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REPUBLIC OF SERBIA:

Benchmarking Sustainability of the HIV Response among Key Populations in the Context of Transition from Global Fund's Support to Domestic Funding

Eurasian Harm Reduction Association (EHRA)

2021

SOS_PROJECT

Alliance for Public Health

100%LIFE

CAAPL Central Asian Association of PLHIV

EURASIAN KEY POPULATIONS COALITION

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Acronyms and abbreviations

APH	**Alliance for Public Health**
ART	**Antiretroviral Therapy**
ARV	**Antiretroviral**
CCM	**Country Coordinating Mechanism**
COVID	**Coronavirus Disease**
CSO	**Civil Society Organisation**
CSW	**Commercial Sex Worker**
EC	**European Commission**
EECA	**Eastern Europe and Central Asia**
EU	**European Union**
GDP	**Gross Domestic Product**
Global Fund	**Global Fund to Fight AIDS, Tuberculosis, and Malaria**
HCW	**Health Care Worker**
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**
OAT	**Opioid Agonist Therapy**
OOP	**Out-Of-Pocket**
OSF	**Open Society Foundations**
PAS	**Psychoactive Substance**
PLHIV	**People Living with HIV**
PLWH	**People Living With HIV**
PWID	**People Who Inject Drugs**
PWUD	**People Who Use Drugs**
RHIF	**Republic Health Insurance Fund**
STI	**Sexually Transmitted Infection**
TB	**Tuberculosis**
TMT	**Transition and Monitoring Tool**
UNAIDS	**Joint United Nations Programme on HIV/AIDS**
UNDP	**United Nations Development Programme**
USD	**United States Dollar**
VCCT	**Voluntary Confidential Counselling and Testing**
VHI	**Voluntary Health Insurance**
WHO	**World Health Organization**

Executive Summary

HIV prevalence in the Republic of Serbia is low with the epidemic concentrated among key populations, particularly men-who-have-sex-with-men (MSM). From 1984 to the end of 2019, there have cumulatively been 4,066 people registered as living with HIV, of which 2,036 developed AIDS (50% of all registered persons infected with HIV). As of the end of 2019, there were 2,780 people living with HIV (PLHIV) in Serbia. The number of new HIV cases is increasing every year with a total of 210 cases registered in 2019.

HIV/AIDS prevention and control is carried out by healthcare facilities, state administration, and civil society organisations (CSO's) 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. Significant programme results have been achieved due to investments made by the government and external donors, including UNAIDS, UNDP, the Open Society Foundations (OSF), and the European Commission (EC), as well as bi-lateral donors and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (hereinafter referred to as the Global Fund). The Global Fund is the largest HIV donor in the country and its support has totalled USD29,407,572 between 2003 and 2014.

In 2018, the Global Fund allocated USD1,474,640 to support HIV preventive services among key populations in Serbia for the period from 2019 to 2022 (grant number SRB-H-MoH 1833). A condition of the grant is for an increase in domestic HIV funding. As a result, a specific budget line for the HIV programmes of civil society organisations within the Government budget was created and funds were allocated.

The aim of this analysis is to assess 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 and uses the EHRA methodology, *Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding* which seeks to evaluate the achievement of the commitments by the Serbian Government to ensure the sustainability of HIV programmes. As a part of this study, the government's commitments have been identified and prioritised and data collected to inform the extent to which those commitments have been fulfilled as planned. Task were carried out by a national consultant together with a team of national experts and civil society and community representatives.

Overall, the Government of the Republic of Serbia has shown moderate progress in fulfilling its transition and sustainability-related commitments. During the assessment, the commitments made by different health system domains have been reviewed, as well as the status of commitments made by different HIV programmatic areas. Out of 6 health system domains, significant progress was achieved in service delivery and human resources; average progress in drugs, supplies and equipment, and in data and information; while moderate progress has been made in health financing; and fairly low 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	87%	Moderate progress
2	Drugs, supplies and equipment	68%	Average progress
3	Service provision	127%	Significant progress
4	Governance	61%	Fairly low progress
5	Data and information	58%	Average progress
6	Human resources	100%	Significant progress

With respect to programmatic areas, significant progress has been made concerning human rights, while substantial progress has been made in the fulfilment of the commitments related to prevention, treatment and support (Table 2).

Table 2. Overall evaluation of commitments by Programmatic Area

No.	Programmatic Area	Achievement performance by programmatic area (%)	Final evaluation
1	Prevention	75%	Substantial progress
2	Treatment and support	70%	Substantial progress
3	Human rights	267%	Significant Progress

Based on the assessment results, recommendations to the relevant stakeholders were developed and are presented on page 46 of this report.

This document should be used to assist CSO's, key affected communities and partners to remain 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 the sustainability of the national HIV response.

1.Introduction

Serbia is situated in south-east Europe with a population of slightly below 7 million people. Total gross domestic product (GDP) is USD53 billion, while GDP per capita is USD7,673. A range of indicators show that the health of the population has improved over the last few decades. In 2017, average life expectancy reached 73.6 years for males and 78.7 years for females, although the overall average (76.1 years in 2017) is lower than the average life expectancy found across countries of the European Union (EU). Positive trends can be seen in the reduced incidence of tuberculosis (TB) as well as of HIV, and in infant and maternal mortality, respectively. However, cancer incidence rates are increasing, making it one of the main causes of death, along with ischemic coronary diseases and cerebrovascular diseases. Tobacco consumption remains high with 30.5% of the population being daily smokers in 2019, while the obesity rate among adults (20.0%) is slightly below the EU average of 22.5%[1,2,5]

1.1. Health system overview

Serbia spends a considerable amount of its resources on health care. In 2017, total health expenditure accounted for 8.8% of GDP. Public sources of health funding decreased over the last two decades from 79.2% in 1995 to 57.6% in 2017, while private expenditure on health is a significant source of financing, amounting to 42.4% of total health expenditure in 2017[3].

Serbia has compulsory health insurance which is funded through mandatory contributions as the main source of financing, with the scheme covering 94% of the population. Most health facilities are publicly owned. The main purchaser of publicly funded health services is the National Health Insurance Fund (NHIF).

Serbian citizens, as well as people with permanent or temporary residence, have the right to access publicly funded health services. Almost the entire population (94%) is covered by health insurance, and out of those insurance contributions for 20% of the population is financed from the central state budget[4]. Although Serbia has a comprehensive universal health system with free access to health care, there are inequities in the utilization of health services with limited access to health care for vulnerable groups[5]. Out-of-pocket (OOP) payments by patients, in the form of co-payments and direct payments, make up most of this private spending (around 96% of it) while voluntary health insurance (VHI) makes up less than 1% of total health spending.

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[1] The World Bank in Serbia. Belgrade; The World Bank Group, 7 April 2021. https://www.worldbank.org/en/country/serbia/overview#1

[2] Milic N. Research on the health of the population of Serbia in 2019. Belgrade; OMNIA BGD, 2021. In Serbian. https://www.batut.org.rs/download/publikacije/ZdravljeStanovnistva2019.pdf

[3] Bjegovic-Mikanovic V, Vasic M, Vukovic D, Jankovic J, Jovic-Vranes A, Santric-Milicevic M, Terzic-Supic Z, Hernández-Quevedo C. Serbia: Health system review. Health Systems in Transition, 2019; 21(3):i-211.

[4] World Health Organization, Regional Office for Europe, European Observatory on Health Systems and Policies, Bjegovic-Mikanovic V, Vasic M, Vukovic D, Jankovic J, Jovic-Vranes A, Santric-Milicevic M, Terzic-Supic Z, Hernández-Quevedo C. Serbia: Health system review. Geneva; World Health Organization, Regional Office for Europe, Health Systems in Transition, 2019; 21(3):i-211. https://apps.who.int/iris/bitstream/handle/10665/331644/HiT-21-3-2019-eng.pdf (accessed 24 August 2021).World Health Organization, Regional Office for Europe, European Observatory on Health Systems and Policies, Bjegovic-Mikanovic V, Vasic M, Vukovic D, Jankovic J, Jovic-Vranes A, Santric-Milicevic M, Terzic-Supic Z, Hernández-Quevedo C. Serbia: Health system review. Geneva; World Health Organization, Regional Office for Europe, Health Systems in Transition, 2019; 21(3):i-211. https://apps.who.int/iris/bitstream/handle/10665/331644/HiT-21-3-2019-eng.pdf (accessed 24 August 2021).

[5] Bjegovic-Mikanovic V, Vasic M, Vukovic D, Jankovic J, Jovic-Vranes A, Santric-Milicevic M, Terzic-Supic Z, Hernández-Quevedo C. Towards Equal Access to Health Services in Serbia. Copenhagen; World Health Organization, Regional Office for Europe, Eurohealth, Vol. 26, No. 1, 2020. https://apps.who.int/iris/bitstream/handle/10665/332482/Eurohealth-26-1-25-28-eng.pdf (accessed 24 August 2021).

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 2019, this network comprised 350 health institutions with a total of 100,880 employees in the publicly owned health sector[6].

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 parliamentarian Health and Family Committee[7].

1.2. HIV/AIDS situation in the country

Cumulatively, 4,066 people were living with HIV from 1984 to the end of 2019. Of them, 2,036 people suffered from AIDS (50% of all registered persons with HIV). A total of 210 new HIV cases were registered in 2019 (making an incidence rate of 3.01 per 100,000 inhabitants). Notably, over the last 10 years, the number of new HIV cases has been increasing every year.

At the end of 2019, there were 2,780 persons diagnosed with HIV in the country. Homosexual contact is the main mode of transmission. 80% of all new cases (169) in 2019 were registered among MSM. Overall, this population group has the highest HIV prevalence in the country at 8.3% (CI 95% 5.6-11.0) in capital city, Belgrade[8], making it a concentrated epidemic among MSM.

The second most frequent mode of HIV transmission is through unprotected heterosexual contact (21 persons, 10% of all registered cases in 2019). HIV incidence among people who inject drugs (PWID) continues to decrease (two persons, or 1%, in 2019 compared to 8% in 2009 and 70% in 1991, respectively)[9].

