and AIDS developed and adopted	50.0%			

Data and Information Systems	Education and periodic supervisory meetings of representatives of institutions and CSOs engaged in the response to HIV to build their capacity for monitoring and evaluation and the use of data for strategic planning and advocacy performed	0.0%			
Data and Information Systems	Serological and behavioural (quantitative and qualitative) research among key populations performed	100.0%			

In this assessment, significant progress of data and information commitments was found since the majority of the commitments were fully implemented. The Methodological Guidelines for HIV/AIDS and other STIs Surveillance has been developed. The National M&E Plan of the National HIV Strategy was developed by the Public Health Institute of Serbia in 2018 for the period 2019-2021 but it was not adopted by the CCM. Although not adopted, targets from the Plan were enclosed in the National HIV Strategy. Government institutions and CSOs are collecting data and reporting in line with the M&E Plan and the Public Health Institute of Serbia regularly publishes annual reports on HIV programme implementation based on the programmatic data collected, which is based on the drafted M&E Plan. In addition, IBBS was implemented in 2021 after a break of 8 years, and the results are currently being published and population estimates have been performed. The infectious disease clinics and VCCT centres established databases for monitoring of patients on PrEP, but still there is no national database. In 2022, 64 patients were enrolled in PrEP and were actively monitored (instead of 30 being planned for 2022). During the COVID-19 pandemic, there were lower levels of programme monitoring and evaluation and the use of data for education for strategic planning and advocacy and a lack of monitoring and evaluation of human resources.

3.2.6. Human resources

Substantial progress was made in commitments related to human resources (Table 11). However, this result is lower than in the previous evaluation.

Table 11. Commitment related to human resources and their achievement

HEALTH SYSTEM DOMAIN	INDICATOR	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Human Resources	Number of education sessions performed among health care workers	100.0%	83.3%	Substantial progress	Substantial progress
Human Resources	Number of education sessions performed in CSOs	100.0%			
Human Resources	Trainings of professionals in the field of justice, police, health, labour and social policy and education, for respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV developed and implemented	0.0%			

Overachievement has resulted in the human resources sector in the field of trainings of health care workers and CSO staff on HIV programmatic issues. However, there have been no trainings of professionals in the field of justice, police, labour and social policy and education, for the respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV.

Finally, although the commitments related to community system strengthening and advocacy were not identified in the initial priority list, as it was recognised by the Strategy, it was addressed in the analysis through other activities where communities are involved and will be included in future strategic documents, analyses, assessments, and capacity building activities.

3.3. ACHIEVEMENTS BY PROGRAMMATIC AREAS

A national HIV response is composed of different strategic interventions. Although all play an important role in tackling HIV at the national level, in this study we have focused on programmes which have particular importance for key population groups in the context of transition and ensure that HIV prevention and care and treatment services for those groups remain within reach even when donors leave the country.

The total number of commitments identified in all programmatic areas were: 19 for the area of prevention; 1 for OST; 8 for HIV treatment and support; and 8 for human rights.

- For the area of prevention, 2 additional commitments were identified by the RG and added to the list as a gap, while 2 commitments were excluded during the prioritisation process;
- For HIV treatment and support, OST and data and information systems, there were no additional nor excluded commitments; and,
- For the area of human rights, 2 commitments were excluded from the list during the prioritisation process.

