Bosnia and Herzegovina

COUNCIL OF MINISTERS

RESPONSE TO HIV/AIDS IN BOSNIA AND HERZEGOVINA

2011–2016 STRATEGY

CONTENTS

LIST OF ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Antiretroviral Therapy
ARV	-	Antiretroviral
BiH	-	Bosnia and Herzegovina
BD	-	Brcko District of Bosnia and Herzegovina
CCM	-	Country Coordinating Mechanism of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
FBiH	-	Federation of Bosnia and Herzegovina
FMZ	-	Federal Ministry of Health
GAFTM	-	The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
HBV	-	Hepatitis B virus
HBC	-	Hepatitis C virus
HIV	-	Human immunodeficiency virus
HPV	-	Human papilloma virus
IDU	-	Persons who injects drugs (intravenous drug users)
IZZZ RS	-	Institute of Public Health of Republika Srpska
MCP	-	Ministry of Civil Affairs
MZSZ RS	-	Ministry of Health and Social Protection of the Republika Srpska
NAB	-	National Advisory Board
NVO	-	NGOs
MSM	-	Men who have sex with men
OCD/CSO	-	Civil society organizations
OzZ DB	-	Brcko District of BiH Department of Health and other Services
RS	-	Republika Srpska
PLHIV	-	A person living with HIV
SPI/STD	-	Sexually transmitted infections
SW	-	Sex workers
TB	-	Tuberculosis
UNAIDS	-	Joint UN Programme on HIV/AIDS
V FBiH	-	Government of the Federation of Bosnia and Herzegovina
VBDBiH	-	Government of the Brcko District of BiH
VM	-	Council of Ministers of Bosnia and Herzegovina
VRS	-	Government of Republika Srpska
ZJZFBiH	-	Public Health Institute of the Federation of BiH

SUMMARY

With regard to the global epidemics of HIV and AIDS, Bosnia and Herzegovina is currently being described as the country with the low HIV and AIDS prevalence (less than 0.1%). There is, however, a line of factors that could, in any moment lead to the epidemics spreading and expansion.

163 HIV positive persons have been registered starting from 1986, when a first HIV infection case was registered till the end of 2009, with AIDS that developed in 102 persons. The key populations at higher risk of HIV infection are: persons injecting drugs (IDU), men who have sex with other men (MSM), sexual workers (SW) and their clients, mobile populations, refugees and convicts. Significant attention should also be paid to Roma population as a marginalized group, and youth in general, especially adolescents and elementary school students in rural areas.

The infection in BiH is, for the several last years, being kept under control. The goals set referring to the HIV rate of less than 1% in general population and less than 5% in any other key population at higher risk of HIV infection are being met successfully, thanks to the National HIV and AIDS Programme and the support of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

As a response to a global HIV and AIDS epidemics and in line with the UN Declaration of Commitment to HIV/AIDS and other international documents, in 2002, the Council of Ministers of BiH established the National Advisory Board to Fight HIV and AIDS in Bosnia and Herzegovina (NAB) and tasked it to develop a strategy for prevention and fight against HIV and IADS and further develop the strategic planning process in this area. The Strategy of Prevention and Fight against HIV and AIDS in Bosnia and Herzegovina for a period 2004-2009 was adopted by the BiH Council of Ministers in February 2004.

Activities related to development of the new strategy that would refer to a period 2011-2016 started by mid 2010. The vision was for BiH to become the state in which the incidence of HIV infections (the number of new HIV infections) will decrease, and which will create an environment enabling a long, high quality and healthy life for all persons living with HIV.

Target groups that in accordance with the identified needs all of the future activities would be directed towards are: general population, key populations at higher risk of HIV infection (MSM, SW and their clients, the asylum seekers, refugees, mobile populations, persons injecting drugs, convicts, young people and people living at or below the poverty line), as well as the populations at higher occupational risk of exposure to HIV (employees of medical institutions getting in touch with bodily liquids and others, police officers, soldiers, fire fighters, members of rescue services, members of associations and foundations providing damage reduction services, etc.).

-STRATEGIC GOALS FOR 2011-2016 PERIOD ARE:

Goal 1: Ensuring universal access to prevention, treatment, care, social welfare and social support

Goal 2: Strengthening surveillance of HIV risk factors

Goal 3: Strengthening intersectoral and multisectoral cooperation

Goal 4: Strengthening capacities of all stakeholders in the HIV and AIDS response

Goal 5: Strengthening legal framework to promote, respect and protect human rights

Goal 6: Reducing stigma and discrimination

INTRODUCTION

Infection with human immunodeficiency virus (HIV), resulting acquired immune deficiency (from English *Acquired Immunodeficiency Syndrome*, hereinafter referred to as HIV and AIDS) is one of the worst diseases in the history of humankind.

The AIDS epidemic, at the world level is slowly changing its course, while the HIV incidence as well as the number of deaths caused by AIDS is decreasing. Mutually, it contributes to the stabilization of the overall number of people living with HIV in the entire world.

The data from UNAIDS Report on the Global AIDS Epidemic 2010 shows that there were 2.6 million [2.3–2.8] new HIV infection cases registered in 2009 - almost 20% less compared to 3.1 million [2.9–3.4] of such cases registered in 1999.

1.8 million [1.6–2.1] persons died from AIDS related illnesses during 2009 - 1/5 less compared to 2.1 million [1.9–2.3] who died during 2004.

UNAIDS estimates from 2010 are stating a number of 33.3 million persons living with HIV [31.4–35.3], a significant increase compared to 32.8 million [30.9–34.7] of persons living with HIV in 200. Major cause for such a situation is a longer life expectancy for persons living with HIV thanks to improved access to antiretroviral therapy.

When compared to the global situation, Bosnia and Herzegovina for the time being can be regarded as a state with a low HIV/AIDS prevalence (less than 0.1%); there are many factors that can lead to the outbreak and spread of epidemic at any moment.

The first case of an HIV infection was registered in 1986, and until today, 163 HIV positive persons have been registered. The key populations at higher risk of HIV infection: persons injecting drugs, men who have sex with men (MSM), sex workers (SW) and their clients, cross-border migrants, migrant workers, internally displaced persons (IDP), refugees and convicts. Significant attention should also be paid to Roma population as a marginalized group, and youth in general, especially adolescents and elementary school students in rural areas.

HEALTH SECTOR IN BOSNIA AND HERZEGOVINA

BiH Constitution – an integral part of the Dayton Peace Agreement signed in 1995, defined a complex political and administrative structure of the state. It gives the mandate for organization, funding and provision of health services to two entities, Federation of BiH and Republika Srpska and Brčko District of BiH. The health care system in Republika Srpska is centralized and falls within the jurisdiction of the Ministry of Health and Social Protection. In the Federation of BiH, the system is decentralized to a level of ten cantons. The Federal Ministry of Health is given a coordination role within this system. Brčko District has its own health care system and the Department of Health and other Services of Brčko District Government is in charge of it.

The public health care sector is following the same model – the Institute of Public Health of Republika Srpska, with its five regional offices is in charge of this sector. In the FBiH, this sector consists of the Public Health Institute of the Federation of BiH and ten cantonal Public Health Institutes, while Brčko District has its own Public Health Subdivision.

The same principle refers to the health care systems' funding which is also fragmented: u Reublika Srpska has a single Health Fund, in the Federation of BiH there are ten cantonal funds responsible for the funding of health services as well as a joint Federal Health Insurance and Reinsurance Fund. Similarly, Brčko District has its own Health Insurance Fund.

Starting from 2003, the Ministry of Civil Affairs was given a coordination role with regard to the health sector, as well as a mandate related to issues referring to BiH's international obligations, European integrations and international cooperation within the health sector.

A Conference of Ministers of the Health Sector in BiH was established in 2007, aiming to provide for better coordination within the health sector. Members of this Conference are: Ministers of Health of the Federation of BiH, Republika Srpska, Brčko District Government Health Department and the Minister of Civil Affairs of BiH.

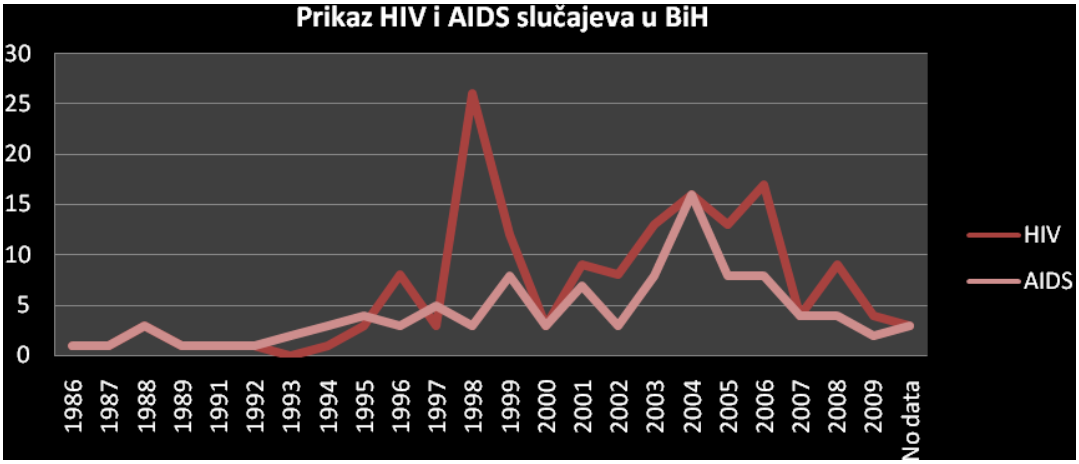
Bosnia and Herzegovina is a member of the Council of Europe from 2002, and in June 2008, BiH signed a Stabilization and Association Agreement with the European Union (EU), thus becoming a potential candidate country for the EU accession.

