

THE REPUBLIC OF MONTENEGRO

**HIV/AIDS STRATEGY FOR THE REPUBLIC
OF MONTENEGRO**

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti Retro Viral Treatment
BCYF	Balkan Foundation for Children and Youth
BTS	Blood Transfusion Station
CAZAS	Montenegrin association for fight against AIDS
CCM	Country Coordinating Mechanism
CID	Clinic for Infectious Diseases
CIDA	Canadian International Development Agency
CPHA	Canadian Public Health Association
HBS	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IDU	Injecting Drug Users
IEC	Information Education and Communication
IMF	International Monetary Fund
IoH	Institute of Health
IOM	International Organization for Migrations
KABP	Knowledge, Attitude, Behavior and Practices
MSM	Men Who Have Sex with Men
NAC	National AIDS Committee
NGO	Non-governmental Organization
PEP	Post Exposure Preventive Treatment
PLWHA	People Living with HIV/AIDS
RAR	Rapid Assessment and Response
SECI	South Eastern Cooperative Initiative
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNHCHR	United Nations High Commission for Human Rights
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNTG	United Nations Theme Group on HIV/AIDS
UNTWG	United Nations Technical Working Group on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The National HIV/AIDS Strategy for the Republic of Montenegro has been designed as a five-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS focused programming in the national context. The National Strategy is based on the results of the Situation Analysis and Response Analysis for HIV/AIDS, completed in September 2004, the Global Fund proposal submitted in April 2004, and the strategic planning workshop conducted by the CPHA (Canadian Public Health Association), UN TG (United Nations Theme Group on HIV/AIDS) and UNAIDS (Joint United Nations Program on HIV/AIDS) on HIV/AIDS in the spring of 2002.

The Montenegrin Strategy for HIV/AIDS combines the efforts of many stakeholders active within the National Multisectoral HIV/AIDS Commission, established in the middle of 2001 and reestablished early in 2004 and CCM (Country Coordinating Mechanism) to develop and oversee the design and implementation of a National Strategy. Membership in the National Multisectoral HIV/AIDS Commission includes 16 representatives from government ministries, institutions, NGOs, while CCM membership includes members of the Republic Commission and the UN Theme Group on HIV/AIDS in Montenegro.

The Strategy framework will guide the design and implementation of the interventions within the overall national programming, governmental and non-governmental sector, and serve as the basis for developing of the sustainable system for monitoring and evaluating the effectiveness of the national response.

Although, according to available data, current infection rates appear to be low, regional trends suggest the real potential for a rapid spread of HIV/AIDS. Regional trends further illustrate that the failure to respond at the early stages in the epidemic can have profound medical, social and economic consequences in the long-term.

The National Strategy offers to Montenegro the opportunity, over the next five years, to establish an appropriate multisectoral response to tackle the complex medical, social, legal and human rights issues raised by HIV/AIDS.

The seven priority areas defined in the National HIV/AIDS Strategic Plan are:

1. Preventing the spread of HIV/AIDS among groups of interest (youth, sailors, people working in tourism and hotel management, IDUs, commercial sex workers, MSM - men who have sex with men, Roma and prisoners);
2. Preventing HIV transmission in the health care settings;
3. Diagnostics, treatment and care for PLWHA;
4. Fight against stigma and discrimination of PLWHA;
5. Policy on HIV testing;
6. Improving surveillance, monitoring and evaluation of activities related to HIV/AIDS issues;
7. Strengthening capacity and coordination within the national response to HIV/AIDS.

INTRODUCTION

- 1 - COUNTRY PROFILE**
- 2 - CURRENT HIV/AIDS SITUATION**
- 3 - GOVERNMENT COMMITMENT**
- 4 - PARTNERS**

1 - COUNTRY PROFILE

The last available official census data for Montenegro puts the population total at 651.577¹ out of which 31.432 are refugees and displaced persons. Montenegrin society is composed of several ethnic groups: Montenegrins, Serbs, Bosnians, Muslims, Croatians, Roma and others. The prevailing religions are Christian Orthodox, Islam and Catholic Christian. The capital of Montenegro is Podgorica with an estimated 169.132 citizens. There is an ongoing process of rural to urban migration: according to the 2003 census 61.5% of the population lived in towns, which is an increase from 3.3% in regard to previous decade.

Since the disintegration of former SFRY, Montenegro stayed in union with Serbia in Federal Republic of Yugoslavia. The period after SFRY disintegration has been characterized by wars in the surrounding countries, isolation as a result of sanctions imposed by UN, hyperinflation, Kosovo crisis, thousands of displaced persons and refugees, NATO bombing. Dramatic changes in politics, social sphere, and economy marked this period. Due to economic and political changes in Montenegro and Serbia, the State Union Serbia and Montenegro was established on the basis of Belgrade Agreement early in 2002. Within the State Union both Republics are independent except in the field of defense, human rights and Foreign affairs.

Montenegro is governed through a multi-party democracy. Legislative power rest with an Assembly and administrative power rests with the Government. Voting is universal and the assembly is elected through the alternative vote by secret voting. The term of office of Assembly and Government is four years. The presidency is decided on a five year period.

Over the last few years the inflation rate (in 2003 it was 8.5%), and GDP have been stabilized, and the slight decline in the number of unemployed has been registered. The Kosovo crisis of 1999 intensified economic pressures on Montenegro and in the peak of the crisis the number of displaced person reached the figure of 100.000. Nowadays, in Montenegro there are over 31.000 displaced persons and refugees in Montenegro today, which presents burden for the country as these persons have equal social, health and other rights as domicile population.

The transition to a market economy with indicated changes in society has caused a decline in the Gross Domestic Product (GDP) which was 63% lower in 2002 than in 1989. There are 76.293 unemployed persons according to the State Employment Bureau. Slightly over 12% of population is poor and over one third is qualified as socially endangered.² Economic statistics for 2003, while showing signs of improvement, indicate that unemployment is alarmingly high even by regional standards. The registered unemployed officially mean that only 17.4% of the total population in Montenegro has employment.³ The average wage in 2003 was 174⁴ € per month. However, approximately one-quarter of employees do not receive regular payment of wages.

¹ This total is based on the 2003 census, but final data were not yet available at the time of writing

² Development and Poverty reduction Strategy, Montenegro, 2003.

³ Health Statistical Yearbook, 2003.