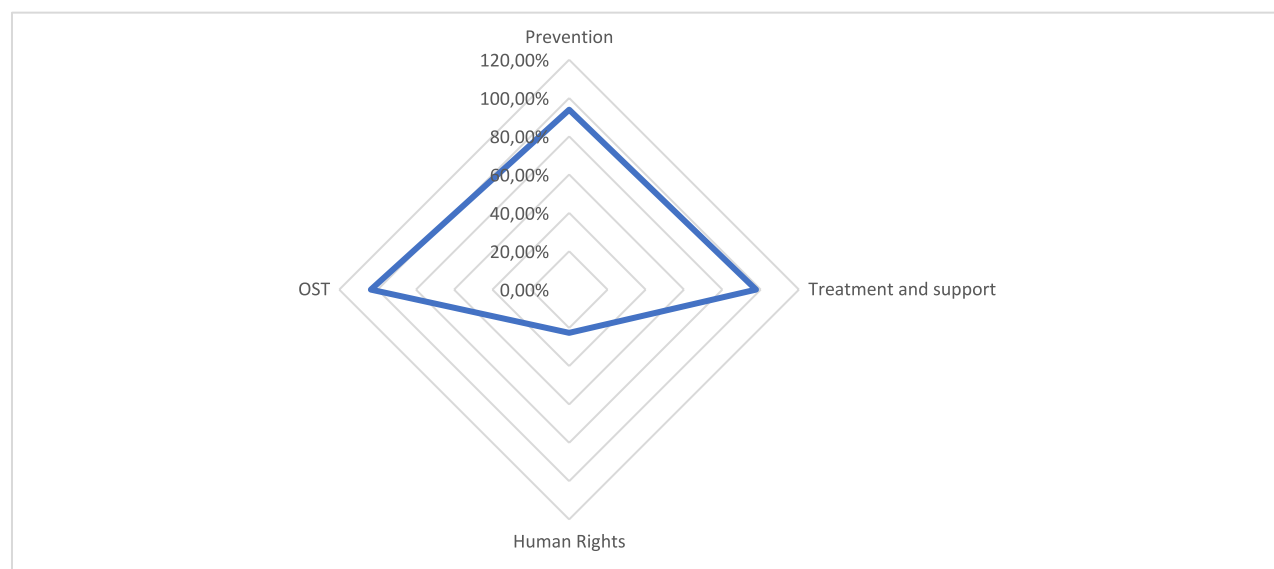
All achievements by programmatic area are summarised in Table 12 and Figure 4, below.

Significant progress was made with respect to HIV prevention, treatment, and support while fairly low progress was made in commitments related to human rights. When comparing the second and first evaluations performed, progress was made in the second evaluation in each of the programmatic areas except in human rights.

Table 12. Overall evaluation of commitments by programmatic area

No.	Programmatic Area	Achievement performance by programmatic area (%)	Final evaluation
1.	Prevention	93.9%	Significant progress
2.	Treatment and support	97.6%	Significant progress
3.	Human Rights	22.6%	Fairly low progress
4.	OST	103.5%	Significant progress

Figure 4. Overall achievement of commitments by programmatic areas



3.3.1. HIV prevention among key populations

HIV prevention is an essential part of the national HIV response and of particular interest in the context of transition as the services provided outside the health system have been predominantly covered by donor organisations. Key populations significantly rely on HIV prevention programmes related to HIV testing and HIV prevention commodities.

Among sixteen commitments related to HIV prevention, and prioritised in this assessment, significant progress was made in fulfilling more than half of them, i.e. 10 (63%) commitments; substantial progress in one commitment (6.3%); and average progress in three (18.7%); while low progress was noted in one (6.3%) (Table 13).

Table 13. Achievement of commitments related to the programmatic area of prevention

INDICATOR	HEALTH SYSTEM DOMAIN	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Percentage of MSM who have been tested for HIV in the previous 12 months and who know their test result	Service Provision	123.6%	93.9%	Significant progress	Significant progress
Percentage of people who inject drugs who have been tested for HIV in the previous 12 months and who know their test result	Service Provision	85.7%			
Percentage of sex workers who have been tested for HIV in the previous 12 months and who know their test result	Service Provision	143.1%			
Percentage of young men and women aged 15-24 (30) who used a condom during last sexual intercourse with an unmarried/non-cohabiting partner among those who had such a partner in the last 12 months	Service Provision	78.3%			
Guidelines for HIV, other PPIs and hepatitis testing developed	Governance	50.0%			
Number of education sessions performed	Human Resources	100.0%			
Protocols for PEP and PrEP developed	Governance	100.0%			
Number of people who used PEP and PrEP covered by the NHIF	Financing	0.0%			