According to UNAIDS, there were an estimated 3,200 people living with HIV in Serbia in 2019, with 2,800 people aware of their HIV status (87.5%). Of these, 2,100 people were on antiretroviral therapy (ART) (75%) and, of those, 1,900 have achieved viral suppression (90.5%)[10], which is 59.4% of the total estimated number of PLHIV (Figure 1).

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6 Jovanovic V (ed.). Health Statistical Yearbook of the Republic of Serbia 2019. Belgrade; Institute of Public Health of Serbia, 2020. http://www.batut.org.rs/download/publikacije/pub2019a.pdf (accessed 24 August 2021).

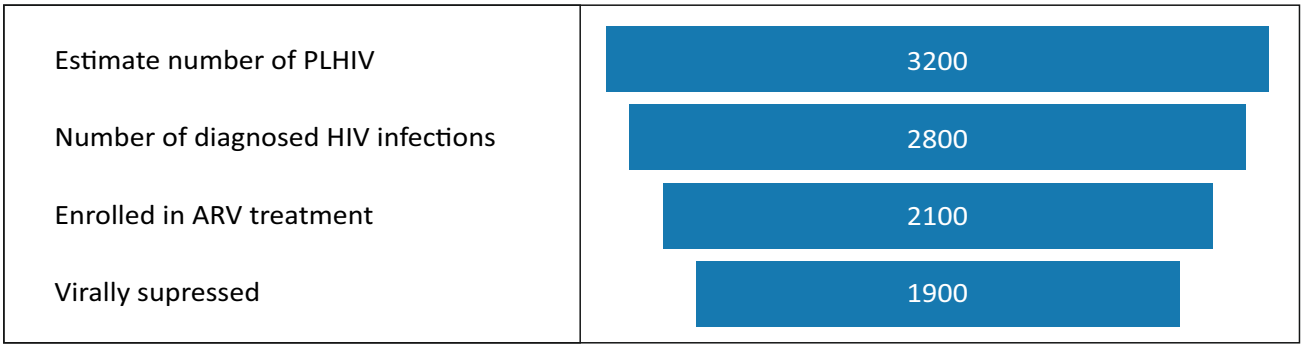
7 The Law on Healthcare. Belgrade; Paragraf (Official Gazette of RS, No. 25/2019). In Serbian. https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html

8 Integrated Biological and Behavioral Study (IBBS). Belgrade; Institute of Public Health of Serbia, 2013

9 Institute of Public Health of Serbia. Report on Communicable diseases in Serbia for 2019. Belgrade; Institute of Public Health of Serbia, 2021
https://www.batut.org.rs/download/izvestaji/Godisnji%20izvestaj%20o%20zaraznim%20bolestima%202019.pdf

10 Joint United Nations Programme on HIV/AIDS (UNAIDS). Country factsheets: Serbia, 2020. Geneva; UNAIDS. https://www.unaids.org/en/regionscountries/countries/serbia (accessed 24 August 2021).

Figure 1. Cascade of HIV testing and treatment coverage of PLHIV in Serbia in 2019



Looking at the cascade of HIV testing and treatment, there is still a need for greater coverage of testing, especially of those at risk of HIV, and to increase the number of people diagnosed with HIV. Also, the coverage of ART for those diagnosed with HIV is unsatisfactory, especially bearing in mind that ART is available to all who have been diagnosed with HIV and that treatment costs are covered by the Republic Health Insurance Fund (RHIF).

The prevalence of HIV in the general population is low and, according to UNAIDS estimates, is less than 0.1%[11]. According to available data, late diagnosis of HIV is an issue in Serbia. Thus, in 2019, HIV was diagnosed at a late stage, i.e. when the initial CD4 cell count is below 350/mm^3, in 60.0% of individuals and in an advanced stage, when the initial CD4 cell count is below 200/mm^3, in 38% of individuals for whom CD4 count data were available at the time of diagnosis. Late diagnosis of HIV results in a poorer response to ART and death. Hence, it is extremely important to diagnose HIV as early as possible. In that sense, the Strategy for Prevention and Control of HIV Infection and AIDS in the Republic of Serbia, for the period 2018-2025, recognises the importance of voluntary confidential counselling and testing (VCCT) for HIV as an intervention that enables early diagnosis of HIV, as well as the importance of HIV prevention programmes for key populations at risk of HIV, especially VCCT community intervention (in places where these populations gather, i.e. are willing to attend)[12].

1.3. 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, and the related Action Plan for 2018-2021[13]. The implementation of programme activities is performed by health institutions

[11] Strategy for prevention and control of HIV infection and AIDS in the period 2018-2025. Official Gazette of the Republic of Serbia, no. 61/2018 available at: https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/%20%20%20strategija/2018/61/%202/reg (accessed 20 August 2021)

[12] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2019 – 2018 data. Stockholm; ECDC, 2019. https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2019.pdf (accessed 24 August 2021).

[13] 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

and other forms of health service, state administration and civil society organisations.

From the beginning in 1985, when the first AIDS cases were diagnosed, there has been a continuity of Governmental commitment to fight against this disease.

On February 17, 2005, the Government adopted the first National Strategy for the Fight against HIV/AIDS which was the legal basis for the implementation of measures in the field of prevention, treatment and support of patients in the period from 2005 to 2010.

In March 2011, the Government adopted the second Strategy on HIV and AIDS for the period 2011-2015 which included activities in the fields of prevention, health and social protection and support for PLHIV through a greater role of local government in responding to HIV and the protection of the human rights of PLHIV and members of marginalised populations at increased risk of HIV; in reducing stigma and discrimination against these groups; improving communication; as well as improving epidemiological surveillance, monitoring, evaluation and reporting. The national strategy was in line with the recommendations and guidelines of the World Health Organization (WHO) and relevant action plans for the European region as defined by international organisations and agencies.

In addition to the funds that the Republic of Serbia invests in the prevention and control of this disease, significant results have been achieved thanks to foreign donors, including UNAIDS, UNDP, the Open Society Foundation (OSF), the European Commission (EC), bi-lateral donors, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The Global Fund is the largest HIV donor in the country and its support has totalled USD29,407,572 between 2003 and 2014[14].

Support from the Global Fund from 2006 to 2014 was fundamental in defining national policy for the HIV response. It made a significant contribution to the treatment of HIV and to general health care for PLHIV. Through the Global Fund allocation, the health system was strengthened by the opening of new regional centres for the treatment of PLHIV in Novi Sad, Nis and Kragujevac. The Global Fund supported the opening of HIV and sexually transmitted infection (STI) counselling centres at regional and district institutes and public health institutes. In addition, numerous trainings were held for various professionals (health and social workers, journalists, field workers, HIV counsellors, etc.), and capacity building was supported for both decision-makers and programme implementers. Epidemiological surveillance and monitoring and evaluation of programme activities have also been improved. Four rounds of integrated bio-behavioural research were conducted in 7 population groups (2008, 2010, 2012 and 2013).

[14] The Global Fund Data Explorer. Serbia, HIV. Geneva: Global Fund to Fight AIDS, TB and Malaria. https://data.theglobalfund.org/investments/grants/SRB/HIV (accessed on 23 March 2021).

Implementation of HIV preventive programmes for key populations were upgraded, PLHIV support was improved, and the scope of HIV counselling and testing was increased. The scope of activities in the field of HIV prevention has been expanded among populations at risk with a special focus on people who use drugs (PWUD), commercial sex workers (CSW), MSM, Roma youth, persons serving criminal sanctions and children/youth under the care of social work centres, as well as a support programme for PLHIV. Activities in the field of human rights protection, communication and social mobilisation in the field of HIV were also realised.

After the completion of the programmes financed by the Global Fund in 2014, Serbia as an upper middle-income country with low disease burden became ineligible for new Global Fund support. Implementation of various preventive and support activities for PLHIV within the response to HIV was reduced by up to ten times as the Government did not allocate funds for HIV preventive programmes performed by CSO's outside of the health care system[15].

In 2015, the country's HIV burden classification went back up to high[16] and the Republic of Serbia once again became eligible for Global Fund support, but only for HIV preventive interventions among key populations that are recognised by the National Strategy but not nationally financed. This contributed to the development and adoption of the third Strategy for the Prevention and Control of HIV and AIDS in the Republic of Serbia for the period from 2018 to 2025, with an action plan for the period from 2018 to 2021 (hereinafter, the Strategy). The Strategy is accompanied by a new plan for monitoring and evaluating the response to HIV (in draft form).

In 2018, the Global Fund allocated funds in the amount of USD1,474,640 to support HIV prevention services among key populations from 2019 to 2022 (grant number SRB-H-MoH 1833)[17]. The condition for Serbia to receive this grant was to ensure increasing financing of services from the national budget during the period 2019-2022. It resulted in the introduction of a specific budget line within the Government budget for HIV programmes of CSO's and the allocation of funds. The programme started on 1 July 2019 and will end on 30 June 2022 (Table 3). In addition, Serbia is also the beneficiary of a sub-grant of USD359,800 from the Global Fund's HIV regional 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 the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network. The Grantee in Serbia is Timok Youth Center (a CSO). Based on the latest Global Find eligibility list of March 2021, Serbia remains eligible for Global Fund support to its national HIV response[18].

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15 Sladjana B. Report on implemented activities within the response to the HIV epidemic in the Republic of Serbia during 2017 with a comparative analysis for the period 2013-2017. Belgrade; Institute of Public Health of Serbia "Dr Milan Jovanovic Batut", 2018). https://www.batut.org.rs/download/izvestaji/HIV%20programske%20aktivnosti%202017.pdf

16 AIDSPAN. Status of transitions from Global Fund support in the EECA region. Nairobi; AIDSPAN, 2 April 2018. https://aidspan.org/fr/c/article/4577 (accessed 25 August 2021).

17 The Global Fund website: https://data.theglobalfund.org/investments/home

18 The Global Fund. Eligibility List 2021. Geneva; The Global Fund, March 2021. https://www.theglobalfund.org/media/10660/core_eligiblecountries2021_list_en.pdf (accessed 25 August 2021).