In Montenegro, economic, political and institutional instability combined with other broad risk factors create a scenario where a serious HIV/AIDS epidemic is possible:

- Regional/internal conflict and refugees;
- Unstable political/economic situation resulting in internal/external migration;
- Increasing number of injecting drug users;
- Regional trends indicating a fast growing HIV/AIDS epidemic (Russia, Ukraine, Romania, Moldova, Central Asia);

2 - CURRENT HIV/AIDS SITUATION

Epidemiological situation

It is likely that HIV/AIDS statistics reflect the real infection rates. There is an under-developed surveillance system in place to measure prevalence and incidence of HIV/AIDS that does not specifically address high-risk groups. The data available on HIV/AIDS cases is based on test results, including blood/organ donor tests. Almost all registered HIV positive persons were not tested for HIV until after the development of health problems or until necessity for blood donations occurred.

The first HIV/AIDS positive case was officially registered in 1989. The total cumulative number of registered cases of HIV/AIDS is 54 (34 AIDS and 20 HIV). From the total number of 34 persons diagnosed with AIDS, 23 have died. There are, officially, 11 persons living with AIDS and 20 with HIV. Four new HIV + persons and one AIDS case were detected in 2003.

The first HIV positive case and AIDS case were both intravenous drug user and sailor. Two cases of vertical transmission (mother to child) are documented. Information about the children's serological status was collected after the parents' diagnosis. Two persons were infected via blood transfusion. This infection occurred out of territory of Montenegro.

Cumulative HIV/AIDS cases are 76% male and most cases are in the 30-39 year age range, (42%). The distribution of risk categories among AIDS cases is 50% heterosexual transmission, bi-homosexual 24%, injecting drug use 6%, mother-to-child transmission 4%, blood transfusion 4% and 12% unknown.⁵

Table 1: Modes of HIV Transmission

MODES OF TRANSMISSION	HIV	AIDS	TOTAL	percent (%)
Homo-bisexual	4	9	13	24 %
Heterosexual	11	16	27	50 %
IDUs	1	2	3	6 %
Vertical	1	1	2	4 %
Transfusion	1	1	2	4%
Other (unknown)	2	5	7	12 %
TOTAL	20	34	54	100%

Stigmatization of homosexual behavior makes it conceivable that some of the cases declared as heterosexual, and unknown cases, could be due to homosexual/bisexual encounters.

⁴ MONSTAT, 2003

⁵ The small sample size is methodologically problematic.

Table 2: Distribution of HIV/AIDS cases by gender

HIV/AIDS CASES	MALE	FEMALE	TOTAL	%
HIV	15	5	20	37%
AIDS	27	7	34	63%
TOTAL	42	12	54	100

Current male/female ratio of HIV/AIDS infection in Montenegro is almost 3.5:1. The analysis related to the distribution of AIDS cases by age groups shows that the most dominant age group is 30-39 followed by the age group 20-29. Information available only relates to AIDS, most HIV+ cases were registered in the latest stage of infection or at the onset of AIDS.

Table 3: Distribution of HIV/AIDS cases by age

AGE GROUP	HIV	AIDS	TOTAL	%
0 – 9	2	1	3	5.5%
10 – 19	/	/	/	/
20 – 29	8	6	14	26.0%
30 – 39	5	18	23	42.6%
40 – 49	4	7	11	20.3%
50 – 59	1	1	2	3.7%
60 +	/	1	1	1.9%
TOTAL	20	34	54	100

Trends of sexually transmitted infections (STIs)

The official report of registered cases of STIs (sexually transmitted infections) is unrealistic due to weaknesses of registration and reporting of STI cases and it is not suitable for valid conclusions.

By law, it is mandatory to report syphilis and gonorrhoea cases on the special form with detailed information about the patient. The reporting system, for both private and governmental institutions, shows some weaknesses. One of the reasons is that the STI infected patients either take the therapy by themselves or go to the doctor asking for confidentiality. Probably reason for this is due to the cultural norms and prejudice that a person having STIs means to be an amoral person. The second important reason is that microbiologists do not report STI cases. This is from the reason that microbiologist think that reporting of STI is the responsibility of the doctor who refers the patients to examination.

Medical institutions are obliged to report Chlamydia cases, genital herpes and other STI but this is not the case. The situation is better in reporting Hepatitis B and C because the general population do not connect these diseases with STI and there is no danger to “to mark the patient as amoral person”

Blood Safety

Since 1987 all donated blood products have passed through mandatory testing for HIV. Routine testing is done by ELIZA tests of third generation which are used for detection of HIV antibodies. In suspected results, testing of suspicious and new blood sample is done by ELIZA tests of different manufacturers. In the case of inconclusive results, the blood is sent for confirmation with Western Blot tests. All blood samples taken for treatment are mandatory to be tested for Hepatitis B, Hepatitis C and syphilis. Since 1974, blood donation in our country has been voluntary,

anonymous and free which means that donors do not receive material compensation. As a symbol of gratitude the country provides some benefits to voluntary blood donors in using of health care services. In addition to voluntary blood donors there is a large number of family donors, which make the structure of blood donors very inconvenient. The Montenegrin Red Cross and the Services for blood transfusion in cooperation with the Ministry of Health initiated activities for preparation and conducting education of population about significance of voluntary blood donation and provision of sufficient amount of blood units, blood components and derivatives obtained from blood. Approximately 20.000 blood units are tested each year on the above mentioned diseases. Since the beginning of HIV testing 1987, 7 HIV positive donors were found.

Testing

In Montenegro, there is stigma related to HIV and concern regarding the confidentiality of the testing process, providing little incentive for an individual to be tested for HIV. Furthermore, there is limited pre- and post-test counseling for HIV testing and weak “social marketing” of the potential benefits of testing. People are reluctant to be tested for HIV until symptoms are developed and information suggests that most diagnosed individuals tested for the first time late in the course of HIV disease. Individuals take advantage of out-of-country testing due to confidentiality concerns. The expenses for HIV testing with doctor’s referral are covered by Republic Health Insurance Fund.

Priorities identified

- Vulnerability of some population groups, in particular youth, sailors, people working in tourism and hotel management, IDU, CSW, MSM, prisoners and Roma;
- Safe sexual behavior in the general population, with additional attention to the above identified groups;
- Condom distribution and use, and other measures to reduce or prevent the spread of STIs. Again special attention should be given to vulnerable groups;
- Safer drug injection behavior in persons who refuse to be treated and/or persons who can not quit the drug use even after treatment;
- Ensuring clear and accurate information concerning HIV/AIDS/STI infection, updating of surveillance and VCT (Voluntary Counseling and Testing)
- Encircle the process of HIV diagnostics, AIDS treatment and monitoring of infection in the institutions of the health care system in Montenegro.
- Improving the understanding and implementation of human rights mechanisms, in particular as concerns confidentiality, and treatment of those living with HIV/AIDS;
- Coordination and communication between stakeholders.

