

REPORT

Western Balkans Regional consultation of People living with HIV

Mavrovo, Macedonia

23-24 September 2006

I. Introduction

Partnerships in Health initiated a *First* Western Balkans regional consultation of people living with HIV (PLHIV) in Mavrovo, Macedonia on 23-24 September 2006. This is part of its capacity building activity of the Western Balkans Regional Programme to Fight HIV/AIDS funded by Sida. Twenty PLHIV from Albania, Bosnia and Herzegovina (BiH), Macedonia, Montenegro and Serbia participated in this consultation.

The consultation aims to discuss issues of mutual interest and identify ways forward for positive networking and mutual support in the region. The consultation process involved two steps. On the first day, participants analyzed the HIV human rights situation in the region by identifying assets, problems and potential solutions. On the second day, the participants identified plans to move forward. They also elected two representatives: One woman from Serbian and one man from Kosovo to present their consultation recommendations at the 2nd Western Balkans Regional Conference on HIV and AIDS scheduled for 5-6 October, 2006. Below is the report from the consultation.

II. HIV, AIDS and Human Rights in Western Balkans

HIV in Western Balkans has been a neglected issue in most policy decisions and resource allocation planning. However, it surely is not denied. Unfortunately, PLHIV in Western Balkans hardly have any voice as a direct consequence of human rights violations of children, teenagers and adults living with HIV. Yet these violations are not documented at any level.

The deficiency in antiretroviral treatment *and* the minimal to nonexistent social and pension insurance contribute to “silent” death of PLHIV in this region. Although the situations encountered by PLHIV in the Western Balkans countries are similar yet they can not be generalized. We want to draw your attention, not as sufferers, but on the *vicious cycle* faced by PLHIV in this region. We have not seen any measurable progress made to reach the Millennium Development Goals, particularly on the 6th and 8th goals.ⁱ

We reiterate that Western Balkan countries have ratified the European Convention on Human Rights and Fundamental Freedoms, and the European Social Charter, which deals with economic and social rights. We invite Council of Europe to make sure that Western Balkan countries, which are willing to join the EU, fully comply with the European Social Charter, particularly Articles 11 and 13.ⁱⁱ

The guidelines on HIV/AIDS and Human Rights, adopted at the Second International Consultation on HIV/AIDS and Human Rightsⁱⁱⁱ, stipulate that human rights and public health should share common objectives to promote and protect the rights and well-being as well as dignity of all individuals. Accordingly, health and human rights should complement and reinforce each other particularly in the context of HIV and AIDS. Besides ensuring a spirit of tolerance, compassion and solidarity, Western Balkans policy-makers at national and regional levels should formulate HIV related policies in compliance with the universal Human Rights mechanisms and respond to the needs of PLHIV.

The challenges we have identified, motivate us to network intensively and liaise with the South East European Network to better tackle the challenges we face. We will support Bosnia and Herzegovina and Macedonia because these two countries are in greater need compared to the other Western Balkan countries. Thank you for dedicating time on behalf of the Western Balkans Regional PLHIV Group.