Table 3. Global Fund allocations for HIV to Serbia, 2003-2019

Principal Recipient	Grant number	Grant start date	Grant end date	Budget
Ministry of Health	SRB-H-MOH	2019-07-01	2022-06-30	USD1,474,640
Ministry of Health	SER-809-G04-H	2009-07-01	2014-09-30	USD6,183,547
Youth of JAZAS	SER-809-G05-H	2009-07-01	2014-06-30	USD3,451,968
Ministry of Health	SRB-607-G03-H	2007-06-01	2012-05-31	USD12,460,312
Economic Institute, Belgrade	SRB-102-G01-H-00	2003-11-01	2007-01-31	USD3,575,210

Program management, financing and coordination

In accordance with the Law on Public Health, the state administration bodies of Serbia actively participate in the provision and implementation of public health in the country. The Ministry of Health, as a state administration body, participates in the management, financing, and coordination of health programmes, including the prevention and control of HIV and AIDS through:

- determining priorities in the field of the health care programme;
- monitoring the implementation of projects and programmes, as well as the effects and results of projects and programmes;
- development of projects and special programmes in the field of the health care programme;
- monitoring and perceiving the social needs of the population;
- establishing cooperation between organisations and service users, as well as cooperation with organisations and associations to address the needs of vulnerable groups;
- drafting proposals for national strategies and programmes;
- monitoring the implementation, effects and results of national strategies and programmes; and,
- cooperation with faculties of health professions; the Republic Health Insurance Fund; and drafting laws, other regulations and acts in the field of public health.

Out of the total amount of 1,668,428,408 dinars, which was allocated for HIV/AIDS in the budget of the Ministry of Health and the Republic Health Insurance Fund (RHIF) for 2019, the amount of 250,226,408 dinars, or 15.0%, was allocated for the prevention programme, while 1,401,447,000 dinars (84.0%) was allocated for diagnosis and treatment. Of the total amount allocated for prevention, the largest part of the funds was for opioid agonist therapy (OAT) (223,543,034 dinars, 13.4%), while 26,683,374 dinars, or 1.6%, were allocated for other areas of prevention (Table 4). Due to the COVID-19 epidemic, the data for 2020 is unavailable.

Table 4. Distribution of budget funds of the Ministry of Health and the National Health Insurance Fund allocated for 2019 according to programme area

Programme area	Funds allocated		%
	Local currency (RSD)	*USD*	
Prevention	26,683,374	247,987	1.60
Opioid substitutional therapy	223,543,034	2,077,537	13.40
Treatment and support to PLHIV	1,401,447,000	13,024,600	84.00
Human rights, stigma and discrimination	950,000	8,829	0.06
Quality standards	402,000	3,736	0.02
Strategic information for action	15,403,000	143,151	0.92
Total	**1,668,428,408**	**15,505,840**	**100%**

In addition to the Ministry of Health and the Republic Health Insurance Fund within the state sector for the management, prioritisation and implementation of programme activities in the field of HIV prevention and control, there is also the Ministry of Defence (RSD45,000,000), the Ministry of Youth and (RSD2,500,000), the Ministry of Justice (RSD8,500,000) and the Ministry of Labour, Employment, Veterans and Social Affairs (RSD3,000,000) (Table 5).

Table 5. Distribution of budget funds allocated for 2019 by Government Ministries

Ministry	Funds allocated		%
	Local currency (RSD)	*USD*	
Ministry of Health and NHIF	1,668,428,408	15,505,840	96.58
Ministry of Defence	45,000,000	418,216	2.61
Ministry of Justice	8,000,000	74,349	0.46
Ministry of Labour, Employment, Veterans and Social Affairs	3,500,000	32,528	0.20
Ministry of Youth and Sport	2,500,000	23,234	0.14
Total	1,727,428,408	16,054,167	100

By the decision of the Government in January 2018, a new Commission for the Fight against HIV/AIDS and Tuberculosis was established ("Official Gazette of RS", No. 5/18, 8/18), which also has the function of the Country Coordinating Mechanism (CCM). The Commission consists of representatives of relevant ministries, health institutions, the Office for Human and Minority Rights, the Health and Family Committee of the National Assembly, associations, representatives of PLHIV and other relevant actors, while representatives of international organisations are observers. In addition to tasks related to monitoring and supervising the implementation of projects from Global Fund grants, as well as developing project proposals and submitting requests for support from the Global Fund, the tasks of the National Commission relate to coordinating,

developing and improving programme implementation, planning, drafting and monitoring documents in the fight against HIV/AIDS and tuberculosis, their harmonisation with relevant international documents in this field, monitoring and evaluation of the national programme and functions related to ensuring transition from Global Fund support to national funding. The role of the Secretariat of the Commission is played by the Ministry of Health. During 2019, three meetings were held whose agenda was related to the planning and implementation of Global Fund projects. There were no other initiatives or activities of the Commission.

During 2019, the Global Fund approved funding in the amount of USD90,000 to finance the activities of the CCM Secretariat within the Ministry of Health. To date, the funds have not been in use and the CCM Secretariat is not functional. In 2020, the National Transition Plan, to guide the transfer from Global Fund support to national funding for the period 2020-2022, was developed within the Global Fund regional project entitled 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia' by CSO's. The document consists of a set of sustainable activities defined under five areas: governance and coordination; optimisation of antiretroviral drug prices; the regulatory environment supporting CSO financing; enrolment of local governments in HIV prevention; strategic information and programmatic data management. The Transition Plan was not presented for consideration by the CCM since the CCM Secretariat was not established and, consequently, the document was not adopted.

Coordination of HIV and AIDS prevention programmes, epidemiologic surveillance and monitoring and evaluation is carried out by the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" within the Department of HIV, hepatitis, STI's and TB through the work of two people, at the same time performing epidemiological surveillance of other STI's as well as other activities in accordance with the Law on Protection of the Population from Infectious Diseases that are not directly related to the prevention and control of HIV/AIDS.

HIV prevention programmes 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 recommendations[19,20].

According to the national consensus from 2018, gay, bisexual and other MSM make up, about 2% of males aged 18-59 years. It is estimated that there are 40,000[21] MSM, regardless of their sexual orientation. UNAIDS also estimates that globally, the risk of becoming infected with HIV was 26 times higher among the MSM population than in the general male population in 2019[22]. As noted above, a concentrated HIV epidemic has been registered among MSM. According to the latest survey in 2013, in Belgrade (the values of key indicators in Belgrade are used as the national average), 8.3% of MSM were living with HIV. Also, about 38% of MSM did not use a condom during last anal sex with a man, and 40% reported that they did not always use a condom with casual partners[23]. According to the same research, HIV prevention programmes included about 51% MSM, but only 36% of them were counselled and tested for HIV in the last 12 months.

MSM are one of the most stigmatised groups in Serbia. 9% of MSM have reported experiencing discrimination in the form of denial of services due to sexual orientation, and for fear of revealing their sexual orientation, with as many as 19% of MSM in Belgrade having given up seeking medical help. Furthermore, about half of MSM self-stigmatise and 27% have been victims of physical violence, most often by an unknown person[24].

Due to their work, Commercial Sex Workers (CSW) are repeatedly marginalised and stigmatised, both at the level of cultural norms and at the level of legislation that punishes this type of behaviour. According to UNAIDS estimates in 2019, the risk of HIV infection among sex workers was 30 times higher than in the general population[25]. The prevalence of HIV among this group in Serbia is below 2%. According to the latest survey among sex workers in 2013 in Belgrade (which, according to UNAIDS, is taken as the national average), about 91% used a condom with their last client, but about 73% have always used a condom with clients during the month preceding the survey.

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

20 Ibid.

21 UNAIDS Country factsheets, Ibid.

22 UNAIDS. Global HIV & AIDS statistics —Fact sheet. Geneva; UNAIDS. https://www.unaids.org/en/resources/fact-sheet (accessed 24 May 2021)

23 Meskovic D. Assessment of the prevalence of HIV infection and hepatitis C and the frequency of risky behaviors among men who have sexual relations with men in Belgrade, Novi Sad and Kraguevac. In: Ilić D, Cucić V, Baroš S, Simić D, Mitić K, Dinić AM (eds.). Research among populations at increased risk of HIV and among people living with HIV: basic results, 2013. Belgrade; Institute of Public Health of Serbia "Dr Milan Jovanović Batut", 2014

24 Ibid.

25 UNAIDS, Ibid.

Coverage of VCCT among CSW's decreased from 5% and 7% in 2015 and 2016, respectively, to 2.5% in 2019 [26].

Among CSW, about 30% are infected with hepatitis C, which corresponds to the ratio of CSW who inject drugs (about 32%) and 36% of CSW have been exposed to physical violence; in addition, about 60% have experience related to stigma and discrimination, i.e. self-stigma [27].

People who use drugs (PWUD) include those who inject psychoactive substances for non-medical purposes. According to the latest estimate from 2014, it is estimated that there are about 20,000 PWUD Serbia [28]. According to UNAIDS estimates from 2018, the risk of PWUD becoming infected with HIV in 2019 was 29 times higher than the general population [29]. According to the latest survey from 2013 in Belgrade (the values of key indicators in Belgrade are taken as the national average), less than 2% of PWUD were living with HIV and about 61% had hepatitis C[30]. Research has shown that such risks are still present. About 17% of PWUD did not use sterile utensils during their last injection, while about 68% did not use a condom during their last sexual intercourse. Only 14.5% were covered by a harm reduction programme, while 19% of them were counselled and tested for HIV, which indicates low programme coverage. Although a high percentage of PWUD have reportedly attempted to reduce their use of psychoactive substances (PAS) in the period of one year preceding the research, only 2.9% of PWUD in Belgrade applied for OAT. Most of them (about 80%) have tried to reduce their use of PAS on their own [31]. In addition, 76% of PWUD at the time of the survey were unemployed and about 37% did not have a certified health card in their own name. Prevention programme coverage among PWUD is continuously low. VCCT coverage ranges from 1% in 2015 to 2% in 2019 and needle and syringe exchange from 2% in 2015 to 2.5% in 2019. However, coverage of OAT has increased from 20% in 2015 to 30% in 2019.

According to the UNAIDS estimate for 2019, transgender people have 13 times greater risk of contracting HIV than people aged 15-49 years in the general population [32]. Among transgender people in Serbia, no specific research has been undertaken to help assess the size of this population, nor its risk of HIV. Indirectly, according to research conducted among sex workers, it is assumed

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[26] Baros S. The report on implemented activities in the framework response to the HIV epidemic in the Republic Serbia during 2019 with comparative analysis for the period 2015 – 2019. Public Health Institute of Serbia. Beograde, 2020. https://www.batut.org.rs/download/izvestaji/zvestaj2019HIV.pdf

[27] Bogdanka C. Assessment of the incidence of HIV infection and hepatitis C among sex workers in Belgrade and Novi Sad and their risky behaviors. In Ilić D, et al, Ibid.