3 - GOVERNMENT COMMITMENT

Montenegro introduced HIV/AIDS program in 1985, within the program of former SFRY, four years before the first HIV infection was identified in the Republic of Montenegro. Since 1987, special attention was paid to providing conditions for safe blood use in transfusions. In the beginning of this century the National AIDS Committee (NAC) has been established under the Ministry of Health (MoH) as a focal point for this issue in the country.

In other areas relevant to the spread of HIV/AIDS, an Inter-Ministerial State Commission for the Prevention of Drug Abuse in Children and Youth was established in 2001. Action Plan adopted by the Government of Montenegro is based on the Fight against Illicit Production and Trafficking of Drugs and the Prevention of Drug Abuse and establishing infrastructure for treatment and psycho-

social support to drug addicted persons and their families. The Montenegrin government ratified the *Agreement on Cooperation to Prevent and Combat Trans-border Crime* with SECI (South Eastern Cooperative Initiative). The Ministry of Interior (MoI) is working with SECI on developing experience sharing and a trans-national database. In June 2001 Montenegro, as a part of FRY, signed The Declaration of Commitment on HIV/AIDS adopted in New York at the UN General Assembly Special Session on HIV/AIDS). Late in 2003 the Government of Montenegro established Coordination Body for fight against human trafficking and nominated Coordinator and opened Centre for accommodations of trafficking victims.

It could be noticed that there is political will to address the issue comprehensively and in accordance with UNAIDS guidelines.

4 - PARTNERS

UNAIDS on HIV/AIDS (UN TG) has been active in Serbia and Montenegro since the end of 2000. UNAIDS is currently chaired by WHO and composed of UNDP, UNICEF, WHO, IOM (International Organization for Migrations), UNHCHR and the World Bank. The Technical Working Group (TWG) is chaired by WHO since 2003 and it is composed of representatives from WHO, UNICEF, UNDP and UNHCHR. Technical working group functions together with the National HIV/AIDS Coordinator, Republic AIDS Commission and non-governmental organizations. The basic fields of work of UN TG and TWG are strengthening of national response to HIV/AIDS and improving of the surveillance system targeting HIV/AIDS related activities. UN TG conducts numerous activities aimed to capacity building of local stakeholders involved in HIV/AIDS. In addition to UN organizations, partners in the field of HIV/AIDS are CPHA (Canadian Public Health Association), USAID, project HOPE, CIDA, SIDA, Imperial College from London, Open Society Fund from New York and BCYF.

STRATEGIC FRAMEWORK

1 - PLANNING PROCESS

2 – STRATEGY GOALS

3 - GUIDING PRINCIPLES

4 - BROAD STRATEGIES

5 - INSTITUTIONAL FRAMEWORK

1 - PLANNING PROCESS

The Government of the Republic of Montenegro established the Republic HIV/AIDS Commission in June 2001. This multisectoral Commission is under the ministry of Health, and involves representatives from other ministries, institutions, NGOs and PLWHAs. The basic activities of this Commission are coordination of the activities related to HIV/AIDS issues, planning the responses and monitoring and evaluation of the programs' implementation.

The Government of Montenegro committed the Ministry of Health to work out the comprehensive Republic HIV/AIDS Strategy. The realization of this task the Ministry of Health accredited to the Republic HIV/AIDS Commission.

The National HIV/AIDS Strategy has been designed as a five-year framework to guide the national multisectoral response to HIV/AIDS from 2005 to 2009. It is the result of a planning process which included the following:

- Health care politics in the Republic of Montenegro by 2020, from November 2001;
- Strategic Planning workshop held in May 2002;
- Health Care Services Development Strategy, 2003;
- Law on Health Care, June 2004;
- Global Fund proposal submitted in April 2004;
- Situation Analysis and Response Analysis on HIV/AIDS completed in August 2004;
- Strategy design workshop, September 2004.

The UN TG, UN TWG, UNAIDS and Canadian Public Health Association gave continuous professional and material support in all phases of the Strategy development.

2 – STRATEGY GOALS

By the end of 2009 Montenegro will:

- have low HIV/AIDS prevalence,
- develop necessary health care services,
- improve health status and life quality of PLWHA and their environment,

3 - GUIDING PRINCIPLES

Guiding principles for designing Strategy for HIV prevention and care for Montenegro over the next five years are as following:

- All activities proposed by the Strategy are based on complete protection of human rights of all persons involved in the process of their implementation. Strategic plan will provide supportive environment and guarantee human rights in all activities related to prevention, care, treatment and surveillance.

- The strategy is based on the principle of equal health service access to all citizens with the special attention to vulnerable groups
- The Strategy treats HIV issues as a multidimensional problem, which is more than a health issue, involving all partners at all levels within public, private and non-profitable sector, in accordance with other existing strategies and internationally adopted commitments.
- The Strategy is based on HIV prevention through reducing of risk behavior, healthy life styles promotion, and empowered individuals and groups to protect themselves against HIV infection.
- Groups of interest for HIV infection must have HIV/AIDS interventions tailored to their needs, which will be provided by their active involvement in designing, implementation and evaluation of all proposed activities.
- Confidentiality of all data must be guaranteed at all levels and activities proposed by this strategy.
- All PLWHA must be guaranteed equal protection and access to necessary services.
- The Strategy proposes the implementation of the most efficient and cost effective measures for prevention of HIV spreading
- All activities proposed by this Strategy will be analyzed and modified each year according to data obtained from the process of monitoring and evaluation, changes of epidemiological situation, as well as result of researches and scientific works.

4 - BROAD STRATEGIES

Overall goal of the strategy is to ensure coordination of the wide spectrum of activities related to HIV/AIDS in accordance to existing documentations and accepted international commitments. These documentations and commitments involve:

- Action Plan of the Government of Montenegro for Drug Abuse Prevention in Children and Youth;
- Mental Health Strategy;
- National Program for Prevention of Violence and Human Trafficking;
- Draft of the Law on Rights of Mentally Ill Patients;
- Poverty Reduction Strategy;
- National Plan of Action for Children in Montenegro;
- Law on Health Care and Health Insurance;
- Draft of the Law on Protection against Infectious Diseases;
- Draft of the Law on Provision of Sufficient Amount of Safe Blood Units ;
- Millennium Declaration;
- Global Declaration of Commitment on HIV/AIDS;
- Declaration of Commitment on HIV/AIDS in South-Eastern Europe;
- Dublin Declaration on HIV/AIDS.

The priority areas identified by the National Multisectoral Commission for HIV/AIDS working group are:

- Prevention;
- Diagnostics, treatment and psycho-social support to PLWHA;
- Institutional and human capacities related to HIV/AIDS issues;
- Epidemiological and behavioral surveillance system and system for monitoring and evaluation of the interventions;
- Voluntary testing with counseling ;
- Stigma and discrimination;
- Safety of blood and blood products.