Summary of assets, challenges and solutions analysis			
Country	Existing assets	Challenges	Solutions
Albania	<ul style="list-style-type: none"> • PLHIV organization started in 2004. • Free ART, CD4 and PCR available. • Harm reduction, Methadone and blood safety available. • National strategy for 2004-2008 • HIV/AIDS inter-ministerial committee is led by the vice Prime Minister. • Law on prevention includes rights of PLHIV. • Civil societies, UN agencies and national programs network. • Global Fund agreement signed. 	<ul style="list-style-type: none"> • The law on HIV prevention not yet implemented, excluded care and no monitoring, enforcement of rights of PLHIV nor protection mechanisms. • HIV is not a priority in political agenda. • Children are not a focus in national strategy and there is no financial support for HIV affected children and families. • VCT not yet available in most part of the country and lack of confidentiality on HIV status. • Low HIV knowledge, especially among youth. • Insufficient funding for HIV responses and no private sector support. 	<p>In order to tackle all these challenges, the Western Balkans Regional Group unanimously agreed on the following solutions. We invite you to collaborate with us to materialize them.</p> <ul style="list-style-type: none"> • Create a e-hub to support each other (the beginning of e-groups) • Develop national & regional networks and to link with European and Global networks with regular meeting and rotating secretariat. • PLHIV to elect their own country PLHIV representation with institutional backing and not to be selected by others.
Bosnia and Herzegovina	<ul style="list-style-type: none"> • PLHIV have free treatment and health insurance covering all expenses. • PLHIV NGO started in 2004. 	<ul style="list-style-type: none"> • Incorrect/inappropriate behaviour of medical personnel and certain public institutions towards PLHIV. • No separate inpatient HIV section all infections are managed at the same premise. • General public lack HIV information. • Lack financial support, proper food at the ID hospital for PLHIV. • No CD4 count at the clinic of infectious diseases although available at other clinics. 	<ul style="list-style-type: none"> • Invite the All-Ukrainian Network for technical assistance. • The secretariat should develop communication channels between PLHIV, relevant ministries and officials at national and regional levels. • Launch joint action to advocate reduction of ARV prices with similar cost in each country and for the region. • Act to advise and build capacities of PLHIV, public officials and other stakeholder.
Kosova/Kosovo	<ul style="list-style-type: none"> • PLHIV NGO starts in 2006. • Has free access to HAART. • PLHIV represented at Kosovo CCM 	<ul style="list-style-type: none"> • Long term supply of ART uncertain, high cost and procurement Problematic. • Stigma and discrimination by health care personnel. • High cost for CD4 and VL with no laboratory infrastructure. 	<ul style="list-style-type: none"> • Develop and launch peer education (experience exchange from elderly to younger generations). For public speech (without media coverage), all countries exchange their peers to

Serbia	<ul style="list-style-type: none"> • 2 PLHIV self-help groups exist for prevention, psycho-social support, capacity building, social inclusion. • PLHIV educate medical staff and journalists on STD. • There is harm reduction program in Nis and Belgrade. • Prevention of maternal infant transmission available. 	<ul style="list-style-type: none"> • Access to HAART through only one HIV treatment centre. • National AIDS strategy developed without PLHIV input and not implemented. • Law, social affairs, methadone programme do not function well. • High number of PLHIV and high social stigma. • Lack of support for PLHIV groups. 	<ul style="list-style-type: none"> • protect individual speakers. • Request FPH to organize a treatment literacy and trainer skills training. • Develop a regional mechanism for advocacy, human rights protection and promotion with expert input. • The secretariat to put pressure on governments to be accountable in fulfilling their commitments to ensure PLHIV can enjoy their rights.
Macedonia	<ul style="list-style-type: none"> • MoH provides ART for one year with CD4, VL infrastructure. • NGOs provide food, clothing, psycho-social assistance and OI medications • PLHIV involved in PHCP training, projects and CCM. One PLHIV kept job in a public institute. 	<ul style="list-style-type: none"> • No PLHIV self-help group and lacking information on health promotion. • Strong stigma and discrimination, lack of accountability on violation of confidentiality which negatively affected other PLHIV. • Health insurance system does not protect PLHIV confidentiality. • HIV not on political agenda. • Long term funding for ART not ensured. • Lack of shelter and support for PLHIV and inadequate social insurance or pension scheme. 	<ul style="list-style-type: none"> • The secretariat creates a regional emergency stock of ART. • The secretariat brings together all decision making bodies at national level to work jointly. • Strengthens collaboration between PLHIV, migrants, victim of trafficking and human rights organisations. • Promote regional collaboration between medical establishment • Promote HIV prevention of populations at tourist hotspots. • PLHIV to mobilise funds on their own (through local actions, cultural events, etc.) involving private sector
Montenegro	<ul style="list-style-type: none"> • Has pre- and post test psycho-social assistance with support of infectious diseases clinic and free CD4 and VL monitoring but in Belgrade • HIV in public discussions. 	<ul style="list-style-type: none"> • Health care personnel knowledge lacking with strong stigma and discrimination against PLHIV. • No PLHIV self-help group. • Law and regulations on HIV are not respected. • No laboratory for diagnostics and therapy monitoring in Montenegro. 	