[28] Mravcik V, Sopko B. Summary of PDU estimates in Serbia. Belgrade; Institute of Public Health of Serbia" Dr Milan Jovanovic Batut", 2014. Unpublished.

[29] Global HIV & AIDS statistics, Op.cit.

[30] Ilić D, Cucić V, Baroš S, Simić D, Mitić K, Dinić A, editors. Research among populations at increased risk of HIV and among to people living with HIV: basic results, 2013. Institute of Public Health of Serbia "Dr Milan Jovanović Batut", Belgrade: 2014.

[31] Mickovski N.. Estimation of prevalence of infections caused by HIV and hepatitis virus among injecting drug users in Belgrade and Novi Sad. In: Ilić D, et al, Op.cit.

[32] Global HIV & AIDS statistics, Op.cit.

that transgender sex workers are at increased risk given that most sex workers living with HIV are gender-identified as transgender. Transgender people have been, to a limited extent, reached through prevention programmes implemented for MSM or sex workers, i.e. the VCCT service; transgender people did not exceed 1% of those covered by specific services. In addition, transgender people are exposed to various forms of structural, but also physical, and other forms of violence, all factors contributing to an increased risk of HIV[33].

Individuals serving a criminal sanction have been identified by UNAIDS as a key population at risk of HIV. Given the behaviour of some people serving a criminal sanction according to the results of the latest research, there is a risk of contracting HIV. 36% of such people used a condom during their last sexual intercourse with an irregular partner. About 19% of such respondents injected drugs and 31% shared a syringe and/or needle. Only 13% of respondents correctly identified places where they can be counselled and tested for HIV, while 21% had been tested for HIV in the last 12 months. About 10% of such people self-reported being having hepatitis C[34].

Support programmes are being implemented among PLHIV. In addition to improving the overall quality of life of such people, these programmes seek to reduce risky behaviours and to improve adherence to prescribed ART. A successful response to ART, which involves reducing the blood viral load to an undetectable level, reduces the risk of further transmission of HIV. According to research, adherence to ART is stable among PLHIV at about 60%[35]. According to the research, the use of condoms during the last sexual intercourse was reported by about 74% of PLHIV. According to a 2017 survey[36], about 88% of PLHIV used condoms during their last sexual intercourse with an occasional partner. PLHIV are exposed to a high degree of stigma and discrimination with only about 4% openly stating their HIV status, while the rest mostly hide their status[37]. The main reason for hiding their status is to manage the risk of discrimination, i.e. an effort to avoid the same. About 22% of PLHIV believe that they have experienced some form of discrimination and, among them, about 40% report that they have not received any services in social or health care institutions[38]. In general, research indicates that PLHIV most often experience discrimination in health care institutions, which is somewhat to be expected given that they are referred to these institutions and that their initial contact is with health care workers, often without the possibility of hiding their HIV status. According to research, as many as 41% of health workers show discriminatory attitudes towards PLHIV. Support programmes, which should contribute to the strengthening of PLHIV and deliver training to protect them, are provided for many years without interruption. According to

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33 Rhodes T, Simic M, Baros S, Platt L, Zikic B. Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study. BMJ. 2008 Jul 30;337:a811. doi: 10.1136/bmj.a811. PMID: 18667468; PMCID: PMC2492575.

34 Zivkovic MS. Research on risky behaviors and risk factors for HIV and other sexually transmitted infections among persons serving criminal sanctions. In: Ilić D, et al, Op.cit.

35 Krtinić G. A study to assess the quality of life of people living with HIV. In: Ilić D, et al, Op.cit.

36 Baroš S.. Community Support Service for People Living with HIV: Outcome Assessment. Belgrade; USOP, 2018.

37 IBaroš S., Ibid.

38 Opacic G.. Research of attitudes, knowledge and behavior of health workers in relation to HIV. Belgrade; IJZS, 2015.

the Institute of Public Health of Serbia report, coverage dropped sharply after the termination of the Ministry of Health programme financed by the Global Fund in 2014, only to increase significantly again in 2016[39]. From October 2019, these programmes have been supported by the Ministry of Health through co-financing from the Global Fund.

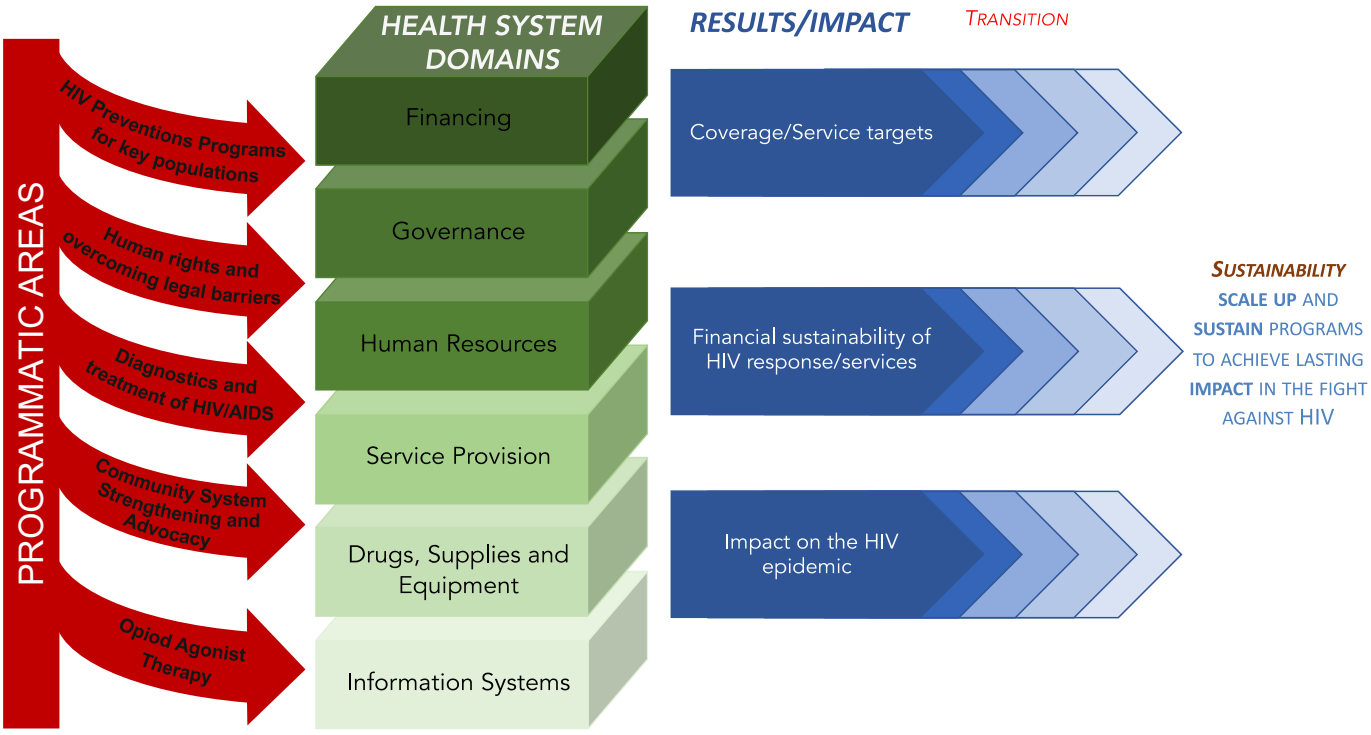
[39] Baroš S.. Report on implemented activities within the response to the HIV epidemic in the Republic of Serbia during 2017.

2.Methodology

The aim of this analysis is to assess the fulfilment of HIV-related sustainability commitments given by the Government of Serbia 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.

The assessment was performed using the *Transition and Monitoring Guide*[40] 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 in 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 1).

Figure 2. Conceptual framework for data collection and analysis



The study process was as follows:

a) Identification of key public commitments related to the HIV response through a desk review of available documents. The commitments were derived from Strategic documents endorsed by the Government of Serbia, documents submitted by the Government within the funding request to the Global Fund and documents developed within the Regional Global Fund project implemented by the consortium of organisations from the Eastern Europe and Central Asia (EECA) region, including the National Strategy for HIV Prevention and

[40] Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius; Eurasian Harm Reduction Association, 2020. https://harmreductioneurasia.org/tmt/ (accessed 25 August 2021).

Control,. 2018-2021, with an Action Plan for the period 2018-2021; Regulation of the Programme of Health Protection of the Population from Infectious Diseases; the National Transition Plan from Global Fund support to national funding; the Abuse Prevention Strategy; a Letter of Commitment of the Ministry of Health to the Global Fund signed 27 April 2018; and the National Youth Strategy.

Prioritisation of commitments were performed based on the guidelines according to the National Reference Group assessment of relevance to the programme, relevance in terms of sustainability, implementation status so far and availability of data.

b) The National Reference Group was composed of 8 representatives of different governmental and non-governmental sectors involved in HIV programme planning and implementation.

c) Data collection and data analysis were based on the TMT. As the part of the analysis, transitional scores were calculated for each commitment by health system domains and by programmatic area.

The scoring has been conducted in accordance with the Legend, with description of scoring definitions as shown below, as specified in the TMT:

Table 6. Legend with description of scoring definitions

Definition of Sustainability	*Description*	*Achievement Percentile*		*Colour code*
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and/or baseline.	85%	100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and/or baseline.	70%	84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and/or baseline.	50%	69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and/or baseline.	36%	49%	Orange
Fairly low progress	A fairly low degree of progress in fulfilling the commitments regarding planned indicators and/or baseline.	26%	35%	Light red
Low progress	Low degree of progress in fulfilling the commitments regarding planned indicators and/or baseline.	0%	25%	Red

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. In the absence of data for 2020 or 2021, data from 2019 was used.

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, the Chamber of Social Workers, and others.