The European integrations process represents a significant challenge for Bosnia and Herzegovina's health sector, especially in areas of common interest for all of the EU countries, such as public health, communicable diseases, safety of blood and blood products, drug use monitoring, safety of medications and medical products, etc.

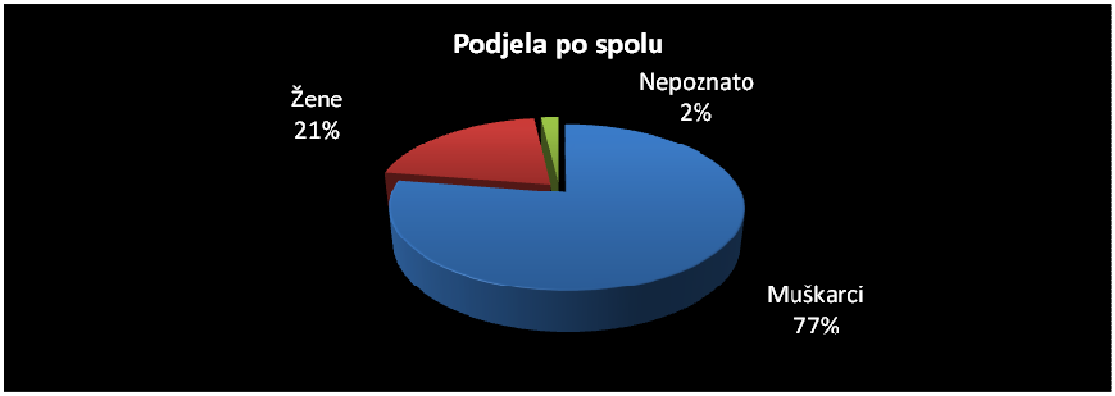
HIV/AIDS IN BOSNIA AND HERZEGOVINA

The infection in BiH is, for the several last years, being kept under control. The goals set referring to the HIV rate of less than 1% in general population and less than 5% in any other key population at higher risk of HIV infection are being met successfully, thanks to the National HIV and AIDS Programme and the support of the Global Fund to Fight HIV/AIDS,

Tuberculosis and Malaria. 163 HIV positive persons have been registered starting from 1986, when a first HIV infection case was registered till the end of 2009, with AIDS that developed in 102 persons.



126 out of the total number of registered HIV cases are men (77.3%), while 34 (20.9%) are women. In 3 (1.8%) cases, the sex of the person was unidentified.



Major transmission modes were:

Heterosexual: 93 or 57.0% (62 or 66.7% men , 31 or 33.3% women)

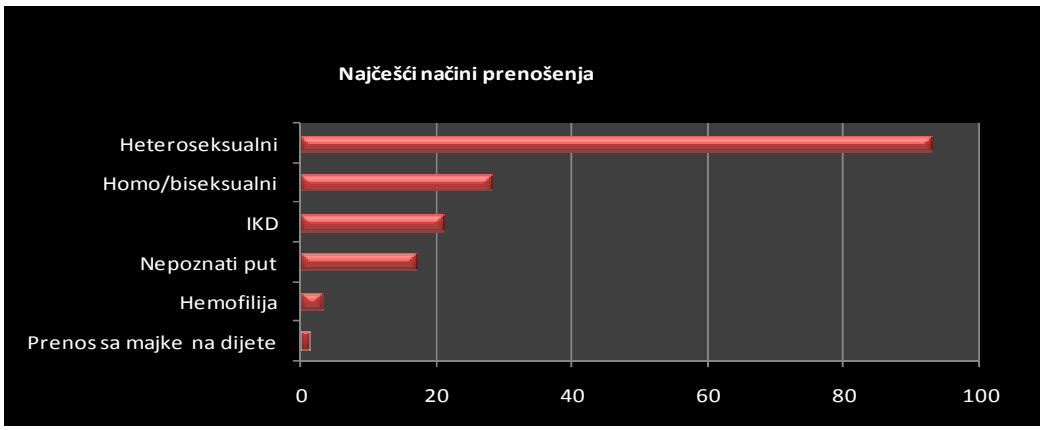
Homo/bisexual: 28 or 17.2% (28 or 100% men)

Persons injecting drugs: 21 or 12.9% (19 or 90.5% men, 2 or 9.5% women)

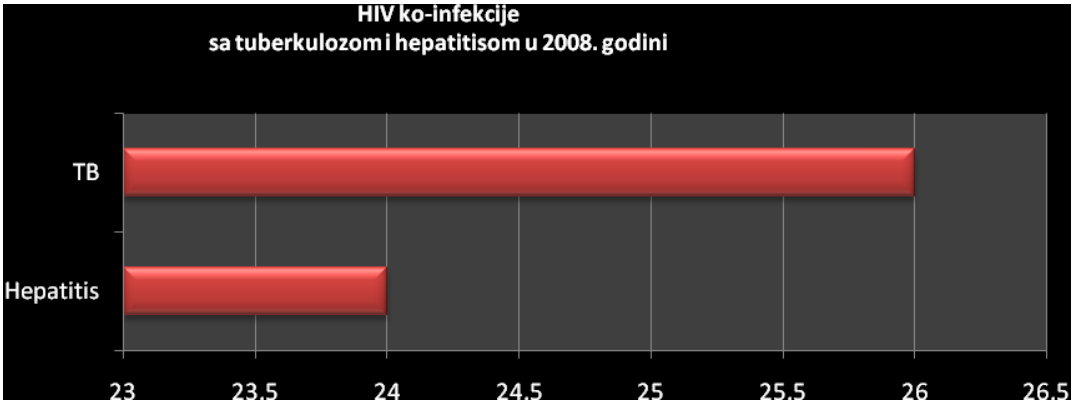
Unidentified (unknown): 17 or 10.5% (13 or 76.47% men, 1 or 5.88% women, 3 or 17.65% of unknown sex)

Hemophilia: 3 or 1.8% (3 or 100% men)

Mother-to-child transfer: 1 or 0,6% (1 or 100% man)



One of the major problems related to a successful fight for survival of persons living with HIV are the co-infections. Thus, the tuberculosis co-infection was registered in 26 or 25.2% of persons who developed AIDS (pulmonary form in 22 cases), while the hepatitis co-infection (B,C or both types) was registered in 24 or 23.3%. Based on that, one can conclude that every second person who developed AIDS in addition has some of the co-infections. This implies the need to clearly underline, within the Strategy, the need to provide for immunization (for those infections where the immunization is possible) for all the key populations at higher risk of infection, considering that this is the safest form of prevention.



2005–2009 STRATEGY ACHIEVEMENTS

Bosnia and Herzegovina's National Advisory Board (NAB) to Fight HIV and AIDS was established in 2002 by the BiH Council of Minister with the technical support from the UN Thematic Group for HIV and AIDS in BiH (UNTG). This body was tasked to develop the strategy to prevent and combat HIV and AIDS (hereinafter: the Strategy) and to further develop the strategic planning process in this area. The Strategy was prepared by a group of experts in 2002, in line with Bosnia and Herzegovina's international obligations and documents signed (the Millennium Goals for BiH, Durban Declaration and Statement of Commitment, South Eastern Europe Declaration on HIV and AIDS Prevention, etc.). Bosnia and Herzegovina Strategy to Prevent and Combat HIV and AIDS 2004-2009 was adopted by the BiH Council of Ministers in February 2004. Unfortunately, this Strategy was not accompanied by programmes and operational budget plans nor activities. It was neither supported by detailed annual operational plans nor was the necessary monitoring and evaluation system established by its accompanying documents. In such a situation, the entity level HIV coordinators started developing the project proposal for the 4th round advertised by GFATM, in order to use the strategic courses, activities and budgeting to establish practical, operational plans for the implementation of the Strategy. Funds provided by GFATM provided coverage of large amount of lacking funds, especially in the area of HIV prevention and work with key populations at higher risk of HIV infection. Strategic goals set forth by this Strategy were:

Strategic goal 1

Prevent HIV transmission and spreading.

Strategic goal 2

Provide the appropriate treatment, care and support for people living with HIV and AIDS.

Strategic goal 3

Create a legal framework for the protection of ethical principles and human rights for people living with HIV and AIDS.

Strategic goal 4

Ensure co-operation and development of sustainable capacities to combat HIV and AIDS.

Strategic goal 5

Support the strengthening of links with international organizations in the fight against HIV and AIDS.

Goals 1 and 2 were rather general, thus they had to be elaborated further. There we, of course, two major challenges at that time that needed to be addressed: to provide the antiretroviral medications (HAART- Highly Active Antiretroviral Treatment), and to

establish prevention measures based on two basic approaches: education and introduction of VCCT.