Number of people monitored by the infectious disease specialist using PrEP within the database	Data and Information Systems	181.7%			
Financing mechanism ensured for standardised HIV prevention programmes in the MSM population	Financing	100.0%			
Financing mechanism ensured for standardised HIV prevention programmes in the population of people who inject drugs	Financing	100.0%			
Financing mechanism ensured for standardised HIV prevention programmes in the sex worker population	Financing	100.0%			
Number of promotion campaigns for VCCT and early detection in the community	Governance	100.0%			
No stock-outs identified, quality assured needles and syringes procured	Drugs, Supplies, and Equipment	50.0%			
No stock-outs identified, quality assured needles and syringes procured	Drugs, Supplies, and Equipment	50.0%			
Number of needles and syringes distributed per person who injects drugs in a 12-month period	Service Provision	140.0%			

When comparing the second and first assessments performed, progress was made in the second evaluation since the previous corresponding progress was substantial.

Despite the fact that Serbia, as in many other countries, was affected by the COVID-19 pandemic, the country made progress in preventive activities in the period 2021-2022 within a majority of the health system domains compared to the previous period. Namely, coverage of HIV testing was increased among MSM and sex workers as well as prevention programmes among young men and women aged 15-24 (30); protocols for PEP and PrEP were developed and users monitored by the infectious disease specialist; high coverage of people who inject drugs with needle and syringe programmes was achieved and the financing mechanisms increased and were ensured for HIV prevention programmes among MSM, people who inject drugs and sex workers by the government. However, certain issues related to the discontinuity of funding transfers from the Ministry of Health to CSOs, and procurement of commodities, are identified that influenced the continuity of services provided by CSOs since there was a need to achieve high targets for the short implementation period. In addition, standards for providing HIV prevention services in the community for key populations as well as guidelines for HIV, other PPIs and hepatitis B and C testing, are developed but were still not adopted and implemented countrywide.

3.3.2. Treatment and Support

Among the seven commitments prioritised within this assessment related to treatment and support, significant progress was made in all of them (Table 14).

Table 14. Achievement of the commitment related to treatment and support by programmatic area

INDICATOR	HEALTH SYSTEM DOMAIN	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Percentage of PLHIV who are on ART	Service Provision	103.5%	97.6	Significant progress	Significant progress
National HIV/AIDS treatment Protocol prepared	Governance	100.0%			
New ARV drugs available for all patients in need	Drugs, Supplies, and Equipment	80.0%			
DST tests performed to all patients with inadequate response to first-line therapy	Drugs, Supplies, and Equipment	100.0%			
Virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART routinely performed	Drugs, Supplies, and Equipment	100.0%			
Number of education sessions performed	Human Resources	100.0%			
Financing mechanism ensured for standardised programmes of support to PLHIV	Financing	100.0%			

When comparing the second and first evaluations performed, progress was made in the second evaluation since the previous corresponding progress was substantial. Commitment related to the percentage of PLHIV who are on ART was achieved due to increased coordination, cooperation, and efforts of key actors from the governmental health sector and CSOs in the field of prevention, linkage to care and treatment. A National HIV/AIDS treatment Protocol was prepared after many years, involving stakeholders in treatment and prevention from the governmental sector as well as with the participation of CSOs. Drug susceptibility testing (DST) is available for all eligible patients in need. Also, virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART is available and routinely performed, and a financing mechanism supports the programme of assistance to PLHIV, and education sessions were performed.

The commitment to access newly registered ARV drugs achieved progress since four generic drugs were registered in 2021. However, based on the data obtained during the interviews with clinicians, the available ARV drugs cause severe toxic effects to patients and, therefore, there is a need for availability of new, better tolerable drugs.

3.3.3. Human Rights

Commitments related to the 'human rights' programmatic area within this assessment saw fairly low progress (Table 15); one out of six commitments achieved significant progress, one achieved average progress, while four had low progress.