There were several limitations to the analysis. First, 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 achievement of one year, since the process of data collection for 2020 was not finalised by the time this report went to press. Finally, 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.Results

3.1. *Transition and impact on the epidemic*

An increasing trend of newly diagnosed HIV cases has been apparent in Serbia over the last ten years, from 149 diagnosed in 2010 to 210 in 2019. In addition, there has been a decreasing trend of AIDS mortality, with 26 people in 2010, making a mortality rate of 0.31 per 100,000, while 21 died in 2019 with a corresponding mortality rate of 0.26 per 100.000[41].

Coverage with HIV prevention programmes implemented by CSOs has slightly increased among the MSM population, from 2% in 2015 to 6.5% in 2019 of the estimated size of the MSM population in Serbia. Coverage VCCT among CSW's decreased from 5% in 2015 to 2.5% in 2019. Coverage with prevention programmes for PWUD continues to be low, with HIV testing coverage ranging from 1% in 2015 to 2% in 2019, and coverage with needles and syringes exchange programmes from 2% in 2015 to 2.5 % in 2019[42].

In addition, the percentage of PWID living with HIV has increased. An increasing trend was also noticed related to enrolment of PLHIV in treatment and the level of viral suppression of PLHIV on treatment.

Table 7. The impact and outcome indicators of the HIV epidemic in Serbia[43,44]

Indicator	Baseline	(Baseline year)	Target 2019	Target 2020	Target 2021	Data 2019
Number of new HIV infections	180	2018	150	100	50	210
Number of deaths due to AIDS per 100,000 population	0.34	2018	0.28	0.22	0.14	0.26
Increase in coverage of HIV testing of key populations	0.02	2018	0.11	0.16	0.24	0.05
Share of PWID among PLHIV	0.02	2018	0.02	0.02	0.01	0.03
Increase in coverage of PLHIV with treatment	0.28	2018	0.3	0.36	0.42	0.66
Increased share of PLHIV who are virally suppressed	0.57	2018	0.59	0.61	0.65	0.60

41 Report on communicable diseases in Republic of Serbia for 2019. Institute of Public Health of Serbia. Beograde. 2021. Available at:
https://www.batut.org.rs/download/izvestaji/Godisnji%20izvestaj%20o%20zaraznim%20bolestima%202019.pdf

42 Ibid.

43 Ibid.

44 Baros. S. Report on implemented activities within the response to the HIV epidemic in the Republic of Serbia during 2019 with a comparative analysis for the period 2015-2019. Years. Institute of Public Health of Serbia. Beograde. 2020

3.2. Achievement by health system domains

During the prioritisation process, an initial list of commitments related to programme financing was reduced. Commitments related to increasing the budget for HIV/AIDS Prevention in the Republic of Serbia through Antiretroviral (ARV) Drugs Price Optimisation was not selected since it was defined by the National Transitional Plan, and still not endorsed by the CCM. The commitment related to financing of support programmes for PLHIV was integrated within the commitment concerning the financing of programmes among key populations.

Commitments related to drugs, supply and equipment were changed by the National Reference Group members. Four 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 delivery were reduced by reducing commitments concerning OAT.

The commitments related to governance were reduced in terms of a reduction to the development of the OAT protocol and standards for providing OAT services in the community.

The number of information systems-related commitments was increased by CSO's concerning the optimisation and digitalisation of CSO reporting documentation.

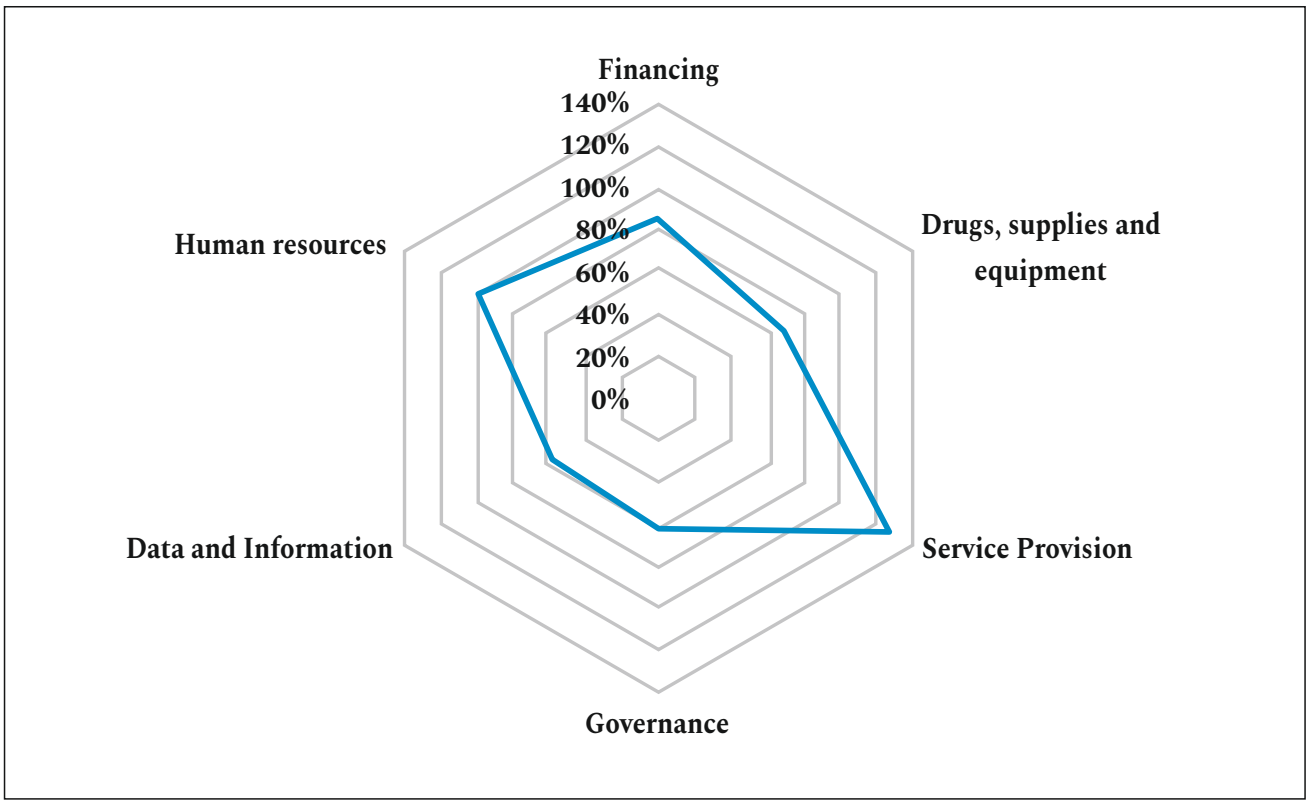
The commitment related to human resources was not changed.

Overall, with regards to health system domains, significant progress was observed in the commitments related to service provision and human resources; average progress in commitments related to drugs, supplies and equipment and data and information; moderate progress in financing; while fairly low progress in governance (Table 8, Figure 2).

Table 8. Overall evaluation of the commitments by health system domain

No.	Health System Domain	Average performance by domain (%)	Final evaluation
1	Financing	87%	Moderate progress
2	Drugs, supplies and equipment	68%	Average progress
3	Service provision	127%	Significant progress
4	Governance	61%	Fairly low progress
5	Data and information	58%	Average progress
6	Human resources	100%	Significant progress

Figure 2. Overall achievement of commitments by health system domain



3.2.1. Financing

Out of two prioritised commitments related to financing, the commitment to increasing funding of HIV prevention programmes in key populations at risk was overachieved, while there was no progress in ensuring the financing of PEP and PrEP by the National Health Insurance Fund. Even though overinvestment in the first commitment has led to substantial progress for the health financing domain (87%), the government has failed to make any investment in one commitment and, therefore, progress of the financing domain was downgraded to 'Moderate' (Table 9).

Table 9. List of commitments related to financing and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 1	**Financing**			**87%**	**Substantial progress**	**Moderate progress**
D.1.1.	Increasing funding of HIV prevention programmes for key populations at risk	HIV Prevention	173%			Despite the fact that overinvestment in the first commitment has led to substantial progress for the health financing domain, the government has failed to make any investment in its second commitment, hence the overall progress was downgraded to 'Moderate'.
D.1.2.	Ensure financing of PEP and PrEP by the National Health Insurance Fund	HIV Prevention	0%			

3.2.2. Drugs, supplies and equipment

Out of five commitments related to drugs, supplies and equipment, the commitment to access new registered ARV drugs was overachieved (three new drugs were registered in Serbia in 2019 while four generic drugs were registered in 2021). Two commitments for the regular procurement of quality assured needles and syringes, condoms and lubricants were achieved, while there was no progress in two related to prevention of stock-outs of needles and syringes and condoms and lubricants (Table 10). Overall, there was average progress in the health system domain of drugs, supplies and equipment.

Table 10. Commitments related to drugs, supplies and equipment and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 2	**Drugs, supplies and equipment**			**68%**	**Average progress**	**Average progress**
D.2.1.	Ensure access to new registered ARV drugs	HIV Treatment	140%			The Government has been successful in allocating funds for procurement earlier than the date committed. However, a particular concern are stock-outs reported each year.
D.2.2.	Ensure regular procurement of quality assured needles and syringes	HIV Prevention	100%			
D.2.3.	Ensure prevention of stock-outs of needles and syringes	HIV Prevention	0%			
D.2.4.	Ensure regular procurement of quality assured condoms and lubricants	HIV Prevention	100%			
D.2.5.	Ensure prevention of stock-outs of condoms and lubricants	HIV Prevention	0%			

3.2.3. Service Provision

Out of six commitments related to service provision presented in Table 7, significant progress has been observed in all areas for the provision of VCCT for HIV, other STIs and hepatitis for key populations at risk; the provision of support programmes for PLHIV; the improvement of existing, and creation of new, prevention programmes for key populations at risk and availability of programmes for the prevention of STI's, HIV/AIDS and the preservation of reproductive health in the youth population; while there was no progress in ensuring access to PrEP by key populations at risk.