5 - INSTITUTIONAL FRAMEWORK

National Multicultural Commission for HIV/AIDS (NMC) was established in June 2001 and then re-established early in 2004 as the only multisectoral body of the Government. National Multisectoral Commission for HIV/AIDS (NMC) expanded the previous medical focus including members from other ministries and sectors as well as NGOs.

The NMC is comprised of 15 members and includes membership from the Ministries (Health, Interior, Education, Labour and Social Welfare and Tourism), and three NGOs, (CAZAS, OKC Juventas, SOS) and representatives of PLWHA. This Commission in cooperation with members of UN Technical group established, for the needs of Global Fund competition for tuberculosis, malaria and AIDS, wider body “Republic Coordinating Body”, thus opening the door for local officials/communities to design and implement programming tailored to their specific needs.

Republic Commission for AIDS is chaired by the Minister of Health and Republic Coordinator for HIV/AIDS, while the President of The Republic of Montenegro is the president of honour of the NMC.

The NMC meets on a regular basis and has overall responsibility for follow-up on HIV/AIDS programming within proposed plans and programs. One of the plans was preparation of strategic Plan for fight against HIV/AIDS in Montenegro and responsibility for ensuring that decisions will be implemented after adoption by the Government of Montenegro. All proceedings will be a matter of public record and NMC will endeavor to ensure that the activities of the membership and any programs it operates are transparent and effectively communicated with key stakeholders.

PRIORITY AREAS AND STRATEGIES

1. GROUPS OF INTEREST

- 1 - YOUTH
- 2 - SAILORS
- 3 - INJECTING DRUG USERS
- 4 - COMMERCIAL SEX WORKERS
- 5 - MEN WHO HAVE SEX WITH MEN (MSM)
- 6 - PRISONERS
- 7- ROMA COMMUNITY

1 - YOUTH

The situation analysis found that Montenegrin's youth often possess incomplete knowledge about STI and HIV/AIDS and lack the life skills necessary to withstand unacceptable pressures from environment and adopt behavior that ensure avoidance of infection. While young people are, for the most part, aware of condoms as a prevention measure for STI/HIV, they fail to use them on a regular basis. Young people obtain information about STI/HIV and pregnancy prevention largely from their peer group and/or older siblings and the quality of this information is questionable.

The National Strategy therefore contains elements that move beyond providing youth with basic knowledge and strives to strengthen the skills of young people in life skills and negotiation of safe health behavior. It further recognizes the need for young people to contribute through their active involvement in future design and implementation of all proposed activities.

Goals

- To prevent the spread of STI and HIV infection in young people;
- To ensure that young people have access to STI and HIV/AIDS information and the social competencies needed to apply this knowledge.

Impact indicators

- Percentage of young people aged 15-24 who correctly identify ways of preventing and transmission of HIV;
- Percentage of young people aged 15-24 reporting the use of a condom in last sexual contact in temporary relationship.

TARGET INTERVENTIONS

1. BEHAVIOR CHANGE (YOUTH - INDIVIDUAL AND GROUP)

Objective

- To empower young people to take over the responsibility for their own health by adopting the behaviour which reduces risk of HIV infection.

Strategies

- Promote safe sexual norms and healthy behavior among young people;
- Support activities that help young people to develop life skills;
- Standardize and expand peer education training and implementation;
- Development and distribution of Information Education and Communication (IEC) materials, specially designed for young people;
- Include young people in the IEC development and evaluation process;
- Ensure optimal usage of media for promotion of safe sex practices and condom use.

2. AVAILABILITY OF YOUTH FRIENDLY SERVICES (YFS) - HEALTH AND SOCIAL

Objective

- To ensure health and social services are easily accessible, relevant and responsive to the specific needs of youth and adolescents.

Strategies

- Ensure that young people have access to youth friendly reproductive health services, including testing and treatment of STI/HIV and other health information.
- Strengthen the capacity of general practitioners and primary health care (PHC) services to provide youth friendly services, particularly in the areas of reproductive health counseling, STI, substance abuse (IDU) and HIV prevention.
- Create/expand youth friendly information services (centers/hotlines) where young people can get additional information on STI, HIV/AIDS and related issues.
- Train health, social work professionals and educators in life-skills based techniques and YFS objectives.

3. INTEGRATION OF HIV/AIDS EDUCATION IN CURRICULUMS

Objective

- To ensure that all young people within the education system have the necessary knowledge about STI, HIV/AIDS and methods of prevention.

Strategies

- Support integration of HIV/AIDS education at the primary and secondary school levels, including proposed subject “healthy life styles” for elementary schools.
- Promote including of life skills technique in curriculum
- Encourage the involvement of young people in curriculum development, and development of up to date didactic materials.
- Expand and standardize support for peer education programs in issues related to youth health and development within free activities.
- Ensure standardized in-service and pre-service teacher training in life skills based methodologies.

2 - SAILORS AND PEOPLE WORKING IN TOURISM AND HOTEL MANAGEMENT

In National Register for HIV/AIDS the involvement of persons declared as professional sailors is about 14%, and including their partners (girlfriends, wives) who are infected this number is about 25% of total number of registered HIV + persons. This fact requires adequate health-preventive work with persons involved in this profession; which has not been organized adequately due to objective and subjective reasons. Adequate sheets with information on HIV/AIDS are shared to sailors but active health-educational work fails.

The second group in regard to profession with high percent of HIV infection in the National Register for HIV/AIDS consists of people working in tourism and hotel management. They make 14% (this high percent is the result of large number of persons working in tourism and hotel management), and due to this reason this profession is considered as vulnerable group.

Goal:

- Prevent HIV infection spreading among persons exposed to risk due to their profession.

Impact indicator:

- HIV prevalence in sailors;
- Percent of sailors and tourist workers who used condom during last sexual contact in temporary relationship.

TARGET INTERVENTIONS

1. PREVENTIVE PROGRAMS RELATED TO PROFESSION

Goal:

- Ensure education and promotion of safe sexual behavior among sailors and tourist workers.