Table 15. Achievement of the commitment related to the programmatic area of human rights

INDICATOR	HEALTH SYSTEM DOMAIN	Final Score of Commitment Compliance	Average Performance	Evaluation	Final evaluation
Percentage of MSM reported stigma and discrimination per year	Service Provision	12.9%	22.6%	Fairly low progress	Fairly low progress
Trainings of professionals in the field of justice, police, health, labour and social policy and education, for respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV developed and implemented	Human Resources	0.0%			

Support programmes for people who are at risk of discrimination and violence developed and implemented	Service Provision	0.0%			
Information programmes for PLHIV and key populations about their rights, ways to exercise them, access to legal protection mechanisms for the purpose of prevention or response to violations of their human rights and discrimination developed and implemented	Service Provision	100.00%			
Standards for community service delivery for key populations at risk of HIV (MSM, PWID, SR, trans* persons, persons serving criminal sanctions) developed	Governance	50.00%			
Implement education and certification programmes for service providers to work in accordance with developed standards	Governance	0.0%			

When comparing the second and first evaluations, a decrease in progress was found in the second evaluation since the previous corresponding progress was 'significant'.

During this evaluation period, activities related to information programmes for PLHIV and key populations about their rights, ways to exercise them, access to legal protection mechanisms for the purpose of prevention or response to violations of their human rights and discrimination were implemented by CSOs with the support of the Global Fund and other donors. In addition, no trainings of professionals in the field of justice, police, labour and social policy and education, for respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV were developed and implemented. However, during the previous evaluation period, four laws relevant to human rights were revised: the Law on Population Protection from Communicable Diseases; the Rulebook on the conditions and manner of dealing with the remains of the patient; Amendments to the Law on Prohibition of Discrimination; and the Law on Same-Sex Communities and Gender Equality.

The matrix of commitments is presented at Annex 1.

4. CONCLUSIONS AND RECOMMENDATIONS

The present analysis is the second performed with the objective to evaluate the transition process in Serbia for the HIV programme. It points out obstacles in the implementation of activities envisaged by the national strategic documents and the commitments made by the government to ensure sustainable HIV control in the country. The first analysis was performed in 2021 for the period 2019-2020 and its findings were widely disseminated among CSOs and government stakeholders. This contributed to the initiation of the implementation of strategic activities after several years and better achievement in the period 2021-2022.

This second study has examined the transition process by health system domains and programmatic areas. Overall, in terms of health system domains, significant progress was observed in the commitments related to service provision and data and information; substantial progress in commitments related to financing, drugs, supplies and equipment and human resources; while average progress in governance. With respect to programmatic areas, significant progress was made with respect to HIV prevention, treatment, and support while fairly low progress was made in commitments related to human rights.

Having in mind the abovementioned, in order to ensure a smooth transition process from donor to domestic funding it is recommended to the:

a) Ministry of Health

- To sustain funding for HIV prevention programmes and the provision of support services in the community through CSOs and community organisations after the completion of the Global Fund grant through public calls for CSOs to submit project proposals in the field of HIV prevention among key populations and PLHIV support;
- To adopt the National Action Plan for HIV/AIDS prevention and control strategy for the period 2023-2025;
- To develop and adopt the National M&E Plan for HIV/AIDS for the period to 2025;
- To avoid delays in competitions for the allocation of funds to CSOs in order to avoid the discontinuity of services provided;
- To ensure procurement of quality assured commodities (needles, syringes, condoms, and lubricants) by defining their respective technical specifications by the Institute of Public Health of Serbia and CSOs and to ensure supply without stock-outs;
- To prepare a proposal under the umbrella of the CCM for the National Health Insurance Fund to participate in the funding of PrEP from the national budget;
- To pilot PrEP through projects until it is financed from the national budget;
- To adopt developed standards for preventive service provision among key populations;
- To improve the testing protocol to introduce self-testing and community testing; and,
- In order to ensure a unique doctrine in the provision of services, to perform certification of CSOs who provide HIV prevention services outside of the health care system in line with the developed standards of prevention service provision.