Table 11. Commitments related to service provision and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 3	**Service Provision**			**127%**	**Significant Progress**	**Significant Progress**
D.3.1.	Provide VCT for HIV, other STIs and hepatitis for key populations at risk	HIV Prevention	230%			Significant progress has been observed in all areas of service provision except PrEP.
D.3.2.	Provide support programmes for PLHIV	HIV Prevention	120%			
D.3.3.	Improved existing, and creation of new, prevention programmes for key populations at risk	HIV Prevention	128%			
D.3.4.	Ensure access to PrEP for key populations at risk	HIV Prevention	0%			
D.3.5.	Improved availability of programmes for the prevention of STIs, HIV/AIDS and the preservation of reproductive health in the youth population	HIV Prevention	133%			
D.3.6.	Improved availability of HIV prevention programmes for youth	HIV Prevention	151%			

3.2.4. Governance

Out of six commitments related to governance, progress was made in only two areas concerning the development of standards for providing HIV preventive services in the community for key populations at risk and revision of existing regulations to implement innovative prevention and support services for human rights related to HIV. In 4 areas related to the preparation of national treatment protocol for HIV/AIDS, the development of a PrEP protocol, certification of preventive service providers in line with the developed standards, and the development of new guidelines for the testing of HIV, STIs and hepatitis, no progress has been observed. Despite the average progress rating of 61%, progress in the governance domain was downgraded to 'fairly low' (Table 12).

Table 12. Commitments related to governance and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 4	**Governance**			61%	**Average progress**	**Fairly low**
D.4.1.	Prepare national treatment protocol for HIV/AIDS	HIV Treatment	0%			Despite the average progress rating, this is driven by progress in only two areas, while in 4 out of 6 areas, no progress has been observed. Therefore, achievement is assessed as fairly low overall.
D.4.2.	Development of PrEP protocol	HIV Prevention	0%			
D.4.3.	Develop standards for providing HIV preventive services in the community for key populations at risk	HIV Prevention	100%			
D.4.4.	Certification of preventive service providers in line with the developed standards	HIV Prevention	0%			
D.4.5.	Revision of existing regulations in order to implement innovative prevention and support services with respect for human rights related to HIV	Human Rights	267%			
D.4.6.	Develop new guidelines for testing of HIV, STIs and hepatitis	HIV Prevention	0%			

3.2.5. Data and Information

Out of 4 commitments related to data and information, progress was made in three. One was achieved (an IBBS was implemented); there was substantial progress in one related to development and adoption of the national M&E plan for HIV/AIDS; average progress was made in ensuring the implementation of periodic impact and outcome evaluations of the HIV programme; while there was no progress in the optimisation and digitalisation of CSO reporting documentation. Therefore, average progress overall of the data and information health system domain (Table 13).

Table 13. Commitments related to data and information and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 5	**Data and Information**			58%	**Average progress**	**Average progress**
D.5.1.	Development and adoption of the national M&E plan for HIV/AIDS	HIV Prevention	80%			
D.5.2.	Ensure implementation of periodic IBBS among key populations	HIV Prevention	100%			
D.5.3.	Ensure implementation of periodic impact and outcome evaluations of the HIV programme	HIV Prevention	50%			
D.5.4.	Optimisation and digitalisation of CSO reporting documentation	HIV Prevention	0%			

3.2.6. Human resources

Significant progress was made in commitments related to human resources (Table 14).

Table 14. Commitment related to human resources and their achievement

No.	Health System Domain	Programmatic Area	Analysis	Average Performance by Area	Evaluation	Final evaluation
D 6	**Human resources**			**100%**	**Significant progress**	**Significant progress**
D.6.1.	Trainings of HCW and CSO staff on HIV programmatic issues	HIV Prevention	100%			Given the data for 2020 and 2021 are not yet available, and the achievement made in 2019 is rated as significant progress, it is suggested that the final rating of the domain is 'significant progress'.

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.

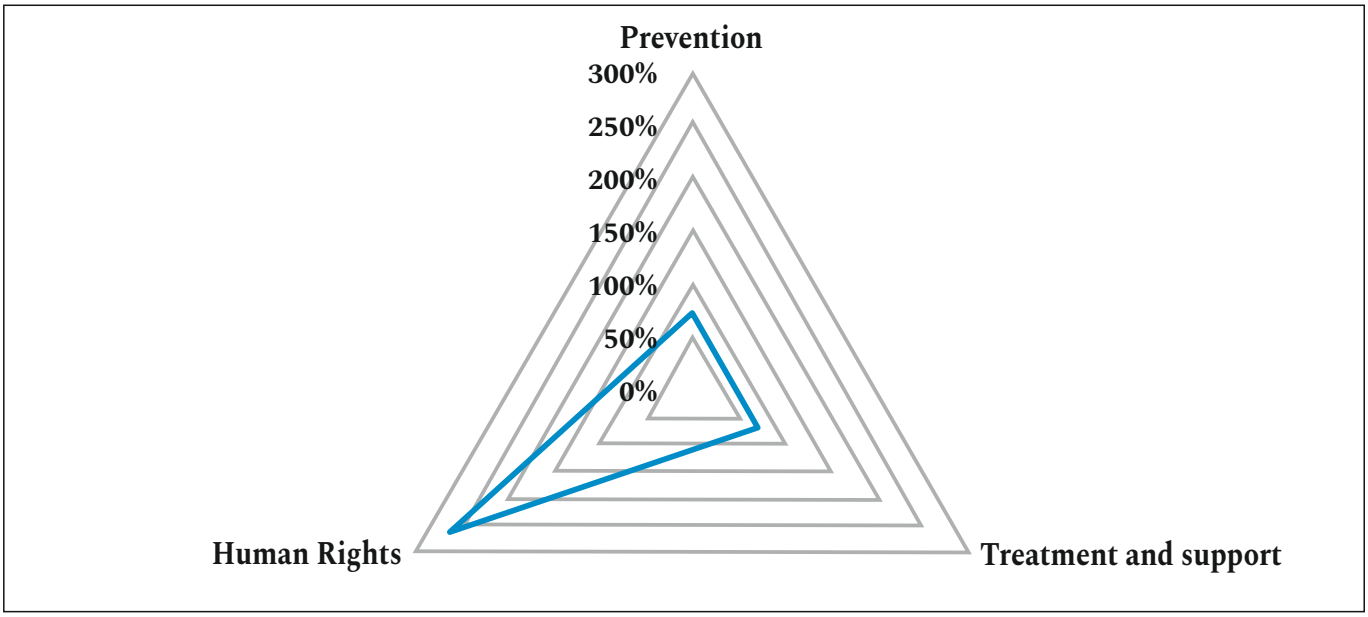
All achievements by programmatic area are summarised in Table 15 and Figure 3, below.

Significant progress was made with respect to human rights related to revision of existing regulations to implement innovative HIV prevention and support services, while substantial progress made in commitments related to HIV prevention, treatment and support.

Table 15. Overall evaluation of commitments by programmatic area

No.	Programmatic Area	Achievement performance by programmatic area (%)	Final evaluation
1.	Prevention	75%	Substantial progress
2.	Treatment and support	70%	Substantial progress
3.	Human Rights	267%	Significant progress

Figure 3. Overall achievement of commitments by programmatic area



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 for HIV testing and HIV prevention commodities.

Among 21 commitments related to HIV prevention, and prioritised in this assessment, significant progress was made in more than half of them, i.e. 11 (52%) commitments; substantial progress with 1 commitment (4.7%); and average progress in another one (4.7%); while low progress was noted in more than one-third (38%) of commitments in all domains except human resources (Table 16).

Table 16. Achievement of commitments related to prevention according to health system domain

No.	Commitment	Health System Domain	Final evaluation
1.	Increasing funding of HIV prevention programmes for key populations at risk	Financing	Significant progress
2.	Ensure financing of PEP and PrEP by the National Health Insurance Fund	Financing	Low progress
3.	Ensure regular procurement of quality assured needles and syringes	Drugs, supplies and equipment	Significant progress
4.	Ensure prevention of stock-outs of needles and syringes	Drugs, supplies and equipment	Low progress
5.	Ensure regular procurement of quality assured condoms and lubricants	Drugs, supplies and equipment	Significant progress
6.	Ensure prevention of stock-outs of condoms and lubricants	Drugs, supplies and equipment	Low progress

No.	Commitment	Health System Domain	Final evaluation
7.	Provide VCT for HIV, other STIs and hepatitis for key populations at risk	Service Provision	Significant progress
8.	Provide support programmes for PLHIV	Service Provision	Significant progress
9.	Improved existing, and creation of new, prevention programmes for key populations at risk	Service Provision	Significant progress
10.	Ensure access to PrEP for key populations at risk	Service Provision	Low progress
11.	Improved availability of programmes for the prevention of STIs, HIV/AIDS and the preservation of reproductive health in the youth population	Service Provision	Significant progress
12.	Improved availability of HIV prevention programmes for youth	Service Provision	Significant progress
13.	Development of a PrEP protocol	Governance	Low progress
14.	Develop standards for providing HIV preventive services in the community for key populations at risk	Governance	Significant progress
15.	Certification of preventive service providers in line with developed standards	Governance	Low progress
16.	Develop new guidelines for testing of HIV, STIs and hepatitis	Governance	Low progress
17.	Development and adoption of a national M&E plan for HIV/AIDS	Data and information	Substantial progress
18.	Ensure implementation of periodic IBBS among key populations	Data and information	Significant progress
19.	Ensure implementation of periodic impact and outcome evaluations of the HIV programme	Data and information	Average progress
20.	Optimisation and digitalisation of CSO reporting documentation	Data and information	Low progress
21.	Training of HCW and CSO staff on HIV programmatic issues	Human resources	Significant progress

The funding of HIV preventive programmes for key populations has significantly increased due to Government co-financing during the period of implementation of the Global Fund grant (number SRB-H-MoH 1833) from 2019 to 2021, from USD72,468.61 to USD270,852.94[45].
However, there was no progress regarding commitments to financing PEP and PrEP, respectively, by the National Health Insurance Fund.

3.3.2. Treatment and Support

Among the commitments prioritised within this assessment related to treatment and support, significant progress was made concerning drugs, supplies and equipment due to increased access to newly registered ARV drugs, while there was no progress in governance, i.e. the preparation of a national treatment protocol for HIV/AIDS (Table 17).