Strategy:

- Support awareness rising activities in the community, including information about risk of sexual transmission of HIV infection and prevention;
- Develop measures for promotion of usage and distribution of condoms emphasizing tourist regions and season;
- Provide 24 hour availability of condoms activating machines on the most frequent places;
- Provide consultations and information about modes of transmission and prevention within regular sanitary examinations of people working in tourism and hotel management;

2. STRENGTHENING AND INCREASING THE SCOPE OF PREVENTIVE WORK WITH SAILORS

Goal:

- Adopt safe sexual behavior

Strategies:

- Ensure high-quality counseling services as preparation for their life on the ship;
- Ensure access to condoms and educative materials within preparations for life on the ship;
- Ensure the access to confidential testing and consultation in order to provide easier including in the process of treatment and clinical follow up;

3 - INJECTING DRUG USERS (IDU)

Injecting drug use constitutes the driving force behind the alarming increase in HIV/AIDS infection rates. IDU numbers have increased substantially over the past decade. The situation analysis found that apart from unsafe injecting practices, many drug users engage in risk related sexual behavior including a cross over between injecting drug users and commercial sex work. IDUs also face a variety of obstacles in accessing treatment options, and the lack of the programs that address their needs.

Goal

- To reduce the risk of HIV transmission among the IDU community in Montenegro

Impact indicator

- Percentage of IDUs who have adopted behaviors that reduce transmission of HIV, i.e. who both avoid sharing injecting equipment and use condoms.

TARGET INTERVENTIONS

1. DEMAND REDUCTION

Objective

- To reduce the number of new injecting drug users.

Strategies

- Support school-based awareness raising activities, including information about drugs and the implications of drug use in life skills curriculum.
- Support implementation of Action Plan for Drug Abuse Prevention in Children and Youth.

2. CREATE A NETWORK OF TREATMENT SERVICES OPTIONS AND SUPPORT FOR IDUs.

Objective

- To create an environment for the implementation of effective treatment and care programs for IDUs

Strategies

- Reduce stigma of IDU issues through education/information campaigns for the public and health care and social sector employees.
- Increase cooperation between NGOs, law enforcement and the health and social services structures.

3. HARM REDUCTION

Objective

- To expand programming to introduce services to reduce the harmful effects of injecting drug use and to ensure that IDU community receive information to understand how to avoid HIV infection.

Strategies

- Introduce harm reduction programs, including needle exchange, substitution therapy, counseling and support centers.
- Provide adequate police practices in prevention of drug abuse and illicit drugs trade that do not obstruct HIV prevention activities among IDUs.

4 - COMMERCIAL SEX WORKERS

It is assumed that war in the environment, the socio-economic crisis, unemployment and deterioration of social norms has led to an increase in prostitution. Commercial sex work has increased as has the incidence of trafficking in women and girls (both internally and from outside the country) for work in the sex trade. Commercial sex workers are at considerable risk to STI and HIV infection for a number of reasons: as a result of their mainly illegal status in the country they do not have access to health care services, face discrimination and violence and they often do not determine whether or not to use condom.

Public services do not have clear information about the size of prostitution in Montenegro and estimation is based on the articles in the newspapers and police reports.

Goal

- Reduce the risk of HIV transmission among commercial sex workers.

Impact indicator

- Percentage of sex workers who report using a condom with their most recent client in the last 30 days.

TARGET INTERVENTIONS

1. CAPACITY-BUILDING OF ORGANIZATIONS FOR HIV/AIDS, STI PREVENTION IN COMERCIAL SEX WORKERS AND THEIR CLIENTS

Objective

- To strengthen the capacity of NGOs for implementation of preventive programs that reduce risk of HIV transmission among sex workers and clients.

Strategies

- Establish cooperative interaction among NGOs, law enforcement officials and local authorities in support of prevention interventions for sex workers;
- Support education of workers dealing with prevention of HIV/STIs in sex workers and clients;
- Expand and support peer education activities among commercial sex workers;
- Provide wide access to condoms.

5 - MEN WHO HAVE SEX WITH MEN

The researches on the number of homo and bisexuals, their HIV status, degree of their promiscuity, and whether or not they practice usage of condoms has not been conducted in Montenegro.

From the above mentioned it can be concluded that this population is very hard to reach for organizing adequate health preventive programs for HIV/AIDS prevention and other STI. One of the postulates for realization of successful preventive programs of indicated infections in this population is establishing suitable environment, reducing the stigma and discrimination.

Goal

- Reduce the risk of HIV/AIDS transmission among men who have sex with men

Impact indicator

- Number of MSM who are HIV infected

TARGET INTERVENTIONS

1. CREATE A SUPPORTIVE ENVIRONMENT FOR EFFECTIVE PROGRAMS

Objective

- To create a supportive and proactive environment for MSM to address their needs.

Strategies

- Reduce public discrimination against MSM through awareness-raising activities and tolerance promotion;
- Improve access to information and promotion of condom and lubricant usage among MSM;
- Improve availability of health care services for MSM.

2. CAPACITY-BUILDING FOR NGOS

Objective

- To strengthen NGO MSM based organizations in order to identify and address their specific needs in preventing the spread of HIV and to become involved in creating specific interventions

Strategies

- Support an increase in the number of activities for the prevention of HIV, including behavior researches for MSM populations;
- Expand peer education activities about MSM;
- Support the development of appropriate information materials.

6- PRISONERS

There is a central prison in Spuz (place between Podgorica and Danilovgrad) with Department in Bijelo Polje with 600 beds for prisoners in total. Prisoners, who need psychiatric treatment or psychiatric testifying, are placed in Special Psychiatric Hospital in Dobrota Kotor (about 50 persons). A high percentage of prisoners are injecting drug users. It is expected that they are involved in high risk sexual behavior associated with forced or voluntary sex between men.

HIV prevalence and other STI among prisoners in Montenegro is not known because the researches on the HIV infection and risk behavior have not been conducted in this population so far.

Goal

- To prevent HIV transmission risk among prisoners.

Impact indicator

- Number of prisoners who are HIV infected.

TARGET INTERVENTIONS

1. RAISING AWARENESS OF DECISION-MAKERS

Objective

- To ensure that decision-makers are aware of the risks of HIV/AIDS/STIs in prisons, so that measures should be taken to reduce transmission.

Strategies

- Train prison staff about HIV/AIDS and STI prevention;
- Ensure that prisoners with HIV/AIDS have access to high-quality care, treatment, and support;
- Establish counseling services as part of the medical services of the correctional system, through NGOs.

2. PREVENTIVE ACTIVITIES WITHIN CORRECTIONAL SYSTEM

Objective

- To ensure that every prisoner is aware of the risks of HIV/AIDS/STIs and to possess means, and desire to act in accordance with knowledge, within a supportive environment.

Strategies

- Develop and distribute appropriate education materials in prisons.
- Implement HIV/AIDS peer education activities.
- Allow possession and distribution of condoms and lubricants in prisons.
- Allow sexual contacts with spouses/partners in accordance with international standards.

7 - ROMA COMMUNITY

Among registered persons with HIV infection there are no persons from Roma community. Their social isolation and economic disadvantage exacerbates factors contributing to the potential spread of HIV/AIDS: low education level, high unemployment rate, poor life standards, having sexual contact at early age of life, and lack of habit to use health and other social services.