b) National Health Insurance Fund

- To register, include on the list of medicines covered fully by RHIF, and procure new well tolerated ARV drugs for all patients in need as per the list submitted by HIV clinicians; and,
- To allocate a budget for participation in the funding of PrEP and PEP medicines included in the national guidelines for PrEP and PEP starting in 2024 and 2025.

c) Public Health Institute of Serbia

- To finalise and adopt guidelines for VCCT on HIV, viral hepatitis B and C, and other STIs;
- To establish an electronic system for programmatic data collection and reporting that includes the monitoring of PrEP and PEP users; and,
- To perform continuously at least one education session of governmental and CSO programme implementers per year for each of the topics relevant to prevention programmes (VCCT, linkage to care, support to PLHIV, human rights).

d) Local state authorities

- To allocate funds from the budget of local self-governments for prevention services among key populations related to HIV, hepatitis B and C and other co-infections;
- To build the capacity of cities that signed the Paris Declaration on Fast-Track Cities Ending the HIV and Tuberculosis Epidemic for planning and implementing prevention services related to HIV, hepatitis B and C and other co-infections; and,
- To expand public calls at the local level for CSOs to submit project proposals in the field of HIV prevention among key populations and PLHIV support.

e) CSOs and communities

- To ensure provision of quality assured services among key populations based on guidelines provided by governmental institutions;
- To work with local self-governments to facilitate the allocation of funds for HIV prevention services among key populations within the budgets already allocated for health;
- To expand support services in relation to human rights and discrimination;
- To monitor and follow the extent to which the government's commitments are fulfilled for priority areas in the HIV response, based on the methodology used in this assessment; and,
- To continuously build the capacity of CSOs in all areas of service provision (VCCT and outreach).

f) Cross-cutting issue for all stakeholders (Ministry of Health, Ministry of Labour and Social Affairs, CSOs and the community)

- To increase awareness of PLHIV and key populations related to anti-discriminatory laws and modalities for human rights protection that already exist in the system;
- To promote and increase the scope of programmes that are successfully implemented in the area of human rights and the prevention of discrimination;
- To provide trainings, advocacy, and promotional activities to sensitise professionals from the health care, social welfare, labour and employment, and education sectors to work with PLHIV and to create a supportive, non-discriminatory environment; and,
- To develop new programmes to address discrimination among PLHIV and key populations.

This assessment report should be used to assist CSOs, key population groups, government and other stakeholders to stay more informed and engaged in the monitoring of the transition process from donor to domestic funding and to thereby advocate for the implementation of activities that will lead to a sustainable national HIV response.

ANNEX 1. MATRIX OF COMMITMENTS

Currency: US Dollars (\$)

PRIORITY	PROGRAMMATIC AREA / COMMITMENT	HEALTH SYSTEM DOMAIN	SOURCE	INDICATOR	INDICATOR CATEGORY	Baseline	Baseline Year	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022	Commitment Compliance Indicator	Commitment Compliance Indicator	Final Score of the Programmatic Area
	HIV Prevention													
Yes	Improved existing and created new prevention programmes for MSM	Service Provision	NSP section 1.2	Percentage of MSM who have been tested for HIV in the previous 12 months and who know their test result	Level	36.30%	2017	55.00%	20.00%	51.50%	30.72%	93.64%	153.60%	123.62%
Yes	Improved existing and created new prevention programmes for people who inject drugs	Service Provision	NSP section 1.3	Percentage of PWID who have been tested for HIV in the previous 12 months and who know their test result	Level	19.30%	2017	45.00%	6.43%	12.00%	9.30%	26.67%	144.63%	85.65%
Yes	Improved existing and created new prevention programmes for sex workers	Service Provision	NSP section 1.4	Percentage of SW who have been tested for HIV in the previous 12 months and who know their test result	Level	49.20%	2017	65.00%	7.18%	52.80%	14.71%	81.23%	204.87%	143.05%
No	Improved existing and created new prevention programmes for prisoners	Service Provision	NSP section 1.6	Percentage of prisoners who have been tested for HIV in the previous 12 months and who know their test result	Level	0	2017	no data	no data	no data	no data			