[45] Law on the Budget of the Republic of Serbia for 2019, 2020, 2021.
https://www.paragraf.rs/propisi/zakon-o-budzetu-republike-srbije-za-2021-godinu.html
http://www.parlament.gov.rs/upload/archive/files/cir/pdf/zakoni/2019/BUDZET%202020.pdf
http://www.parlament.gov.rs/upload/archive/files/cir/pdf/zakoni/2018/budzet%202019.pdf

Table 17. Achievement of the commitment related to treatment and support

No.	Commitment	Health System Domain	Final evaluation
1.	Ensure access to newly registered ARV drugs	Drugs, supplies and equipment	Significant progress
2.	Prepare a national treatment protocol for HIV/AIDS	Governance	Low progress

3.3.3. Human Rights

Commitments related to the 'human rights' programmatic area within this assessment saw significant progress made in the governance domain (Table 18) since four laws relevant to human rights were revised in 2020 and 2021: the Law on Population Protection from Communicable Diseases; 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.

Table 18. Achievement of the commitment related to human rights

No.	Commitment	Health System Domain	Final evaluation
1.	Revision of existing regulations in order to implement innovative prevention and support services with respect to human rights related to HIV	Governance	Significant progress

Finally, commitments related to community system strengthening and advocacy components were not identified in the initial priority list. The initial list of commitments and prioritised commitments, together with the source document from which commitments were selected, are presented in Annex 1.

4.Discussion

Although the strategic goal of the country is to reduce the number of HIV infections and HIV related mortality, the data collected shows a significant increase in the number of newly diagnosed HIV infections in the last ten years, from 149 diagnosed in 2010 to 210 in 2019, while a decreasing trend of AIDS related deaths. In 2010, 26 people died of AIDS, making a mortality rate of 0.31 per 100,000, while 21 people died in 2019 with a corresponding mortality rate of 0.26 per 100.000.

In addition, we found increased coverage of PLHIV enrolled in treatment, rising from 58% in 2016 to 66% in 2019 and an increased share of PLHIV who are virally supressed from 53% in 2016 to 60% in 2019, reflecting efforts made to improve case detection, linkage to care and case management[46]. Bearing in mind the higher UNAIDS estimates of the HIV burden in Serbia and the programmatic goals of the National Strategy , further efforts by governmental institutions and CSOs are needed to increase testing coverage, linkage to care, as well as support for adherence to treatment of PLHIV.

There has been increased funding of HIV prevention programmes for key populations at risk from 2019 to 2021, from USD72,468.61 to USD270,852.94, within the budget of the Republic of Serbia, while no funding has been provided for PEP and PrEP by the government, although, as of September 2015, WHO recommended that people at significant risk of HIV should be offered PrEP as part of combination prevention approaches and the Government committed to this in the Strategic document[47]. It would be good in the forthcoming period to facilitate collaboration between public health experts, clinicians, the Advisory Committee for Communicable Diseases of the Ministry of Health, community organisations and networks, within the initiative and under the umbrella of the CCM (National Committee for HIV/AIDS and tuberculosis), to develop guidelines for PrEP, criteria for offering PrEP and to make a proposal to the National Health Insurance Fund to expand the indications of the already registered ARV drugs to be used for PrEP. This would enable clinicians to prescribe PrEP.

Regarding commitments related to drugs, supply and equipment, the Government has been successful in ensuring access to newly registered ARV drugs and in allocating funds for the procurement of commodities earlier than the committed date. However, a particular concern is stoc-out reported each year since there were delays in procurement by the Ministry of Health. Additionally, in interviews for this assessment, CSO's have reported on the low quality of condoms, needles and syringes procured which has led to problems in programme implementation by such CSOs. Sometimes, CSOs have used equipment funded by other programmes to bridge the implementation gap. Therefore, it is recommended that CSOs procure commodities themselves,

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[46] Saag MS, Gandhi RT, Hoy JF, Landovitz RJ, Thompson MA, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2020 Recommendations of the International Antiviral Society-USA Panel. JAMA. 2020 Oct 27;324(16):1651-1669. doi: 10.1001/jama.2020.17025.

[47] World Health Organization (WHO). WHO Implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection. Module 5: Monitoring and evaluation. Geneva; WHO, 2018. https://apps.who.int/iris/bitstream/handle/10665/279834/WHO-CDS-HIV-18.10-eng.pdf (accessed 27 August 2021).

since such action is allowed by the national Law on Public Procurement, under a supervision mechanism to monitor non-governmental organisation (NGO) procurement of commodities by the Government.

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 period available.

Commitments were assessed as 'fairly low' in terms of governance. There was no progress in the development of a national HIV treatment protocol which was supposed to be developed by HIV clinicians by 2020. There were many initiatives to facilitate the HIV experts to develop the national treatment protocol since it was recognized as one of the strategic activities. As per statements of such clinicians, the guidelines of the European AIDS Clinical Society are currently in use. However, treatment protocols are not publicly available. New guidelines for the testing of HIV, STIs and hepatitis are still under development after almost two years, while the PrEP protocol for has not yet been initiated.

Standards for providing community-based HIV prevention services for key populations were developed by relevant experts. Certification of preventive service providers in line with the developed standards, although recognised by the national strategy, is a great challenge due to resistance of 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 preventive programmes.

This assessment found that the revision of existing regulations to implement innovative prevention and support services with respect for human rights related to HIV to have been overachieved. For example, it was planned to revise one legal document in the period 2019-2021, whilst four were revised in accordance with human rights principles and specified PLHIV issues, i.e. the Law on Population Protection from Communicable Diseases – Rulebook on the conditions and manner of dealing with the remains of the patient after death; Amendments to the Law on Prohibition of Discrimination; the Law on Same-Sex Communities; and the Gender Equality Law.

Although the number of legislative acts adopted does not express the status of human rights related to HIV in the country, analysis of the legislation in Serbia indicates that there are ways to protect the interests of vulnerable people; qualitative studies performed in Serbia have demonstrated that this is not used properly by them.

Qualitative studies performed in 2018 and 2019[48] analysed the extent to which PLHIV recognised violations of their rights and how much they are familiar with the existing system for exercising their rights. 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. There are multiple reasons for this situation including a lack of knowledge on legal procedures; the negative experience of others, implying that change is impossible; a lack of trust in the system; fear of public disclosure of their HIV status; fear of the consequences to their private and professional life of the further spreading of information on their HIV status, etc. Hiding their HIV status is the main mode of protection from stigma and discrimination as perceived by PLHIV. In addition, all of the procedures that would be applied should their rights be violated is what puts PLHIV at risk of jeopardising their basic means of protection, i.e. the disclosure of their HIV status resulting in stigmatisation, which leads to further discrimination. Regarding their obligations, the only one recognised is the ban on the transmission of HIV, which is perceived by PLHIV as a problem due to the obligation to communicate their HIV status to sexual partners and/or to use condoms.

Therefore, in future, 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 for them. In addition, PLHIV should be encouraged by CSOs to use existing government mechanisms, as well as possibilities within CSOs, to ensure respect for human rights when disclosing their HIV positive status.

In this assessment, average progress of data and information commitments was found since some of the commitments were not fully implemented. The National M&E Plan of the National HIV Strategy was developed by the Public Health Institute of Serbia in 2018 for 2019 to 2021, but it was not adopted by the Government. However, 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 draft M&E Plan.

[48] Baros S. Perception of Discrimination and Legal Response to it from the Perspective of People Living with HIV: Qualitative Study. Belgrade; Philanthropy, Serbian Orthodox Church, 2020.

In addition, one IBBS was implemented in 2021 after 8 years, and the results are currently being finalised. The strategic document includes plans to perform impact and outcome evaluations of the programme, with a budget already allocated and a person nominated for the implementation of this activity.

The Public Health Institute established a digital programmatic reporting system more than 10 years ago. However, it has been noticed by CSOs that the forms are too extensive and that part of the data is not analysed, processed and shared with programme implementers. The optimisation of CSO reporting documentation is an activity that has not yet been implemented by the Public Health Institute.

Overachievement has resulted in the human resources sector, i.e. trainings of health care workers and CSO staff on HIV programmatic issues. Given the findings of this assessment within the other health system domains, there is still a need for continuous education of governmental and CSO staff regarding all programmatic issues.

Finally, although the commitments related to community system strengthening and advocacy were not identified in the initial priority list, given the overall results of this assessment, it is necessary to include them in future strategic documents, analyses, assessments and capacity building activities.

5.Conclusions and recommendations

The present analysis is one of the first attempts 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 data collected shows a significant increase in the number of people newly diagnosed with HIV while a decrease in AIDS-related deaths.

This study has examined the transition process by health system domains and programmatic areas. Overall, in terms of health system domains, significant progress was achieved in service delivery and human resources, average progress in drugs, supplies and equipment as well as with data and information, while moderate progress has been achieved in health financing and fairly low progress in governance. With respect to programmatic areas, significant progress has been made in respect of human rights, while there has been substantial progress in the commitments to prevention, treatment and support.

Given the focus of this assessment – HIV programmes for key populations - further efforts needed by the Government of Serbia have been identified to allocate funding for evidence-based HIV prevention programmes and the provision of support services through CSOs and community organisations.

In the forthcoming period, it is recommended that:

- Public Health Institutes and CSOs increase HIV testing coverage, linkage to care, as well as support to treatment adherence by PLHIV;
- the Ministry of Health maintain sustainable governmental funding of the HIV prevention programme after the completion of the Global Fund grant, including funding for the procurement of quality assured commodities, such as needles, syringes, condoms and lubricants by CSOs under government supervision and to ensure supply without stock-outs;
- the functionality of the CCM be established by the Ministry of Health by the end of 2021;
- the National M&E Plan for HIV/AIDS be adopted;
- the Government Committee for HIV/AIDS and tuberculosis adopt the Transition Plan from Global Fund support to national funding for the period 2020-2022;
- collaboration between HIV experts, community organisations and networks, implementers, researchers, and partners from the country be facilitated under the umbrella of the CCM (National Committee for HIV/AIDS and tuberculosis) to develop PrEP guidelines, criteria for offering PrEP and to make a proposal to the National Health Insurance Fund to allocate funds and expand the indications of the already registered ARV drugs to be used for PrEP;
- public health experts and clinicians develop new guidelines for testing of HIV, STIs and hepatitis, and a treatment protocol for HIV/AIDS, by the end of 2021;

- a governmental certification body be established to perform certification of CSOs who provide HIV preventive services outside of the health care system, in line with the developed standards of preventive services;
- awareness of PLHIV be increased related to anti-discriminatory laws and modalities for human rights protection and 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 for them;
- funding be provided for, and periodic studies be implemented at least every three years, which allow for the monitoring and evaluation of the HIV situation in the country, namely, an IBBS among key populations, and evaluation of the impact and outcomes of the HIV programme;
- optimisation and improvement of programmatic reporting by CSOs to the Public Health Institute of Serbia be ensured through consensus between CSOs and the Public Health Institute.
- implementation of continuous education of governmental and CSO programme implementers be ensured regarding all programmatic issues;
- CSOs and communities should 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;
- commitments related to community system strengthening and advocacy be included in the next assessment.