The Roma community overall have a low education and literacy level which may contribute to restricted access to information and services. This requires additional efforts to provide further information and services for Roma. Under the strategy, focus will be placed on developing a partnership with Roma groups and to conduct interventions to meet their specific needs and situation.

Goal

- To prevent HIV transmission risk among the Roma community.

Impact indicator

- Number of Roma people educated in HIV transmission and prevention.

TARGET INTERVENTIONS

1. RAISING THE AWARENESS OF THE ROMA COMMUNITY LEADERS

Objective

- To ensure that Roma leaders are aware of factors increasing the vulnerability of the community to HIV/AIDS and of effective methods of preventing the spread of infection.

Strategies

- Directly involve the leaders of the Roma community and its members in all aspects of research, program planning, implementation and evaluation.

2. INFORMATION, EDUCATION, COMMUNICATION AND RESEARCH

Objective

- To ensure that members of the Roma community know how to avoid HIV infection and STIs.

Strategies

- Directly involve the leaders and members of the Roma community in conducting research, and in analyzing the findings on knowledge, attitude and behaviour;
- Develop means of addressing healthy life styles within the context of specific language, education and socio-cultural background;
- Improve access to and development of specialized services (medical services, testing, and counseling).

3. CAPACITY-BUILDING

Objective

- To strengthen the capacity of Roma organizations to address the needs within their communities, in order that such communities and individuals can be empowered to protect themselves from HIV/AIDS.

Strategies

- Design a training program for Roma organizations to strengthen their ability to address HIV/AIDS prevention, care, treatment and support services.

II. HEALTH CARE SETTING

1. GUIDELINES FOR UNIVERSAL PRECAUTIONS
2. BLOOD SAFETY

Most of health care settings do not have guidelines for universal precautions of HIV infection for personnel. The below mentioned goal is based on careful attention paid to infections control procedures, including the blood safety and universal precaution measures. The Centre for Transfusion within Clinical Center of Montenegro ensures national coordination of blood donation. Since 1987 all donated blood products have passed through mandatory testing for HIV. In the case of inconclusive results, the blood is sent for confirmation with Western Blot tests in the Institute of Health of Montenegro or in Belgrade, in the case of the lack of necessary reagents. Blood is also tested for Hepatitis C (HCV), Hepatitis B (HBS) and syphilis.

Goal

- To prevent HIV transmission in the health care settings.

Impact indicator

- Number of HIV infections due to a professional exposure in health care settings and via blood transfusion.

TARGET INTERVENTIONS

1. UNIVERSAL PRECAUTION MEASURES

Objective

- To ensure that guidelines for universal precaution measures introduced and implemented in all health care facilities.

Strategies

- Support the development and distribution of guidelines for universal precaution measures;
- Establish a mechanism for training of medical staff in universal precaution measures;
- Ensure that resources are allocated to support the implementation of universal precaution measures;
- Ensure PEP (post exposure prophylaxis) treatment as an emergency medical response for medical workers who accidentally became exposed to HIV during the course of their work;
- Support creating of the system for the quality control of health care service.

2. BLOOD SAFETY

Objective

- Ensure and improve access to safe blood, organs and tissues.

Strategies

- Increase the number of regular voluntary blood donors;
- Improve work of services for transfusion developing standard operative procedures and training the staff in these procedures;
- Strengthen and extend the existing chain for registration of donors, evaluation, feedback and traceability on the local and national level;
- Improving quality control system and developing the system for quality control assessment.

III. HEALTH CARE

1. *DIAGNOSTICS, TREATMENT AND CARE*
2. *PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION*

In accordance with law regulations the Republic Health Fund in Montenegro provides health care to all population. PLWHA (people living with HIV/AIDS) have the rights to health care and confidentiality of information regarding HIV/AIDS issues.

However, due to the lack of necessary conditions for adequate health care in Montenegro, HIV/AIDS treatment is provided in Belgrade. Treatment is carried out in the Centre for AIDS, Institute for Infectious and Tropical Diseases, Clinical Centre of Serbia. All costs are refunded by the Health Fund of Montenegro.

Although, public health care institution and NGOs make efforts in HIV/AIDS prevention and awareness rising of general population of certain target groups, relation to PLWHA is characterized by stigma and marginalization. The similar attitude of health workers toward these people is of special concern.

Currently 13 persons in Montenegro receive ART (antiretroviral therapy). Patients procure therapy in Belgrade, but the costs are covered by the Republic Health Fund.

No mandatory testing on HIV for pregnant women has been introduced in the country. The health staff needs additional skills and knowledge to provide safer delivery practices, infant-feeding counseling and support.

The standard protocol and resources for routine ARV have to be made available to all pregnant women found to be HIV-positive.

Goal: Provide efficient therapy to all PLWHA.

Indicators: Number of PLWHA referred to treatment out of the territory of Montenegro due to limited treatment in Montenegro.

TARGET INTERVENTIONS

1. DIAGNOSTICS, TREATMENT AND SUPPORT TO PLWHA

Objective

- Improving: quality, availability, and access of diagnostics, treatment and care of PLWHA.

Strategies

- Inclusion of ARV drugs in Montenegro.
- Develop and implement a standard National protocol for treatment and care of PLWHAs.
- Ensure adequate building resources for treatment of PLWHA and laboratory capacities for diagnostics and monitoring of development of HIV infection.
- Provide training for health workers in accordance with guidelines for HIV/AIDS treatment.
- Provide conditions for adequate health care to PLWHA in hospitals and out patient health care services.

2. MOTHER-TO-CHILD TRANSMISSION

Objective

- Prevent HIV transmission from HIV-infected woman to her child

Indicator

- Number of infected infants

Strategies

- Ensure that all pregnant women receive adequate counseling about the risks of HIV/AIDS, and that they have access to voluntary and confidential testing.
- Develop protocols for testing of pregnant women.
- Ensure standard protocol for routine ARV and provide treatment to all pregnant women found to be HIV-positive.
- Ensure that health staff has the skills and knowledge to provide safe delivery practices, infant-feeding counseling and support.

IV. HUMAN RIGHTS AND SOCIAL SUPPORT FOR PLWHA

1. SOCIAL SUPPORT NETWORK 2. IMPROVING ACCEPTANCE OF PEOPLE WITH HIV/AIDS

Montenegro ratified all international conventions on human rights and signed UN Declaration of Commitment on HIV/AIDS. Law regulations in Montenegro guarantee rights of all persons to treatment, education and employment, regardless their health status.