The antiretroviral HAART triple therapy was introduced in 2005 – for all the persons who needed it. In 2010, the treatment was being provided at the infectious diseases clinics in Banjaluka, Sarajevo and Tuzla. The Clinic for Infectious Diseases in Mostar also has all the necessary prerequisites to provide this treatment, and it will be introduced soon.

The totals of 39 persons were treated in 2009.

A comprehensive education was introduced for young people (both in schools and externally), persons injecting drugs, SWs, MSMs, Roma population, convicts, as well as among medical workers. VCCT was decentralized and today it takes place in 19 centers in BiH. I.e., in 2006, 3465 citizens used the services of these centers, and in 2009 that number increased to 8,800, meaning that the number more than doubled in three years. Furthermore, 16 youth-friendly centers (consisting of info centers and providing health services) were equipped by the end of 2009. During 2009, these centers provided the total of 4,547 health services, 2,566 psychological counseling sessions, while 255 were referred to VCCT centers.

It was also established that there is still space for improvement of work and services mentioned, and especially for the increase of number of young people referred to VCCT for HIV. We would also like to point out the following documents that were adopted: Protocol for HIV VCCT, guidelines for treatment, manual for diagnose and treatment of TB and HIV co-infection, manuals for work with individuals demonstrating risky behavior and belonging to key populations at higher risk as well as the leaflets and booklets printed.

During 2009, through activities conducted in the field and at the drop-in centers 96,040 sterile syringes and 145,604 needles for persons injecting drugs were distributed. Furthermore, an introduction of sets containing sterile needles and syringes to be distributed to persons injecting drugs has started. According to the United Nations Development Programme (UNDP) report, 788 persons used the methadone maintenance therapy in 5 centers in BiH. In addition, 705 members of MSM population and 204 members of SW population were reached by prevention activities. These indicators are implying a significant progress achieved considering the latency and difficult access to these populations.

Strategic goal 3 defined within the previous Strategy was set in a way that made it impossible to meet it fully in a certain period of time, considering that this is a continuous process requiring periodical interventions in terms of improvement of relevant legislation. We should, however, mention the adoption of the Anti-Discrimination Law and the adoption of numerous legal documents improving the protection of human rights of persons living with HIV, laws on heath care and protection, the minimal package of basic health rights package (in FBiH – prescribing also the minimal package of basic rights for persons not covered by health insurance), laws referring to protection of rights and liabilities of patients and other supporting documents.

Extraordinary progress was made with regard to the achievement of the fourth strategic goal. Thanks to GFATM support, an excellent coordination of all of the activities conducted

was established. Starting from 2003 and due to the different level of centralization/decentralization in both entities, a system of local coordinators in all 10 cantons was established. These local coordinators are mutually connected and the coordination is constantly improving at the entity level. This provided for the coordinated development of HIV prevention as well as and treatment programmes.

A progress aiming to increase the capacities was also made in terms of infrastructure development as well as the improvement of conditions of treatment of persons living with HIV and improved conditions at the VCCT Centers. Numerous services for persons living with HIV and persons showing risky behavior were provided. A continuous education of all those involved in prevention activities or treatment of persons living with HIV as well as persons showing risky behavior was ongoing. This continuous education included both sectors, i.e. persons working in public sector as well as the civil society representatives. One of the weaknesses that was recognized is the insufficient level of awareness of a higher need to invest own resources in order to provide for the financial sustainability of the programmes that were initiated. Continued education for all of the categories mentioned in a forthcoming period, better coordination of activities within the area of education and the establishment of resource – education centers for both public and non-governmental sector became priority.

Finally, the strategic goal 5 was achieved with the support of international organizations ready to assist BiH in its response to HIV and creation of a better and safer environment for persons living with HIV or individuals with risky behavior.

The former Strategy demonstrated a number of shortcoming that were recognized, i.e.; the lack of proper, high quality definition of key populations at higher risk that would differentiate between the risky behavior and overall vulnerability (i.e. persons living at or below the poverty line), insufficient establishment of appropriate services for SW and MSM populations, persons traveling abroad on business and insufficiently defined monitoring and evaluation system.

However, the aforementioned system was established through the implementation of GAFTM Programme. Furthermore, thanks to dedicated work of UNDP, M&E coordinators and all the Strategy and Programme implementation participants, a system of supervision and grading was also established. This system will require further improvement.

By looking into an overall situation in the area of prevention, treatment and care for persons living with HIV, one may conclude that the majority of rather general goals set forth by the Strategy were mainly or fully met. In the forthcoming period the activities should be directed towards the elimination of the shortcomings noted, development of new and improvement of the existing services for persons living with HIV or individuals with risky behavior.

FACTORS CONTRIBUTING TO HIV TRANSMISSION

When it comes to the future spreading of HIV infection in Bosnia and Herzegovina, there is a line of factors of crucial importance that would necessarily speed up and maintain the spreading of HIV infection:

- Poor socio-economic status;
- Insufficient level of awareness and education among the population;
- Lack of relevant assessment of the size of the key populations at higher risk;
- Migrations;
- Inadequate HIV and AIDS monitoring system; and
- Stigma and discrimination related to HIV and AIDS,

The strategic approach to prevention and fight against HIV and AIDS should necessarily include and plan for activities related to each of the factors mentioned, in accordance with the current conditions in Bosnia and Herzegovina.

ROLE OF GOVERNMENT SECTOR

Following the activities of United Nations and other international organizations and European institutions in order to respond to the global HIV epidemics, in 2002, the Council of Ministers of BiH established the National Advisory Board on HIV and AIDS in BiH as a unique mechanism in charge of supervision and guidance related to HIV and AIDS prevention and response programmes and the development of the Response to HIV and AIDS Strategy as well as providing support to the strategic planning process at the entity level. Following the Ministry of Human Rights and Refugees, starting from 2004, the Board is chaired by the Ministry of Civil Affairs of BiH.

The National Advisory Board consists of representatives of relevant state and entity level bodies, civil society and international organizations, including HIV coordinators of both entities and Brčko District.

Bosnia and Herzegovina Strategy to Prevent and Combat HIV/AIDS 2004-2009 was adopted by BiH Council of Ministers in February 2004. The key Strategy goals were focusing on activities aiming to maintain the HIV prevalence among the general population bellow 1% and increase the quality of life of persons living with HIV.

In a previous period, line ministries of health of both entities and Brčko District were actively working – implementing the Strategy goals. Significant financial support was provided via GAFTM Project activities (Round 5) within the Coordinated National Response to HIV/AIDS and Tuberculosis in a War-torn and highly Stigmatized Setting being implemented by UNDP from November 2006 to October 2011.

Major activities undertaken by entities' and Brčko District ministries referred to strengthening and improvement of quality of health services for VCCT for HIV as well as the treatment and care for persons living with HIV. The Country Coordination Mechanism (CCM) in charge of development and monitoring of the GFATM Programme in Bosnia and Herzegovina did a good job coordinating the implementation of these activities, conducting monitoring and evaluation as well as identifying further steps and activities to be taken in

order to strengthen the health sector and enable it to provide sustainable response to global HIV epidemics.

Financial contributions for prevention and treatment at the entity and BD level were also increased, while starting from 2004, the FBiH Health Insurance and Reinsurance Institute, and starting from 2007, the RS Health Insurance Fund are fully covering the costs of treatment of patients, including the antiretroviral therapy. Furthermore, the system of public health supervision, monitoring and evaluation has been improved as well as the intersectoral cooperation and cooperation with the non-governmental sector.

In mid 2009, the Parliamentary Assembly of Bosnia and Herzegovina adopted the Anti-Discrimination Law – an important foundation for further activities in fight against stigmatization and discrimination.

In addition, the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in BiH 2009-2013 WAS ADOPTED IN 2009. This strategy established appropriate goals and activities in this area as well as the Commission on Narcotic Drugs at the state level.

ROLE OF NON GOVERNMENTAL SECTOR

The implementation of the existing programmes clearly implies that the key populations at higher risk cannot be reached nor supported in an effective way without the strong support of the non-governmental sector (civil society) representatives and organizations. Similar to many other Eastern and Southeastern Europe countries, a number of NGOs in BiH are at the very beginning or an early stage of their development and therefore require support in terms of technical aspects of their work as well as the efficient management, mutual cooperation and cooperation with the government sector.

Associations and foundations and other non-governmental sector organizations are, in cooperation with others using the advocacy process in the area of prevention, treatment, care and social support in order to persuade individuals, groups and organizations to adopt an appropriate approach to an overall response to HIV in BiH. Advocacy should be used for the purpose of establishment, implementation or improvement of specific activities in order to contribute to the efficient response to HIV in BiH.

INTERNATIONAL AGENCIES TO BIH

Joint United Nations Programme on HIV and AIDS (UNAIDS) is very active in the area of response to HIV and AIDS in BiH, aiming to provide coordination and communication within the UN system, between governments, non-governmental sector organizations as well as other relevant stakeholders. The joint UN response to HIV and AIDS in BiH is provided via United Nations Joint Team to BiH (UNJT) coordinating and strengthening links between the UN system, national institutions, civil society organizations and persons living with HIV. UNAIDS major functions refer to inclusion of the non-governmental sector and partnership development; advocating of an efficient response to HIV epidemics; provision of strategic information; supervision, monitoring and evaluation of epidemics and response to epidemics; mobilization of financial, technical and political resources. UNJT in BiH consists

of: UNDP, UNICEF, UNFPA, IOM, ILO, UNV, World Bank, UNHCR and the World Health Organization.