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.

6. Annexes

Annex 1. List of initial and prioritized commitments

Commitment	Programmatic Area	Source document (Please specify exact location of the commitment)	Was commitment prioritised for the review?
Financing			
Increasing funding of HIV prevention programmes for key populations at risk	**HIV Prevention**	NSP sections 1.2.1, 1.3.1, 1.4.1, 1.5.1, 1.6.1.	YES
Increasing funding for programmes of support for PLHIV	**HIV Prevention**	NSP section 1.9.2.	YES
Increasing budget for HIV/AIDS prevention in Serbia through ARV drug price optimisation	**HIV Treatment**	Transition and Sustainability Plan (TSP)	NO
Ensure financing of PEP and PrEP by the National Health Insurance Fund	**HIV Prevention**	NSP section 1.9.2.	YES
Drugs, supplies and equipment			
Ensure access to new registered ARV drugs	HIV Treatment	NSP section 2.1.1.	YES
Ensure monitoring of primary and secondary drug resistance to HIV on ART	**HIV Treatment**	NSP section 2.2.1.	NO
Ensure virologic, immunologic and pharmacokinetic monitoring of PLHIV on ART	**HIV Treatment**	NSP section 2.1.1.	NO
Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	**HIV Prevention and Harm reduction**	New	YES
Ensure regular procurement of quality assured condoms and lubricants and prevention of stock-outs	**HIV Prevention**	New	YES
Service Provision			
Provide VCT for HIV, other STIs and hepatitis for key populations at risk	**HIV Prevention**	NSP section 1.1.2.	YES
Provide support programmes for PLHIV	**HIV Treatment and Support**	NSP section 2.4.	YES
Improved existing, and creation of new, prevention programmes for key populations at risk	**HIV Prevention**	NSP sections 1.2, 1.3, 1.4, 1.5, 1.6.	YES
Ensure access to PrEP by key populations at risk	**HIV Prevention**	NSP section 1.9.2.	YES
Ensure continuous provision of OAT in health care institutions	**OAT**	Abuse Prevention Strategy (APS)	NO
Provision of harm reduction programmes for PWID	**HIV Prevention**	APS	NO
Improved availability of programmes for the prevention of STIs, HIV/AIDS and the preservation of reproductive health in the youth population	**HIV Prevention**	National Youth Strategy, section 4.1.3.1.	YES

Commitment	Programmatic Area	Source document (Please specify exact location of the commitment)	Was commitment prioritised for the review?
Improved availability of HIV prevention programmes for youth	**HIV Prevention**	National Youth Strategy, section 4.1.3.2.	YES
Governance			
Prepare national treatment protocol for HIV/AIDS	**HIV Treatment**	NSP section 2.1.1.	YES
Development of PrEP protocol	**HIV Prevention**	NSP section 1.9.1.	YES
Develop standards for providing HIV preventive services in the community for key populations at risk	**HIV Prevention**	NSP section 4.2.1.	YES
Certification of preventive service providers in line with developed standards	**HIV Prevention**	NSP section 4.2.3.	YES
Revision of existing regulations in order to implement innovative prevention and support services with respect to human rights related to HIV	**Human Rights**	NSP section 4.1.	YES
Develop new guidelines for testing of HIV, STIs and hepatitis	**HIV Prevention**	NSP section 1.1.1.	YES
Prepare national protocol for OAT	**OAT**	APS	NO
Develop standards for providing OAT services in the community for key populations at risk	**OAT**	APS	NO
Certification of preventive service providers in line with developed standards	**OAT**	APS	NO
Data and Information			
Development and adoption of national M&E plan for HIV/AIDS	**HIV Prevention**	NSP section 5.2.1.	YES
Ensure implementation of periodic IBBS among key populations	**HIV Prevention**	NSP section 5.2.5.	YES
Ensure implementation of periodic impact and outcome evaluations of the HIV programme	**HIV Prevention**	NSP section 5.2.6.	YES
Optimisation and digitalisation of CSO reporting documentation	**HIV Prevention**	New	YES
Human Resources			
Trainings of HCW and CSO staff on HIV programmatic issues	**HIV prevention**	NSP section 1.1.5.	YES

6. Annexes

Annex 2. Matrix of Commitments

Currency: US Dollars ($)

No.	Health System Domain	Indicator	Baseline	Baseline year	Final target	Target year	Target			Data collected		
							2019	2020	2021	2019	2020	2021
D 1	**Financing**											
D.1.1.	Increasing funding for HIV prevention programmes for key populations at risk	Funding allocated	$57,974.89	2019	$216,682.35	2021	$57,974.89	$158,707.46	$216,682.35	$263,286.00	$180,951.00	$305,654.00
D 1.2.	Ensure financing of PEP and PrEP by the National Health Insurance Fund	Budget for PEP and PrEP allocated	$0.00	2019	$260,492.00	2021	$0.00	$0.00	$260,492.00	$0.00	$0.00	$0.00
D 2	**Drugs, supplies and equipment**											
D 2.1.	Ensure access to new registered ARV drugs	New ARV drugs available for all patients in need	0	2018	5	2021	2	0	3	3	0	4
D 2.2.	Ensure regular procurement of quality assured needles and syringes	Quality assured needles and syringes procured	$0.00	2018	$2,956,500.00	2021	$0.00	$0.00	$2,956,500.00	$2,398,100.00	$2,998,300.00	n/a
D 2.3.	Ensure prevention of stock-outs of needles and syringes	Number of stock-outs of needles and syringes identified	0	2018	0	2021	0	0	0	1	1	n/a
D 2.4	Ensure regular procurement of quality assured	Quality assured condoms	$0.00	2018	$1,700,000.00	2021	$0.00	$0.00	$1,700,000.00	$1,200,000.00	$1,800,000.00	

No.	Health System Domain	Indicator	Baseline	Baseline year	Final target	Target year	Target			Data collected		
							2019	2020	2021	2019	2020	2021
	condoms and lubricants	and lumbricant procured										
D 2.5	Ensure prevention of stock-outs of condoms and lubricants	Number of stock-outs identified of condoms and lumbricant identified	0	2018	0	2021	0	0	0	1	1	
D 3	**Service Provision**											
D 3.1.	Provide VCT for HIV, other STIs and hepatitis for key populations at risk	Share of individuals covered by VCT	8%	2019	15%	2021	10%	12%	15%	23%	n/a	n/a
D 3.2.	Provide support programmes for PLHIV	Share of PLHIV receiving support	23%	2019	30%	2021	25%	28%	30%	30%	n/a	n/a
D 3.3.	Improved existing, and creation of new, prevention programmes for key populations at risk	Number of CSO's that implement innovative HIV prevention interventions	0	2019	9	2021	3	6	9	6	7	10
D 3.4.	Ensure access to PrEP by key populations at risk	Number of people from key populations receiving PrEP	0	2019	100	2021	0	50	100	0	0	0

No.	Health System Domain	Indicator	Baseline	Baseline year	Final target	Target year	Target			Data collected		
							2019	2020	2021	2019	2020	2021
D 3.5.	Improved availability of programmes for the prevention of STIs, HIV/AIDS and the preservation of reproductive health in the youth population	Number of preventive programmes provided	3	2019	6	2021	3	6	6	6	7	7
D 3.6.	Improved availability of youth prevention programmes	Increase in the number of young people using preventive programmes	1,000	2019	2,000	2021	1,000	1,500	2,000	3,400	3,400	n/a
D 4	**Governance**											
D 4.1.	Prepare national treatment protocol for HIV/AIDS	Revised protocol is approved	0	2018	1	2019	1	0	0	0	0	0
D 4.2.	Development of protocol for PrEP	Protocol is developed	0	2018	1	2019	1	0	0	0	0	0
D 4.3.	Develop standards for providing HIV preventive services in community for key populations at risk	Standards developed	0	2018	1	2021	1	0	0	1	0	0
D 4.4.	Certification of preventive	Number of organisations that	0	2019	9	2021	2	4	6	0	0	0

No.	Health System Domain	Indicator	Baseline	Baseline year	Final target	Target year	Target			Data collected		
							2019	2020	2021	2019	2020	2021
	service providers in line with the developed standards	provide certified preventive services										
D 4.5.	Revision of existing regulations in order to implement innovative HIV prevention and support services with respect for human rights	Number of legal documents revised	0	2018	1	2019	1	0	0	2	2	0
D 4.6	Develop new guidelines for testing of HIV, STIs and hepatitis	Guidelines developed	0	2019	1	2021	0	0	1	0	0	0
D 5	**Data and Information**											
D 5.1.	Development and adoption of national M&E plan for HIV/AIDS	M&E plan developed and adopted	0	2018	1	2019	1	0	0	0.8	0	0
D 5.2.	Ensure implementation of periodic IBBS among key populations	IBBS survey implemented	0	2018	1	2020	0	1	0	0	0	1
D 5.3.	Ensure implementation of periodic impact and outcome evaluation of	Evaluation performed	0	2018	1	2021	0	0	1	n/a	n/a	1

No.	Health System Domain	Indicator	Baseline	Baseline year	Final target	Target year	Target			Data collected		
							2019	2020	2021	2019	2020	2021
	the HIV programme											
D 5.4.	Optimisation and digitalisation of CSO reporting documentation	Minimal programmatic reporting data set developed and approved	0	2019	1	2021	0	0	1	n/a	n/a	0
D 6	**Human resources**											
D 6.1.	Trainings of HCW and CSO staff on HIV programmatic issues	Number of trainings performed	9	2018	12	2021	11	11	12	11	n/a	n/a