Lack of adequate psycho social support (in the family, work place, at school) results in discrimination of PLWHA. One of reasons for discrimination is the lack of adequate education programs that would ensure improvement of support for persons living with HIV/AIDS.

Goal

- Create safe and supportive environment for PLWHA and those affected by HIV/AIDS.

1. SOCIAL SUPPORT NETWORK

Objective

- To ensure that all PLWHA and persons affected by HIV/AIDS have access to necessary and confidential social support.

Indicator:

- Created network

Strategies

- Establish an accessible, confidential social support network for PLWHA.
- Support information campaigns to inform the public and destigmatize PLWHA.
- Rising awareness on HIV/AIDS issues and human rights among social and health care workers.
- Improve partnership between governmental organizations and NGOs working with PLWHA.
- Ensure conditions for participation of representatives of PLWHA representatives in the processes of creating the protocols related to these issues.

2. IMPROVING ACCEPTANCE OF PEOPLE WITH AIDS

Objective

- To ensure respecting of human rights of all people infected with and affected by HIV/AIDS and full integration in everyday social and work activities.

Strategies

- Use the mass-media to disseminate messages for reducing discrimination and raising tolerance of PLWHA and their families;
- Review and adopt existing regulations and laws;
- Ensure the participation and full involvement of representatives of PLWHA in processes for preparation and adoption of regulations;
- Develop recommendations for reducing stigma and discrimination of PLWHA within health sector.

V. POLICY ON TESTING

In Montenegro, there is stigma attached to HIV and concern regarding the confidentiality of the testing process. There is not anonymous testing with pre and post test counseling in Montenegro. Furthermore, there is limited pre- and post-test counseling for HIV testing and weak “social marketing” of the potential benefits of testing. The rate of HIV testing was among the lowest in Europe by 1997, one tested person per 1000 citizens, and from 1997 to 2003 it increased to 2.31, and in 2003 it was 3.91. People are reluctant to be tested for HIV until symptoms develop and data suggests that most diagnosed individuals were tested for the first time late in the course of HIV disease.

HIV testing in Montenegro is performed in organizational units of the Service for transfusion within General hospitals and Special hospital in Risan, Clinical Centre of Montenegro and the Institute of Health of Montenegro. In addition to mandatory testing of voluntary blood donors, patient can access HIV testing via a doctor’s referral, and in this case the costs are covered by republic Health Fund. There are private biochemical laboratories in almost all municipalities in Montenegro, but not all of them perform HIV testing. The cost of HIV testing in private laboratories is approximately 9-18 €. The cost of HIV testing in public laboratories without doctor’s referral is 9-15 €.

Blood is tested using standard Eliza test. In the case of two positive ELIZA tests, patient is referred to confirmatory testing using Western Blot method at the Institute of Health of Montenegro. In the case of the lack of WB test, patients are referred to Clinic for Infective and Tropical Diseases or Military Medical Academy in Belgrade. However, it is possible that some results from private laboratories may not go on to confirmatory testing due to confidentiality concerns. There is a potential gap here for the surveillance. There are no quality assurance programs in place for either the laboratories performing the HIV screening tests or the central laboratory performing the confirmatory test. Rapid HIV tests are not widely used due to their insufficient accuracy and certainty.

Goal

- To develop national policy on HIV testing.

Impact indicator

- Annual number of implemented VCT.

TARGET INTERVENTIONS

1. CONFIDENTIAL, VOLUNTARY AND COUNSELED HIV TESTING

Objective

- To establish voluntary, confidential HIV testing system of high quality that includes pre- and post-test counseling.

Strategies

- Ensure availability of voluntary HIV testing, including anonymous testing (personal data are not required), pre- and post-test counseling.
- Develop guidelines for public and private institutions to standardize testing and counseling procedures.

- Provide the necessary resources (human and financial) to secure an appropriate pre- and post-test counseling system.
- Develop curriculums, including those for continuous training of health workers.
- Inform the public about testing procedures, sites and rights of patients and health providers.

VI. SECOND HIV/AIDS SURVEILLANCE GENERATION AND MONITORING THE PROGRAM OUTCOMES

The national epidemiological surveillance system is based on passive collecting of data from health institutions. Institute of Health is the only institution responsible for collecting and analyzing of health data. HIV/AIDS is one of infections that are mandatory to be reported according to the Law on Protection against Infectious Diseases. Reporting STIs is also mandatory, but the most cases of STIs are not reported. Thus, little concrete information on HIV/AIDS/STIs exists and/or is being gathered, and it is difficult to plan interventions and monitor effects of implemented program. In order to ensure development of efficient interventions based on the results of researches, it is necessary to create the system for continuous data collecting and analyzing of both biological and behavioral especially in vulnerable groups.

This strategy proposes establishing system for monitoring and evaluation of the interventions' efficiency as well as introduction of the second HIV/AIDS surveillance generation, according to WHO recommendations and its adaptation to the situation in the country.

Goal

- To know the epidemiological situation, including trends and main determinants of HIV/AIDS/STIs infection, based on epidemiological researches of prevalence and behavioral patterns.

Impact indicator

- Annual national reports of HIV/AIDS/STI biologic and behavioral surveillance of vulnerable groups.
- Number of conducted researches and data collected for defined impact and scope indicators.

TARGET INTERVENTIONS

1. HIV AND BEHAVIOR SURVEILLANCE

Objective

- To ensure increase of national capacity to conduct serological and behavioral studies relating to HIV/AIDS and STIs.
- Collect, analyze and ensure the timely dissemination of information to key stakeholders.

Strategies

- Develop national plan for monitoring and evaluation of efficiency of program outcomes
- Adopt the list of indicators (impact and scope) that will be used as subject of further researches on "monitoring and evaluation"
- Strengthen the routine surveillance system, particularly for STIs.
- Establish the system for data collecting in laboratories related to STI diagnostics.
- Ensure that mechanisms protect confidentiality of epidemiological data.
- Ensure trained staff in second generation surveillance on HIV and STIs.
- Serological and behavioral surveys and studies among vulnerable groups, each two year to ensure continuous monitoring

- Adopt and implement annual plan for researches and determine the responsibilities of partners in the process of data collecting and analyzing.
- Revise protocols for reporting HIV, AIDS, and death cases of AIDS.
- Strengthen the mechanism for dissemination of data and analysis to national/local decision-makers, health care personnel and epidemiologists, for use in planning.
- Ensure usage of research results for design of preventive programs as well as monitoring and evaluation of program implementation.