TARGET GROUPS

Target groups to which the future activities, in accordance with identified needs, will be directed include:

- **General population**
- **Key populations at higher risk**

This group includes MSM, sex workers and their clients, asylum seekers, refugees, migrants and mobile populations, persons injecting drugs, convicts, young people and persons living at or below the poverty line.

- **Populations at occupational exposure risk to HIV**

This group includes: medical workers getting in touch with bodily fluids and other medical workers, police officers, soldiers, prison guards and employees, firefighters, members of rescue services, members of associations and foundations providing damage reduction services, etc.

VISION

BiH, the state in which the incidence of HIV infections (the number of new HIV infections) will decrease, and which will create an environment enabling a long, high quality and healthy life for all persons living with HIV.

OVERAL GOAL

To maintain the HIV rate in BiH at the 0,01%.

2011-2016 STRATEGIC GOALS

GOAL 1: ENSURING UNIVERSAL ACCESS TO PREVENTION, TREATMENT, CARE, SOCIAL WELFARE AND SOCIAL SUPPORT

Universal access to prevention methods, availability of modern treatment procedures and the psychological support for patients and their families are all important elements of the response to HIV infection,

Universal access refers to the establishment of an environment in which the interventions – HIV prevention, treatment, care and support are available to all those who need them. It

refers to a wide range of interventions directed towards individuals, families, and communities, and even wider.

PREVENTION

Prevention must be the main pillar of response to HIV in Bosnia and Herzegovina because it is still the best measure to control the HIV infection. Prevention and treatment are synergistic components of this strategy; they are interdependent and one encourages the success of another.

The factors influencing the epidemics are:

- behaviour,
- economic and cultural specifics, and
- development level and availability of social and health services.

In everyday life these factors are reflected in: risky sexual behavior, relations with multiple sexual partners, early sexual relations, inconsistent use of condoms, increase in number of persons selling sex in exchange for money; misuse of illegal psychotropic substances, inadequate personal risk perception, stigmatization, discrepancies between knowledge and behavior, etc.

Some of the important goals of the Strategy are: to reduce the spread of HIV, to increase the quality of life of persons living with HIV and reduce negative socio-economic consequences of an HIV epidemic. Prevention and treatment policies are based on a fact that the HIV infection may be prevented by understanding the nature of epidemics.

Although BiH is a country with low HIV epidemic, the increase in the number of STIs is an indication of increasing levels of unsafe sexual behavior and a potential transmission of HIV, especially among the groups at high risk. The number of HIV infections acquired through heterosexual transmission is on the rise, the HIV infection among MSM population is continuously registered, while fortunately, the HIV infection rate among the persons injecting drugs is low, but the HIV is registered in this population as well.

Thanks to successful treatment, the mortality rate associated with HIV has been reduced, but this is still a lifelong, life-threatening infection.

The prevention should be aimed at reducing the number of new infections, with a particular emphasis on all three levels of prevention, namely:

- primary: education resulting in the adoption of healthy lifestyles and change in behavior;
- secondary: increased availability of early diagnosing, treatment and care;
- tertiary: improved social support to persons living with HIV, their families and community.

Stabilization of HIV infection at the global level (the percentage of people infected with HIV) as well as in BiH indicates the success of preventive measures, the availability of effective

strategies and the existence of prevention programs. A successful prevention of HIV infection is based on surveillance, social and institutional factors such as sexual norms, gender equality and the decreasing of stigma and discrimination.

Risky behavior often varies depending on the complex economic, legal, political, cultural and psychosocial determinants that must be analyzed in order to achieve the optimal results of prevention programs. Prevention of HIV requires a program of activities and policies that complement and promote safer behavior and are aimed at reducing transmission in key populations at higher risk of HIV infection.

Efficient prevention efforts are focused on measures and activities to provide the information, acquire the skills and knowledge, as well as provide the access to necessary prevention. For the prevention to be successful, it is necessary to have a good knowledge of the ways that the infection is spreading in the local environment and to set priorities in accordance with the identified problems of HIV infection control and surveillance.

The HIV prevention is closely linked to many other subject areas such as sexual and reproductive health and rights, enforcement and respect of human rights, etc.

In order for the people to change their sexual behavior, they must have the access to sources of information as to how the HIV is transmitted, what are the consequences of AIDS and how they can protect themselves from the HIV infection. Preventive measures related to raising awareness about the HIV/AIDS infection should be culturally tailored and designed according to the needs of the local environment where they are implemented.

It is necessary to develop, evaluate and implement effective prevention strategies. Creating a social context that encourages healthy lifestyles is yet another factor contributing to the success of prevention.

The existence of various channels of communication and awareness campaigns for the entire population, with an emphasis on key populations at higher risk, ensures the availability of adequate information to all social groups on how the HIV infection appears, how it is transmitted and how to protect oneself from the HIV infection. Prevention activities will be successful only when removing the stigma from persons with differing sexual behavior and those living with HIV. The entire community must be encouraged to accept and understand the problem of HIV epidemic. The success of prevention activities is conditional upon the existence and fostering of an open dialogue between different stakeholders such as official institutions, civil society organizations and persons living with HIV/AIDS.

Despite the fact that in previous decades there was significant progress made in the world as well as in BiH when it comes to prevention, care and treatment of persons living with HIV, we should not be deceived by that progress nor should our alertness be decreased. Quite contrary, we should further strengthen our dedication to a response to challenges of HIV epidemic. Epidemic has not been stopped, and it still, despite certain success, represents a significant public and threat to health. It is no longer enough to just maintain the programmes of prevention and treatment or strengthen our efforts within same programmes as we do today. Certain progress has been made during the past years, and therefore it is necessary to constantly follow innovative approaches and assess the cost-

efficiency ratio and to make evidence based choices. The fact that needs to be taken into consideration is that there is a need to introduce new services in the forthcoming years and to inform, make choices in terms of adoption and introduce new interventions with regard to preventive activities (immunization, pre-exposure prophylaxis, circumcision). We also have to be open to new courses and interventions in order to expand the scope of prevention activities within the response of BiH to HIV.

Taking into account the ways of infection transmission, prevention activities must be aimed at:
- Prevention of sexual transmission
- Prevention of transmission through blood and blood products,
- Prevention of transmission from mother to child

Taking into account the target groups, prevention activities must aim at:
- General population, with a special focus on youth population;
- Key populations at higher risk;
- Population at risk of occupational exposure to HIV

Specific measures:

1.2.1 Capacity to monitor infection trends, analysis of the epidemiological situation and monitoring risky behavior.

In order to meet these specific measures is necessary to undertake the following activities:

- Improvement and regular conduct of scientific research works in order to monitor the epidemic and to provide valid data to create and customize intervention programs;

1.2.2 Develop and implement effective programs for HIV prevention under specific characteristics and needs of different target groups

Achieving this specific measure requires:

- Providing constant education for employees within the health and social protection institutions and NGOs with regard to design and implementation of prevention programmes;
- Providing continuous education to target groups;
- Creation and implementation of new prevention programs for all target groups based on verified facts and the assessment of previous programmes as well as good practice examples.

1.2.3 Early detection of HIV infection

- Strengthening of capacities for early detection of HIV infection;

- Increasing a number of people tested, especially among the key populations at higher risk;
- Improvement of a referral system for VCCT especially from within the non-governmental sector organizations..

CARE AND TREATMENT

The response of the state to the HIV epidemic must be properly designed in accordance with an epidemic rate within the country and the region, and in accordance with differences in terms of access to health services in various local communities.

In addition to relying on the HIV prevention strategy, it is necessary to develop, evaluate and implement measures on the strategic use of the ARV drugs and biomedical interventions (prevention of vertical transmission).

It is important to allow persons living with HIV the access to treatment and quality education, in order to reduce the possibility of transmission to others. It is vital that the people living with HIV have a good support system and access to a systemic treatment through the regular health care system. The care programs for persons living with HIV should include social services, because the health system is unable to solve social problems that often arise among the people living with HIV.

Our goals should be:

- To increase the access to and availability of treatment (diagnosis, providing of ongoing treatment and care for persons living with HIV);
- To improve the health and quality of life of people living with HIV.

The optimal clinical care should consist of integrated clinical services, preventive measures and social protection services in order to reduce morbidity, mortality and the spread of infection. The care should simultaneously and in cooperation bring together the healthcare workers, patients and their families. With an efficient treatment, persons living with HIV improve their health and are less likely to transmit the HIV to others.

Specific measures:

1.2.1 Providing access to antiretroviral treatment, without limitations.

- Provide free ARV treatment for all persons living with HIV;
- Constantly revise the existing list of ARV drugs available to patients free of charge;
- Provide a certain amount of medication for post-exposure prophylaxis (PEP) in case of incidental contact of medical workers with the blood of persons living with HIV;
- Establish methods to be used to discover the resistance to antiretroviral medications;
- Provide for the updating of the list of antiretroviral medications by pediatric forms of medications.

1.2.2 Strengthen support for people living with HIV

To treat cases in accordance with the needs of persons living with HIV.