Yes	Improved availability of programmes for the prevention of HIV/AIDS and other sexually transmitted infections, and preservation of sexual and reproductive health in the youth population	Service Provision	NSP section 1.7	Percentage of young men and women aged 15-24 (30) who used a condom during last sexual intercourse with an unmarried/non-cohabiting partner among those who had such a partner in the last 12 months	Level	70.00%	2017	71.00%	73.00%	55.60%	no new data	78.31%		78.31%
Yes	Develop guidelines for HIV, other PPIs and hepatitis testing	Governance	NSP section 1.1.1	Guidelines for HIV, other PPIs and hepatitis testing developed	Date	0	2017	1	0	0.5	0	50.00%		50.00%
Yes	Conduct continuous education and supervision of testing service providers	Human Resources	NSP section 1.1.5	Number of education sessions performed	Cumulative	0	2017	1	2	1	2	100.00%	100.00%	100.0%
Yes	Development of protocols for PEP and PrEP	Governance	NSP section 1.9	Protocols for PEP and PrEP developed	Date	0	2020	0	1	0	1		100.00%	100.0%
Yes	Provide conditions for prescribing ARV drugs for the purpose of prophylaxis (PEP and PrEP) covered by NHIF	Financing	NSP section 1.9.2	Number of people who used PEP and PrEP covered by the NHIF	Cumulative	0	2020	20	30	0	0	0%	0%	0.0%

Yes	Conduct assessment, prescription of therapy and monitoring of persons prescribed ARV prophylaxis (PEP and PrEP) by an infectious disease specialist in accordance with the protocol, while establishing a database of prophylaxis users	<i>Data and Information Systems</i>	<i>NSP section 1.9.3</i>	<i>Number of people monitored by the infectious disease specialist using PrEP within the database</i>	<i>Cumulative</i>	0	2017	20	30	30	64	150.00%	213.33%	181.7%
Yes	Ensure financing mechanism for standardised HIV prevention programmes in the MSM population	<i>Financing</i>	<i>NSP section 1.2.1</i>	<i>Financing mechanism ensured for standardised HIV prevention programmes in the MSM population</i>	<i>Date</i>	0	2017	\$78,242.00	\$219,376.00	\$78,242.00	\$219,376.00	100.00%	100.00%	100.0%
Yes	Ensure financing mechanism for standardised HIV prevention programmes in the PWID population	<i>Financing</i>	<i>NSP section 1.3.1</i>	<i>Financing mechanism ensured for standardised HIV prevention programmes in the PWID population</i>	<i>Date</i>	0	2017	\$22,573.00	\$39,705.00	\$22,573.00	\$39,705.00	100.00%	100.00%	100.0%
Yes	Ensure financing mechanism for standardised HIV prevention programmes in the sex worker population	<i>Financing</i>	<i>NSP section 1.4.1</i>	<i>Financing mechanism ensured for standardised HIV prevention programmes in the sex worker population</i>	<i>Date</i>	0	2017	\$16,864.00	\$6,770.00	\$16,864.00	\$6,770.00	100.00%	100.00%	100.0%

No	Ensure financing mechanism for standardised HIV prevention programmes in the transgender population	<i>Financing</i>	<i>NSP section 1.5.1</i>	<i>Financing mechanism ensured for standardised HIV prevention programmes in the transgender population</i>	<i>Date</i>	0	2017	no data	no data	0	0			
Yes	Promote the importance of VCCT and early detection of HIV infection by organising actions in the community (during campaigns)	<i>Governance</i>	<i>NSP section 1.1.4</i>	<i>Number of promotion campaigns for VCCT and early detection in the community</i>	<i>Level</i>	2	2017	2	2	2	2	100.00%	100.00%	100.0%
Gap	Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	<i>Drugs, Supplies, and Equipment</i>		<i>No stock-outs identified; quality assured needles and syringes procured</i>	<i>Date</i>	0	2017	2	2	1	1	50.00%	50.00%	50.0%
Gap	Ensure regular procurement of quality assured condoms and lubricants and prevention of stock-outs	<i>Drugs, Supplies, and Equipment</i>		<i>No stock-outs identified; quality assured condoms and lubricants procured</i>	<i>Date</i>	0	2017	2	2	1	1	50.00%	50.00%	50.0%
Yes	Ensure provision of harm reduction programmes among people who inject drugs	<i>Service Provision</i>	<i>NSP section 1.3.</i>	<i>Number of needles and syringes distributed per person who injects drugs in a 12-month period</i>	<i>Level</i>	0	2017	3	5	3	9	100.00%	180.00%	140.0%