VII. MANAGEMENT AND COORDINATION MECHANISMS

The overall goal of the National Strategy is to extend and strengthen the coordination and capacity of the national response to prevent a major HIV/AIDS epidemic in Montenegro. This strategy builds on initiatives to extend HIV/AIDS activities beyond the health sector. It will seek to expand existing activities already proven effective, introduce a range of new activities and strengthen overall coordination and cooperation between stakeholders. All stakeholders involved in the Strategy are committed to ensuring that requisite measures are implemented for the benefit of individuals, communities or the general public.

Goal

- To extend and strengthen the coordination and capacity of the comprehensive national response to HIV/AIDS.

Strategies

- Develop and implement efficient strategies and plans as a HIV/AIDS response
- Ensure establishing and functioning of efficient management structure within the Ministry of Health of Montenegro/ Republic Commission for AIDS
- Coordination and timely reporting of work plan, budgets and reports on activities of the Strategy realization to the Republic Commission for AIDS
- Cooperation with other institutions and organizations in order to ensure wide multisectoral response to HIV/AIDS epidemics
- Ensure support for capacity building of NGOs involved in realization of the Strategy

RESOURCE MOBILIZATION

Despite the harsh macroeconomic environment and measures which are in place to control public expenditure, the Government has envisaged significant increases in expenditure on HIV/AIDS over the next five years (10% at annual level) and reaches the invested amount of about 2 million €. These efforts will result in investment of about 50% of domestic resources which is ambitious, given the current economic uncertainties.

In the present economic and social situation it will be difficult to find sufficient resources within Montenegro itself, to adequately address priorities identified in the National HIV/AIDS Strategy. The current Government was elected in 2002. It faces a large number of competing political and social priorities, including economic reform and limited budgets. An IMF and World Bank Agreement demands additional fiscal restraint in order to facilitate macro-economic stability. This will, with no doubt, limit the scope of the government's resource allocation in the areas of HIV/AIDS.

The Government has recognized the existence of factors that could facilitate a sudden and rapid growth of HIV/AIDS by pledging to increase domestic financial resources committed to HIV/AIDS. The total budget for the implementation of the National HIV/AIDS Strategy for 2004-2009 is estimated on 4.3 million €.

To offset limited resources the National HIV/AIDS Strategy will be used as a basic document for competition for receiving professional and financial support of international organizations in order to ensure realization of activities proposed by the Strategy.

CONCLUSION

Steady progress has been made for addressing HIV/AIDS in Montenegro, but much remains to be done. Although current infection rates appear to be low, regional trends suggest the very real potential for a rapid spread of HIV/AIDS. World trends illustrate that the failure to respond at the early stages in the epidemic can have profound medical, social and economic costs in the long run.

Although there are a number of interesting, innovative and imaginative projects being implemented on HIV/AIDS in the country, a number of key gaps remain. These include:

- the relatively small scale of targeted interventions for youth and identified groups of special interest for HIV infection including sailors, persons working in tourism and hotel management, IDUs, sex workers, MSM, prisoners, and the Roma community;
- undeveloped adequate surveillance on HIV and other STIs ;
- limited access to counseling and testing services. In addition, the quality of these services is variable;
- limited access to medical care and inadequate support for PLWHAs. In particular, there is still a strong sense of stigma and discrimination within Montenegrin society as a whole;
- limited availability of important biologic and behavioral surveillance data relating to the spread and development of the epidemic.

This strategy gives Montenegro the chance to build a national, multisectoral response to address the complex issues raised by HIV/AIDS. By involving all stakeholders in the design and implementation of a flexible and comprehensive national strategy, the National Multisectoral Commission for HIV/AIDS is confident that the spread and impact of HIV/AIDS in Montenegro can be reduced substantially over the next five years.

ANNEX 1

ACTION PLAN FOR THE HIV/AIDS STRATEGY IN MONTENEGRO

FUNDING OF ACTIVITIES IN THE ACTION PLAN FOR HIV/AIDS STRATEGY IN MONTENEGRO

Within the budget of the Ministry of Health and the Republic Insurance Health Fund, there are not resources specially allocated for HIV/AIDS. The expenditures on prevention, HIV testing and ARV therapy (about 180.000 euro in 2001⁶ and about 210.000 euro in 2003⁷) are covered through resources of the Republic Insurance Health Fund committed to solving problems of infectious diseases. Within the total resources that country allocates for health sector, funding of activities on HIV/AIDS competes with other priorities, especially considering that the total number of registered HIV/AIDS cases is not relatively at high level.

The total budget available for fight against HIV/AIDS in Montenegro was 230.000⁶ euro in 2001, while in 2003 it was about 320.000⁷ euro. Along with these resources, 100.000 euro from NGOs sector has been available in 2001, and about 120.000 euro in 2003⁸. The estimations done during the Strategy designing, show that even after significant increases in expenditure on HIV/AIDS of 10% at annual level, 50-60% of resources still lacks, because it is expected that financial requirements will arise with spreading of epidemic, and the possibilities to maintain increases in expenditure on HIV/AIDS of 10% is not certain, especially regarding the policy on decrease in public expenditures.

According to above mentioned facts, in order to prevent and slow down the spreading of disease in near future, there is an urgent need for Government to start activities on collecting the resources, mobilization of additional resources and assigning public resources to ensure adequate prevention and treatment of HIV/AIDS. The table 1 presents short review of available resources in 2005, as well as assessment of necessary resources for HIV/AIDS in the period of four years.

Table 1: Assessment of current (available) resources for implementing the Action Plan for HIV/AIDS and additional resources that lack in Montenegro by 2009.

	2005 (€)	2006 (€)	2007 (€)	2008 (€)	2009 (€)	TOTAL (€)
Assessment of necessary public resources that country will invest from 2005 to 2009	320.000+ (29.100)++	352.000* (51.100)++	387.200* (34.300)++	425.920*	468.512*	1.953.632
resources from donations **	120.000					120.000
necessary resources at annual level	537.625	1.125.725	801.120	878.625	915.800	4.258.895
Resources nominated to donors	97.625	773.725	413.920	452.705	447.288	2.185.263

+ The resources have been defined according to estimated and received data on allocated resources from Budget of the Republic and Republic Health Insurance Fund for prevention, control, diagnosis and treatment of HIV/AIDS in 2004, according to the Law on health care and the Law on protection of population against infectious diseases that endangered the country.

++ Share of resources from the Republic budget in the total estimated amount of necessary public resources

* Increase of provided resources at 10% rate

** Data received from NGOs

Total amount of resources that lack from 2005 to 2009 – 2.185.263 euro

⁶ World Bank, 2004, HIV/AIDS at Western Balkan: PROFILES. Washington. D.C. World Bank

⁷ Ministry of health of Montenegro, 2004, HIV/AIDS in Montenegro: Situation and response analyses. Podgorica

⁸ Unofficial information from NGO sector