SOCIAL SUPPORT

Treatment and health care for persons living with HIV are obviously important, one must not neglect the overall quality of their life, thus the social protection and support requires:

- Assistance to patients helping them to observe the antiretroviral therapy;
- Assistance in terms of access to education, employment and other contents;
- Provision of needs assessments and conditions of care, advantages, accommodation, advocating, interpretation, peer support and other practical types of support with regard to life within the community;
- Support to care-takers and families; and
- Inclusion of persons living with HIV into wider initiative promoting social inclusion.

1.3.1 Develop multi-sectoral systems to help people living with HIV and their families

- Improve the work of social protection/welfare and mental health care centers in accordance with the needs of persons living with HIV;
- Establish and provide for the operations of multidisciplinary teams for patient care, which should include the doctor/infectious disease specialist, psychologist, social worker, nurse, etc.
- Build a confidential system that links the health care institutions and the social protection focused at PLWHIV at all levels;
- Strengthen the capacity of home care and treatment;
- Develop programs of social and economic support for people living with HIV;
- Strengthen the network of organizations that provide support to people living with HIV.

While the diagnosis, medical care and treatment have been provided by the state, and thus are provided to users free of charge, the psychosocial support is still not sufficient. This refers to psychological support for persons living with HIV as well as persons in their environment that only partially satisfies their needs. Social support is still underdeveloped due to, on one hand, poor and inadequate solutions offered by the law, and on the other hand, a chronicle lack of financial resources needed to satisfy the needs of persons in a state of need.

Large group of marginalized persons is, in addition, in a state of higher risk specifically due to the fact that they are living at or below the poverty line. Response to social issues and the fulfillment of needs of other populations should be sought by other strategic documents. However, the attention should be paid to raise the awareness of the decision-makers with regard to the vulnerability of these groups and populations in order to reduce the risk of HIV transmission.

GOAL 2: STRENGTHENING SURVEILLANCE OF HIV AND AIDS

Surveillance or epidemiological monitoring of HIV offers important data needed in order to understand the size and features of epidemic within the country, enables the monitoring of trends over time, planning and implementation of measures and their impact assessment. The second generation of the HIV/AIDS/STI monitoring system enables the monitoring of trends of risky behavior of the key populations at higher risk that are difficult to reach. Therefore the system of HIV monitoring should be flexible and tailored in accordance with the situation and type of epidemics in BiH.

STI surveillance is of special use as an early warning system with regard to the spread of HIV epidemic.

An early warning and response system complements the surveillance/epidemiological monitoring system and it contributes to its strengthening.

An early warning system aims to assess the probability of future events by detecting the early warning signals with regard to personal, programme and societal vulnerability:

- *Individual vulnerability to HIV and AIDS* – is focusing on different individual or environmental factors making certain person vulnerable (physical and mental development, level of knowledge, awareness, behavior, life skills and abilities, social relations, etc.);
- *Programme vulnerability to HIV and AIDS* – is focusing on participation of HIV programmes with regard to decrease or increase of personal exposure to HIV (i.e. information, education, health and social services, human rights programmes, etc.);
- *Societal vulnerability to HIV and AIDS* – is focusing directly on the contextual factors defining individual and programme vulnerability (including policy, gender relations, awareness with regard to sexuality, religious beliefs, violence, poverty, etc.).

Although the data collected provides certain foundations for action in terms of HIV and AIDS prevention, it is rather demanding to plan interventions and monitor the effects of implemented programme based on limited information. Society in transition and socio-economic crisis do not provide a favorable environment for an efficient response to HIV and IDS.

The system of recording of persons living with HIV was established in 1986, but is still not providing a clear picture of the spread and prevalence of infection within the general or key population. The key problems can be perceived based on a small number of HIV tests conducted.

The system of epidemiological monitoring of HIV infection is based on passive data collection from health institutions. The HIV infection is being reported in accordance with the Law on Protection against Infectious Diseases. To facilitate the development of targeted and effective interventions based on research findings, it is necessary to establish a system of continuous data collection and analysis, the biological ones, as well as the data related to behavior, especially among the key populations.

Enhancement in the national capacity for the implementation of serological and behavioral studies related to HIV/AIDS leads to improvements in data collection, analysis and dissemination of information to key populations and is used as basis to monitor the epidemiological indicators.

Specific measures:

2.1. Enhance the surveillance of epidemiological indicators and risky behavior indicators

- Conduct periodical serological studies and behavioral studies among key populations in order to ensure continuity of monitoring;
- Strengthen the mechanisms for collection, analysis and dissemination of data on HIV and STDs.
- Provide for regular HIV infection trends monitoring, as well as the monitoring of other STIs with regard to specific key populations.
- Establish a coded/encrypted registry of persons living with HIV maintained within the main health care institution.
- Establish and improve the surveillance based on laboratory HIV and STI diagnostics.
- Establish the surveillance with regard to the monitoring of development of resistance to antiretroviral medications.

2.2. Providing the system of voluntary and confidential counseling and HIV testing, with counseling before and after the testing

- Development and support for the system of institutions for testing and counseling:
- Develop a quality assurance and supervision system in the counseling process,
- Improve the quality assurance system in laboratories for HIV testing, using the prescribed standards,
- continuous training of health workers to conduct VCCT,
- Informing the public about HIV testing, testing procedures, institutions that perform the testing and the rights of citizens during the test.

2.3 Developing a system for early detection of changes influencing the increase of incidence

- Behavioral research i.e. repeated cross-section studies of risky behaviors among the general population and among the identified key populations at higher risk.

  Occasionally conduct anonymous-unrelated research regarding the HIV prevalence among the general population.

GOAL 3: STRENGTHENING INTERSECTORAL AND MULTISECTORAL COOPERATION

Establishing new, improving and expanding the existing relationships at all government levels with domestic and international counterparts is the key to the success of combating the HIV epidemic. Developing strategic partnerships is essential not only to achieve the maximum return on investment but also to strengthen policies and programs that support the complementarities of knowledge and expertise.

Active participation of different sectors, coordination of activities within sectors and at different administrative levels is of great importance for timely and effective response to an HIV outbreak.

Linking programmes and services

Bosnia and Herzegovina already has programmes of prevention, treatment and support for persons living with HIV, but at the same time, programmes and services are being developed for key populations at higher risk. However, often the links between the programmes are missing, and this complicated service provision, causes repetition or overlapping of certain actions or parts of programmes or makes their implementation far costlier. Special attention in a forthcoming period should be paid to vertical and horizontal linking of programmes in order to provide for better utilization of resources. Policies and strategies that have already been developed should be integrated into this one, but parts of this Strategy should also be incorporated into future development documents. That is the only way that we can achieve for better functioning and higher level of protection and wellbeing for all of the service users starting from the local community level all the way to the country level.

Key connections have been established with:

- Tuberculosis
- Sexually transmittable diseases
- Reproductive health
- Dependencies and damage reduction programmes
- Virus caused types of hepatitis
- Mental health
- Prevention and treatment of carcinoma
- Palliative care
- Blood collection services
- Nutrition

Special attention should be given to the prevention among the persons living with HIV.

Linking and integration of programmes is also necessary, especially when it comes to development of a robust health and social sector and their close linking. One of course, has to have in mind the necessity to incorporate health into legislation wherever possible. Linking and integrating of services is one of the cornerstones needed in order to strengthen the health care system in any country, including Bosnia and Herzegovina, Strengthening of the health care system would impact the wellbeing of every citizen.

There are a significant number of areas where the linking of response to HIV and other health related programmes is of outmost importance in order to achieve the universal approach and MDG goals, as well as their sustainability.

Specific measures:

3.1 The current intersectoral collaboration stepped up and multisectoral collaboration between the official institutions dealing with HIV/AIDS established

The Strategy for Prevention and Fight against HIV and AIDS provides a framework for cooperation of different institutions within the health sector, non-governmental, social, education, security sector, local governance, etc. Coordinated efforts and partnership between relevant institutions at different government levels leads to strengthening of strategic connections, harmonization of efforts of key stakeholders and partnerships with regard to formulation of policies and procedures of the HIV epidemics control programmes. Intensifying of the existing cooperation between different institutions, led by ministries of health and the inclusion of interdisciplinary partners contributes to the efficient implementation of strategic goals in fight against HIV and AIDS.

Specific goals:

- Increase cooperation at all government levels and strengthen capacity of local communities for HIV prevention, treatment, care and support for people living with HIV and AIDS;
- Ensure the involvement of various institutions, organizations and departments in activities aimed at combating the HIV epidemic;
- Strengthen mechanisms for intersectoral communication and cooperation;
- Ensure the involvement of representatives of population living with HIV in development of programmes of prevention, treatment, care and support.

3.2 Strengthening the role of civil society in meeting strategic goals for the fight against HIV and AIDS

- Associations and foundations – as part of the non-governmental sector play a significant role in securing of access to all of the population groups. These organizations are having better reception among the key populations than the official (governmental) institutions and thus they significantly contribute to HIV surveillance.

- Associations and foundations have been recognized as strategic partners significantly contributing to HIV prevention with their knowledge, creativity and dedication.
- Governmental and non-governmental sector will, jointly and cooperating in different ways, continue to work on development and maintenance of the HIV prevention programmes.