	OST					Baseline	Baseline Year	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022	Commitment Compliance Indicator	Commitment Compliance Indicator	Final Score of the Programmatic Area
Yes	Ensure continuous provision of OST in health care institutions	Service Provision	NSP section 1.3.5	Number of people on OST in health care institutions	Level	23.00%	2017	31.00%	32.00%	31.60%	32.20%	101.94%	100.6%	101.3%
	HIV treatment and support					Baseline	Baseline Year	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022	Commitment Compliance Indicator	Commitment Compliance Indicator	Final Score of the Programmatic Area
Yes	Increase coverage of PLHIV with treatment	Service Provision	NSP section 2.1	Percentage of PLHIV who are on ART	Level	62.00%	2017	85.00%	86.00%	92.00%	85.00%	108.24%	98.8%	103.5%
No	Increased share of PLHIV who are virally suppressed	Service Provision	NSP section 2.2	Number of PLHIV on ART virally suppressed	Level	no data	2017	90.00%	90.00%	no data	no data			
Yes	Prepare national treatment protocol for HIV/AIDS	Governance	NSP section 2.1.1	National HIV/AIDS treatment Protocol prepared	Date	0	2017	0	1	0	1		100.0%	100.0%
Yes	Ensure access to new registered ARV drugs	Drugs, Supplies, and Equipment	NSP section 2.1.2	New ARV drugs available for all patients in need	Date	No	2017	Yes	Yes	Yes	No	100%	0.0%	80.0%
Yes	Ensure monitoring of primary and secondary drug resistance of HIV virus on ART	Drugs, Supplies, and Equipment	NSP section 2.2.2	DST tests performed for all patients with inadequate response to first-line therapy	Date	0	2017	Yes	Yes	Yes	Yes	100.00%	100.00%	100.00%

Yes	Ensure virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART	<i>Drugs, Supplies, and Equipment</i>	<i>NSP section 2.2.3</i>	<i>Virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART routinely performed</i>	<i>Date</i>	0	2017	Yes	Yes	Yes	Yes	100.00%	100.00%	100.00%
Yes	Strengthening human resources for providing quality services in the field of treatment and professional psychological support at infectious disease clinics to PLHIV	<i>Human Resources</i>	<i>NSP section 2.1.5</i>	<i>Number of education sessions performed</i>	<i>Level</i>	1	2017	1	1	1	1	100.00%	100.00%	100.00%
Yes	Ensure financing mechanism for standardised programmes of support to PLHIV	<i>Financing</i>	<i>NSP section 2.4.3</i>	<i>Financing mechanism ensured for standardised programmes of support to PLHIV</i>	<i>Date</i>	\$14,494.00	2019	\$10,853.00	\$15,096.00	\$10,853.00	\$15,096.00	100.00%	100.00%	100.00%
	Human rights and overcoming legal barriers					Baseline	<i>Baseline Year</i>	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022	Commitment Compliance Indicator	Commitment Compliance Indicator	Final Score of the Programmatic Area
Yes	Reduced stigma and eliminated discrimination in the environment towards MSM with full respect for their human rights	<i>Service Provision</i>	<i>NSP goal 3</i>	<i>Percentage of MSM reported stigma and discrimination per year</i>	<i>Level</i>	53.50%	2017	20.00%	16.00%	2.30%	2.30%	11.50%	14.38%	12.9%