3.3 Encouraging continued cooperation with international counterparts

Joint efforts by all organizations and institutions involved in international programmes lead to successful coordination of the global response to HIV and AIDS. Thus, the shortcomings of individual programmes are being avoided. Multilateral cooperation provides for the aggregation of financial resources as well as for the joint development of strategies, plans and programmes, thus contributing to an efficient and effective response to HIV and AIDS.

Coordination and cooperation at the international level allow BiH to get actively involved into global activities with regard to HIV prevention, to participate in the exchange of technical expertise and experience and to strengthen existing surveillance capacities and the response to the HIV epidemic.

Relevant institutions will improve the mechanisms of cooperation and coordination with international partners. In doing so, they will:

- Maintain close contact with the UN agencies in order to develop, promote and implement HIV programmes;
- Participate in the activities of the international community related to strengthening of capacities of response to HIV and in particular in the area of health and social support;
- Establish and strengthen partnerships with other international organizations;
- Establish a coordination body that would be in charge for cooperation with EU.

3.4 Strengthening of communication in the field of HIV prevention

News and information being disseminated via media have significant impact on knowledge and behavior of the population at large. The role of media in terms of the raising of the awareness of public with regard to prevention of factors leading to a disease is rather underestimated.

- Strengthening of mutual communication between all stakeholders in the field of HIV and AIDS.

3.5 Established and strengthened cooperation with religious communities

Religious communities represent a significant segment within the communication with their members, and partially, they are, through their actions, actively affecting the promotion of health and HIV prevention, treatment and social support for persons living

with HIV. By their attitude, religious communities efficiently influence education, risky behavior as well as access to therapy and treatment. They also play a significant role in terms of decisions being made by individuals with regard to the HIV infection prevention.

- Establish and/or improve the dialogue with representatives of religious communities;
- Educate and sensitize members of religious communities with regard to HIV infection.

GOAL 4: DEVELOPMENT AND STRENGTHENING CAPACITIES OF ALL STAKEHOLDERS IN THE HIV AND AIDS RESPONSE

The ability of a state to take an effective response to the HIV epidemic is largely dependent on human resources, institutional capacities, i.e. the existence of educational, scientific, technical and technological, organizational, institutional and financial resources.

A strategic approach to prevention, service delivery and provision of sustainability of HIV programs is possible only with well-developed human and infrastructural capacities. Building and strengthening of capacities includes parallel increase in efficiency of the existing and the establishment of new capacities and modalities they are being used within and the training of staff, but also the system and environment that would support and motivate individuals and organizations to conduct their duties and tasks in the best possible way. In the context of HIV and AIDS, capacity development and strengthening is of vital importance since the expertise and skills are needed for a timely response to HIV epidemic.

The strategy of development and constant capacity building is based on the analysis and assessment of existing capacities as a first step towards achieving this objective. The existence of training programs and their integration into a system of public health are the basis to strengthen the resources and develop the system that will be able to provide faster, more comprehensive and effective response to an HIV epidemic. Socio-economic situation imposes the need to strengthen and develop the current institutions and organizations.

Basic components of the health system capacity strengthening are related to policy-making in the health sector that would encourage the training of personnel, expansion and maintenance of infrastructure and provision of services to people with HIV and AIDS.

Capacities should be strengthened at the level of:

- Employees in administrative bodies and legislature,
- Medical workers,
- Medical associates (psychologists, social workers, biologists, biochemists),
- Pedagogues – teachers and associates within the teaching process,
- People in uniforms (police, firefighters, soldiers, security services, members of the rescue service, etc.)

- Employees, volunteers and associates of associations and foundations in the field of prevention of HIV:

Strengthening and capacity building of all participants in the process of HIV prevention is carried out through:

- Education
- Skill acquisition
- Specialization
- Study visits

The success of the planning and implementation of programs aimed at combating HIV/AIDS epidemic is largely determined by the existence of mechanisms for technical support. The mechanism that ensures the continuing development of human and institutional capacity is a critical component that ensures the efficient use of resources, planning activities, utilization and supervision of programs and optimal use of donor funds. Mechanisms to provide technical support open up a possibility for an equal dialogue of all stakeholders involved in the HIV/AIDS epidemic response.

Organizations, departments and institutions of the United Nations and other international organizations can make a significant contribution to strengthening the capacity of response to HIV epidemic. Their role is reflected in the transfer of knowledge and the provision of adequate technical assistance.

Specific measures:

4.1 Identification of existing resources and requests for technical support, development and strengthening of human and institutional capacities

During the implementation of the previous Strategy, a need for strategic development of government sector and non-governmental organizations capacities was noted as well as the need for better coordination and linking of these two sectors. Establishment of a single system that would support the timely use and transfer of expertise and skills and provide for continuing activities related to HIV and AIDS has been identified as a prerequisite of access to integrated services, care, treatment and social support.

Strengthening of human and institutional capacities can be efficient only if the priority areas of action and resources needed for such a process are established previously. It is important to define the priority areas with regard to technical and professional development of governmental and non-governmental institutions and to design a development plan based on identified needs.

4.2 Establish a platform for technical support at local, regional and international level

4.3 Establishment of education centers

Establishment of resource/information/education centers for both public and for the private as well as for the non-governmental centers. It would be advisable for these centers to operate separately due to different nature and approach to their activities. Public sector, that should, in a forthcoming period, definitely be accompanied, to the highest degree possible, by the private sector should use these centers to deal with the issues such as the development of HIV prevention models, adoption and enhancing of diagnostic methods, linking of services, organizations and individuals offering such services. Working to improve the legislative framework related to promotion, respect/enforcement and protection of human rights, but not to limit it only to rights of persons living with HIV but to include other key populations at higher risk experiencing difficulties in terms of access to services (all services not just the health care) should also be the part of this/these centre/s activities.

Another important part of their work would refer to education of all the stakeholders taking an active part in advocation processes. The process of advocation should be approached seriously and requires the adoption of certain skills. The process itself is rather underdeveloped among the stakeholders participating in the HIV prevention. Advocating skills should also be developed within both governmental (public) and non-governmental sector.

The other education centre/s should belong to the non-governmental sector. Two basic guidelines for its/their operations should be: strengthening of organizational capacities of the civil society organizations and strengthening of professional capacities.

Establishment of the resource/information/educational centers provides for the sustainable development of human resources and the establishment of instruments for a constant strengthening of institutions and non-governmental organizations that are, in any form, involved in HIV prevention activities and treatment of AIDS. Resource/information/educational centers will monitor the development of models for HIV prevention, diagnostic methods and will enable for the linking of services, organizations and individuals providing such services.

Establishment of these centers will create conditions for strengthening of capacities of institutions, individuals and non-governmental institutions to perform their duties in an efficient way with the maximum of financial effects and establishment of mechanisms for the continuance and sustainability of the activities started. Development of capacities in the resource/information/educational centers includes creation of an environment in which the use of the existing human resources would be provided, creation of conditions for the retention of these developed capacities within the public institutions and non-governmental organizations, to be motivated to perform their duties in a timely and high quality fashion.

An important role of the RIE centers refers to cooperation with public institutions and non-governmental organizations at the local community level and strengthening of capacities of these organizations in terms of providing of an adequate response to HIV.

GOAL 5: STRENGTHENING LEGAL FRAMEWORK TO PROMOTE, RESPECT AND PROTECT HUMAN RIGHTS

Human rights are extremely important to achieving efficient fight against HIV. If we do not protect the human rights of people living with HIV, they will be even more besieged by stigma and discrimination and that would put their personal and public health at risk. Due to this, in the Declaration of Commitment on HIV/AIDS reads that:

"..... The full implementation of human rights and fundamental freedoms is an essential element in the global response to HIV/AIDS pandemic, including measures of prevention, care, support and treatment ..... to reduce vulnerability to HIV/AIDS and prevent stigma that encourages discrimination against people living with HIV or are at high risk of infection." The governments, through a political declaration on HIV/AIDS adopted at the United Nations General Assembly in June 2006, were given a set of goals that can bring them closer to achieving universal access for all to prevention, support, care and treatment by 2010. The UNAIDS UNGASS report for 2010, describes to what extent Bosnia and Herzegovina has achieved those goals and how close the country has come to universal access for all.

The Durban Declaration and Statement of Commitment on HIV/AIDS from 2001 sets the following requirements for the implementation of human rights: to pass legislation, regulations and other measures to eliminate all forms of discrimination and to ensure the full enjoyment of all human rights and fundamental freedoms for the people living with HIV and members of key populations. Attention was given to the need to ensure their access to education, inheritance, employment, health care, all social and health services, prevention, support and treatment, information and legal protection that respects their right to privacy and confidentiality, and to develop strategies to combat stigma and social exclusion linked to HIV.

International Covenant on Economic, Social and Cultural Rights recognizes the right of every person to the highest attainable standard of physical and mental health. As part of the commitments, the States Parties shall take measures to prevent, treat and control the epidemic.

The right to health includes: availability, accessibility, acceptance and quality.

States need to take special measures to ensure that all social groups, especially to members of all key populations have equal access to all measures for the prevention of HIV, treatment, care and support.

The Constitution of Bosnia and Herzegovina guarantees the exercise of human rights, and guarantees all citizens the rights and freedoms as provided for in the European Convention for the Protection of Human Rights and Fundamental Freedoms. In addition, the Constitution in its Article 2, item 4 prohibits any form of discrimination:

“The enjoyment of rights and freedoms provided for in this Article or in the international agreements listed in Annex I to this Constitution guarantees to all persons in Bosnia and Herzegovina no discrimination on any grounds such as sex, race, color, language, religion,

political or other opinion, national or social origin, association with a national minority, property, birth or other status."

In 2009, Bosnia and Herzegovina adopted the Anti-Discrimination Law, which explicitly, in its Article 2 establishes that:

"Discrimination, under this Law, shall be deemed to be any different treatment, including any distinction, exclusion, restriction or preference based on real or presumed grounds to any person or group of persons based on their race, color, language, religion, ethnic affiliation, national or social origin, connection to a national minority, political or other beliefs, financial status, membership in a union or other association, education, social status, marital or family status, pregnancy and motherhood, age, health status, disability, genetic inheritance, gender and sense of belonging to a gender, sexual orientation or expression, as well as any other circumstance which has the purpose or effect that any person is disabled or threatened with the recognition, enjoyment or exercise on an equal basis of the rights and freedoms in political, economic, social, cultural or any other area of public life."

The Gender Equality Law regulates, protects and promotes gender equality and guarantees equal opportunities for all citizens, in public and private spheres of society and prevent direct and indirect discrimination based on sex. (Article 1)

Despite the existence of laws and anti-discrimination provisions in other laws and regulations, stigma against the people living with HIV or categories of high-risk behavior is still expressed. In 2006, the Executive Director of UNAIDS Dr. Peter Piot in his welcoming speech at the opening of the XVI International AIDS Conference in Toronto, stated:

"We must begin to make faster progress in addressing the outbreak actuators, which are primarily the subordinate status of women, homophobia, stigma surrounding HIV, poverty and inequality. It is time to get serious in terms of promotion and protection of human rights... "

Today, we can take these words of Dr. P. Piot as a road sign on our way to achieving the goal: the full promotion and protection of human rights of people living with HIV and vulnerable groups.

Overall goal

For BiH it will be to put the respect of human rights of persons living with HIV and key populations at higher risk of HIV infection into a center of the response of the health sector.

Specific measures:

5.1 Amendment of legislation
5.2 Strengthening respect for human rights
5.3 Eliminate all gender inequalities in terms of access to services
5.4. Eliminate legal barriers for equal use of prevention, care and treatment services
5.5. Advocate efficient evidence and cost-efficiency based policies and strategies

Stigma is a social phenomenon of marginalization of a person or a population group, causing obstacles to the enjoyment of full rights in the social environment of people living with HIV.

There are several levels at which a discrimination related to HIV/AIDS can be manifested - the general social level, the local community, the workplace, during a professional engagement, at the level of health care, family and friends.

HIV and AIDS are largely associated with key populations whose social and economic situation caused by economic and social determinants prevents the access to quality information and education and equal all-inclusive access. The specificity of the community where the key populations live causes an increased risk of HIV infection, and therefore they are being accused and judged for the occurrence of HIV and AIDS within the society. Due to the presence of stigma and discrimination, vulnerable populations often hide their HIV status and thus reduce the volume of support services and care by health care institutions.

However, there is another important and influential dimension of stigma and discrimination - internal stigma. Internal stigma, or fear of condemnation and discrimination by the society can influence the way in which people living with HIV perceive themselves and exercise their rights to treatment and other social benefits.

Both dimensions together affect the HIV prevention, AIDS treatment, care and support, resulting in an ongoing irresponsible behavior, including risky behavior and making independent decisions about life without professional help.

The existence of stigma and discrimination in society is caused by lack of public information and knowledge that leads to a natural rejection, i.e. the exclusion of those who do not comply with traditional social norms. In order for the problem of stigma and discrimination to be resolved, it is necessary to investigate all the causes and develop quality prevention programs based on results. Often, due to the lack of data on the causes of stigma and discrimination, the prevention programs are not adequately adapted to existing capacities which leads to situation in which the problem is being solved only partially.

The issue of stigma and discrimination against key populations is one of the biggest challenges today as it is generally widespread and rooted within the society. Thus, it is necessary to address the problem by resorting to a multidisciplinary approach in order to gain a complete and comprehensive impact.

Legislative and legal protection is a basic component of social response to stigma and discrimination. Most of the reference materials deal with legal matters, while less attention is paid to interventions aimed to change the attitudes and behavior. An approach that goes beyond legal protection in order to influence the social climate is necessary.

The strategy for HIV and AIDS programs should support the programs for care, treatment and support to vulnerable populations, and also recognize the role of communities in fighting HIV and AIDS and provide support to key populations.

Most interventions should aim to reduce stigma and discrimination, but also include many other components such as raising awareness and knowledge, and promote behavioral change. All interventions should be implemented in cooperation with representatives of official institutions and civil society and private sector.

The stigma that comes with HIV and AIDS leaves a strong impact on the course of the epidemic. Fear of stigma and discrimination are the main reason why people avoid testing, disclosure of their HIV status and receiving antiretroviral therapy.

These factors contribute to the spread of epidemic, while avoiding disclosing the HIV status and practicing safe sex contributes to a possibility of transmission of infection to others, and ultimately leads to an increased mortality associated with AIDS.

Avoiding the HIV testing means that more people will be diagnosed at a late stage of disease, when the virus has already brought on AIDS, which reduces the effectiveness of treatment and causes early death. Stigma is the reason why a relatively small percentage of pregnant women are ready for testing, medication and choice of appropriate delivery techniques, in order to prevent transmission of the virus from mother to child.

Stigma can lead to discrimination in terms of the impossibility for the treatment because of the HIV status. This discrimination can happen in everyday life, in search for health services, employment or travel.

Stigma is present at all levels of society. In particular it was, and still is, in some segments, notable in health institutions at all levels.

Our goals should be to:

- create a safe and supportive environment free of discrimination and stigmatization for people living with HIV and those who are in some way affected by HIV and AIDS;
- ensure conditions for people living with HIV and who are in any way affected by HIV and AIDS to have access to confidential and necessary social and psychological support;
- ensure respect of human rights for all people living with HIV and their full integration into the everyday social and work activities;
- include non-health institutions: education, social and legal protection, the media, nongovernmental organizations, to work on the prevention of stigma and discrimination;
- create a strategy and adopt a policy of education on HIV to a broad range of medical staff from primary and tertiary health care, particularly dentists and gynecologists, with the topic of stigma and discrimination, and creating of mutual trust with persons living with HIV.

No strategy on its own, even when accompanied by legislation, can be enough to combat stigma and discrimination, and it is the duty of every society to create the prerequisites for an environment where the people living with HIV are treated as an integral part of every society. Providing free treatment is the first step in the fight against stigma and discrimination, because it gives hope, and the hope reduces the fear of HIV: people will decide on testing and disclosure of their HIV status more easily and seek help and care, when necessary.

The current legislation in BiH guarantees the rights of all to the treatment, education and employment, regardless of their health status.

First of all, the programs must address the causes of stigma and discrimination. Among the major causes why this problem emerges is the general lack of understanding of stigma and its harmfulness. Also in the general population has the fear of infection through casual contact, associated with illegal or immoral behavior. Thus, it is necessary to act on multiple levels: individual, family, community level, and the organizational/institutional and government i.e. legislative level.

Key populations often experience stigma based on several factors. They are mainly the HIV status, sexuality, ethnicity, poverty, drug use, sex, sex work, etc. In this regard, programs that exclusively address the stigma and discrimination related to HIV can have a significant effect to improving the general response to HIV/AIDS.

This includes the involvement of politicians, parliamentarians, judges, religious leaders, celebrities and key stakeholders within the response to HIV, such as the health care workers, lawyers, human rights advocates, NGOs and field workers, people living with HIV, key populations, media, private sector, schools, police and armed forces. To achieve this, it is necessary to permanently strengthen and build the capacity of stigmatized individuals and groups, through skills development, promotional campaigns, creating networks, and consulting, training/education and income generation. Training sessions should be participatory and interactive.

Specific measures:

6.1. Promoting the research on the subject of stigma and discrimination in order to improve prevention programs

6.2. Inspiring and encouraging decision makers to participate in the implementation of activities

6.3. Improve approaches to prevention of stigma and discrimination among all the participants of this process

STRATEGY IMPLEMENTATION

Strategy will be implemented in accordance with the operational plans that will have to contain specifies implementation activities along with the deadlines for their implementation, financial indicators including the sources of funding and as well as the bodies and institution in charge within the state administration system. Body in charge of implementation coordination will deliver a proposal of an aggregated operational plan to the Council of Ministers, 6 months from the adoption of the Strategy at latest. The Activity Plan will list organizations and institutions – their carriers, which are tasked with coordination of implementation of individual measures as well as the operations of all the implementers.

FINANCING

Modalities of funding of strategic goals will be elaborated in details within the operational plan, with the technical support from the UNIADS service AIDS Strategy and Action Planning (ASAP). Different sources of funds need to be mobilized in order to meet the mentioned strategic goals – not only human resources, but financial as well. Different stakeholders need to be involved: the government sector, non-governmental sector, United Nations agencies and other international organizations, private sector and the community at large.

MONITORING AND EVALUATION

Monitoring and evaluation is an important, integrative component within the strategy as a comprehensive national response to HIV and AIDS. The monitoring and evaluation system should provide high quality data that will enable the analysis of change, assessing the progress in implementing the strategy, the results of a comprehensive response to HIV and AIDS.