Yes	Develop and implement (accredited) training of professionals in the field of justice, police, health, labour and social policy and education, for respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV	Human Resources	NSP section 3.1.1	Trainings of professionals in the field of justice, police, health, labour and social policy and education, for respect of human and other rights and non-discriminatory treatment in work with PLHIV and key populations at risk of HIV developed and implemented	Date	0	2017	0	1	0	0	0.0%	0.0%	0.0%
Yes	Develop and implement support programmes for people who are at risk of discrimination and violence	Service Provision	NSP section 3.1.2	Support programmes for people who are at risk of discrimination and violence developed and implemented	Date	0	2017	0	1	0	0	0.0%	0.0%	0.0%
Yes	Develop and implement information programmes for PLHIV and key populations about their rights, ways to exercise them, access to legal protection mechanisms for the purpose of prevention or response to violations of their human rights and discrimination	Service Provision	NSP section 3.1.3	Information programmes for PLHIV and key populations about their rights, ways to exercise them, access to legal protection mechanisms for the purpose of prevention or response to violations of their human rights and discrimination developed and implemented	Date	0	2017	1	1	1	1	100.00%	100.00%	100.00%

Yes	Develop standards for community service delivery for key populations at risk of HIV (MSM, PWID, SW, trans* persons, persons serving criminal sanctions)	Governance	NSP section 4.2.1	Standards for community service delivery for key populations at risk of HIV (MSM, PWID, SW, trans* persons, persons serving criminal sanctions) developed	Date	0	2017	1	0	0.5	0	50.00%		%0%
Yes	Implement education and certification programmes for service providers to work in accordance with developed standards	Governance	NSP section 4.2.3	Implement education and certification programmes for service providers to work in accordance with developed standards	Date	0	2017	0	1	0	0	0.0%	0.0%	0.0%
	Data and information systems					Baseline	Baseline Year	Target Value 2021	Target Value 2022	Actual Value 2021	Actual Value 2022	Commitment Compliance Indicator	Commitment Compliance Indicator	Final Score of the Programmatic Area
Yes	Create and implement professional methodological guidelines for epidemiological surveillance of sexually transmitted infections, including HIV infection	Data and Information Systems	NSP section 5.1.1	Professional methodological guidelines for epidemiological surveillance of sexually transmitted infections, including HIV infection developed and implemented	Date	0	2017	0	1	0	1		100.00%	100.00%

Yes	Conduct an assessment of the size of defined population groups at increased risk of HIV, as well as the number of people living with HIV and other parameters	<i>Data and Information Systems</i>	<i>NSP section 5.1.6</i>	<i>Assessment of the size of defined population groups at increased risk of HIV, as well as the number of people living with HIV and other parameters performed</i>	<i>Date</i>	0	2017	1	0	1	0	100.00%		100.00%
Yes	Develop and adopt a Plan for monitoring and evaluating the strategic response to HIV and AIDS	<i>Data and Information Systems</i>	<i>NSP section 5.2.1</i>	<i>Plan for monitoring and evaluating the strategic response to HIV and AIDS developed and adopted</i>	<i>Date</i>	0	2017	1	0	0.5	0		50.00%	50.0%
Yes	Organise education and periodic supervisory meetings of representatives of institutions and CSOs engaged in the response to HIV in order to capacitate them for monitoring and evaluation and the use of data for strategic planning and advocacy	<i>Data and Information Systems</i>	<i>NSP section 5.2.2</i>	<i>Education and periodic supervisory meetings of representatives of institutions and CSOs engaged in the response to HIV in order to capacitate them for monitoring and evaluation and the use of data for strategic planning and advocacy performed</i>	<i>Date</i>	0	2017	1	1	0	0	0%	0.0%	0.0%
Yes	Conduct periodic serological and behavioral (quantitative and qualitative) research among key populations	<i>Data and Information Systems</i>	<i>NSP section 5.2.5</i>	<i>Serological and behavioural (quantitative and qualitative) research among key populations performed</i>	<i>Date</i>	0	2017	1	0	1	0	100%		100.0s%