Monitoring and evaluation should enable us to understand the temporal trends of HIV and AIDS, impact of behavior on the epidemic, as well as targeted prevention and care in order to reduce the consequences.

To make an adequate, timely and comparable reporting, the access to quality information is important. The risk points include: creating and managing data, reporting system, reporting procedures, their standardization, etc.

Successful monitoring and evaluation requires:

- Conducting of an independent evaluation of the mechanisms of supervision and reporting with recommendations to establish formal mechanisms for collecting data (including laboratories);
- Development of an updated, efficient, unified and standardized system for reporting and monitoring, which includes private practices and laboratories with clearly defined data flow and feedback;
- Periodic surveys and specialized forms of research.

Specific objectives of monitoring and evaluation include:

- Measuring of the progress of implementation of the Strategy;
- Monitoring of inputs and the results of the national response to the epidemic of HIV and AIDS;
- Monitoring of the epidemiological trends over time, the scope of the epidemic;

- Assessing of the effectiveness of responses and comparing and improving of cost-effectiveness of different types of interventions in terms of HIV and AIDS prevention and surveillance;
- Monitoring of availability of additional technical, human and financial resources;
- Providing data for global, donor reporting (such as UNGAS, and regular reporting to GFATM within the program activities);
- Providing constant identification and resolution of problems during the implementation of the national response to HIV;
- Ensuring greater visibility, effective coordination and communication between different stakeholders/groups involved in the national response to the HIV epidemic;
- Promoting the importance of monitoring and evaluation, the need for systematic data collection and using monitoring and evaluation results;
- Developing of a plan for monitoring and assessment of the efficiency of the results of programmes that would lead to the establishment of a list of indicators to be used in future monitoring and evaluation processes, all in order to strengthen the system of routine registration of new HIV cases as well as registering of data from the HIV and AIDS testing laboratories. Thus, the full confidentiality of epidemiological data would be provided for and conditions will be created to train the staff in second generation HIV surveillance methods.

The effects of activities within the national response are monitored using specific indicators. Sources of data for these indicators are: regular reporting, population researches (BBS, population census, etc.), special researches (within health care institutions, schools, communities, etc.), data bases, research papers, implementing organizations, HIV interventions, etc.

Epidemiological indicators: prevalence of the HIV infection, rates of incidence and mortality from AIDS in the population of adults and children, the incidence rates of sexually transmitted infections, rates of incidence and prevalence of co-infections.

Indicators of risky behavior: estimates on the population of persons injecting drugs, estimates of the population of SWs and their clients, etc.

Behavioral indicators: condom use, re-use or multi-use of the equipment for injecting drugs, number of casual sexual partners, age of entry into sexual relationships, knowledge and attitudes to HIV infection.

Socio-economic indicators: population by sex and age, socio-economic status and education, access to health care and social protection.

Implementation of the Strategy requires a broader mobilization of resources, or the inclusion of multiple implementation agencies and contractors. It is therefore important to demonstrate the effectiveness of the program through the achievement of strategic results,

i.e. achievement of outcome indicators (medium-term and long-term changes in behavior, attitudes and skills of the population, as a result of implementation of activities) and impact indicators (changes in epidemiological parameters such as the number of persons who inject drugs living with HIV, etc).

Epidemiological surveillance in order to observe trends in the HIV and AIDS includes the improvement of reporting system for evaluation, planning and decision-making in the system for prevention and protection against HIV and AIDS; appointment of services in charge that react occasionally, on the basis of processed data; establishment of appropriate systems for the assessment and monitoring of the programs that are implemented in the areas of prevention, improvement of reporting systems for the assessment, planning and decision-making within the system for prevention and protection against HIV and AIDS.

Specific sub-goals

1. Strengthening of the monitoring and evaluation system, including the development of indicators, data collection and analysis, reporting, assessment of the interventions performed and recommendations for future activities.
2. Establishment of the body in charge of monitoring and evaluation of the Strategy implementation in cooperation with the Advisory Board, ministries of health of entities, BiH Ministry of Civil Affairs and the representatives of the non-governmental institutions.

REPORTING

The Monitoring and Evaluation Body will, annually, submit to the Council of Ministers an aggregated report on the implementation and results of the programme evaluation, based on the reports of all of the implementers.

This body will be in charge of coordination of the drafting of reports to international institutions, in accordance with the obligations Bosnia and Herzegovina has assumed.

REFERENCES

- Povelja Ujedinjenih naroda (1945); ---[United Nations Charter (1945)]
- Univerzalna deklaracija o pravima čovjeka (1948); ---[Universal Declaration of Human Rights (1948)]
- Evropska konvencija o zaštiti ljudskih prava i osnovnih sloboda (1950), Evropska socijalna povelja (1961) i Revidirana Evropska socijalna povelja (1996),---[European Convention on Human Rights and Fundamental Freedoms (1950) European Social Charter (1961) And the Revised European Social Charter (1996)]
- Međunarodni pakt o ekonomskim, socijalnim i kulturnim pravima (1966.) ---[International Covenant on Economic, Social and Cultural Rights (1966)];
- Rezolucije o zdravlju za sve Svjetske Skupštine zdravstva (WHA30.43. 1977) ---[Resolution on Health for All World Health Assembly (WHA30.43. 1977)]

- Konvencija o eliminaciji svih oblika diskriminacije žena (1979.) i opće preporuke UN Komiteta za eliminaciju svih oblika diskriminacije žena (br. 12 iz 1989. godine i br. 19 iz 1992. godine), Pekinška deklaracija sa Platformom za akciju (1995.) ---[Convention on the Elimination of All Forms of Discrimination against Women (1979) and the general recommendations of the UN Committee on the Elimination of All Forms of Discrimination Against Women (No. 12 from 1989, and no. 19, 1992), the Beijing Declaration Platform for Action (1995)]
- Handbook on HIV and Human Rights, for National Human Rights Institutions, Joint United Nations Programme on HIV/AIDS and Office of the United Nations High Commissioner for Human Rights (2007).
- Dokumenti XVIII International AIDS Conferece, Vienna 18-23.Juli 2010 godine --- [Documents XVIII International AIDS Conferece, Vienna July 18-23 2010]
- UNAIDS "Report on the Global AIDS Epidemic 2008"
- Bosna i Hercegovina: Strategija prevencije i borbe protiv HIV/AIDS-a, 2004-2009, [Bosnia and Herzegovina Strategy to Prevent and Combat HIV/AIDS 2004-2009], February 2004
- Nacionalna strategija u borbi protiv HIV/AIDS-a, Republika Srbija ---[National strategy to combat HIV/AIDS, Republic of Serbia]
- Strategija borbe protiv HIV/AIDS-a u Crnoj Gori, Republika Crna Gora ---[The strategy to fight against HIV/AIDS in Montenegro, the Republic of Montenegro]
- WHO (2010) 'Antiretroviral therapy for HIV infection in Adults and Adolescents'
- Department of Health and Human Services (2008, 29th January) 'Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents'.
- European AIDS Clinical Society (2009) 'Guidelines: Clinical management and treatment of HIV infected adults in Europe'
- Panel on Antiretroviral Guidelines for Adults and Adolescents (2009, 1st December) 'Guidelines for the use of antiretroviral agents in HIV-1 -infected adults and adolescents' Department of Health and Human Services
- WHO (2009, November) 'Rapid advice: Antiretroviral therapy for HIV infection in adults and adolescents'
- World Health Organisation (2008, August) 'Priority interventions: HIV/AIDS prevention, treatment and care in the health sector'.
- Department of Health and Human Services (2008, 29th January) 'Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents'
- Centers for Disease Control and Prevention. *1993 revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults* . MMWR Recomm Rep. 1992 Dec 18;41(RR-17):1-19.Available online at: www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm.
- Centers for Disease Control and Prevention. *Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome* . MMWR Recomm Rep. 1999 Dec 10;48(RR-13):1-27, 29-31. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm.
- Hare CB. *WHO Staging System for HIV Infection and Disease in Adolescents and Adults, Table 3; Clinical Overview of HIV Disease* . In: Peiperl L, Coffey S, Volberding PA, eds. *HIV InSite*

Knowledge Base [textbook online]. San Francisco: UCSF Center for HIV Information; 2006. Accessed March 23, 2006. Available online at hivinsite.ucsf.edu/InSite?page=kb-03-01-01.

- World Health Organization. *WHO Case Definitions of HIV for Surveillance and Revised Clinical Staging and Immunological Classification of HIV-Related Disease In Adults and Children* . 2007. Accessed March 30, 2009. Available online at www.who.int/hiv/pub/guidelines/HIVstaging150307.pdf
- Mofenson LM, Lambert JS, Stiehm ER, et al. Risk factors for perinatal transmission of human immunodeficiency virus type 1 in women treated with
- UNGASS 2010 Country Progress Report
- Durban Declaration and Statement of Committment 2001
- Special UN dedicated to HIV, 2006
- WHO Guidelines for Induced Testing and Counseling Providers
- UNAIDS
- Constitution of BiH and constitutions of its entities
- Anti-Discrimination Law
- Gender Equality Law
- Criminal laws of BiH, entities and BD