



REPORT

on the

Fifth Balkans HIV and AIDS Conference

“A decade of responding to HIV in the Western Balkans Region: What have we learned and where are we going?”

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INTRODUCTION

The Fifth and final Balkans Regional Conference on HIV and AIDS, with the theme “**A decade of responding to HIV in the Western Balkans Region: What have we learned and where are we going ?**” was organized by Foundation Partnerships in Health (FPH) and UNDP Croatia on March 25 and 26, 2010. This year the Conference took place in Zagreb, Croatia. Previous venues were Skopje (2005), Pržno (2006), Sarajevo (2008) and Durrës (2009)

This Conference was the last one to be organized by the Western Balkans HIV and AIDS Programme. These regional conferences became an important forum created by the programme, which were supported so generously by Sida and implemented by FPH since 2004.

The Conference was made possible also with support from other partners such as UNDP, UNAIDS, UNICEF, UNFPA, GFATM, and the contributions of FPH’s many local partners in the region.

1. PROJECT ACTIVITIES

This, and the previous four Conferences, brought together stakeholders affected by or working in HIV prevention and AIDS care representing government, policy makers, civil society, international agencies, members from vulnerable populations, PLHIV, donors and advocates, to promote and achieve exchange and increased collaboration to enhance HIV vulnerability reduction in the region. This year’s Conference had two key objectives:

- To share our successes in the region over the past decade and
- To promote regional exchange, networking and planning for the next decade to maintain HIV prevalence rates low

The conference was attended by more than 160 participants from 13 countries including Dr. Dunja Skoko-Poljak, MD, Head of Department for Projects and Programmes, Ministry of Health and Social Welfare Croatia, representatives of Ministries of Health and Social Welfare, Ministries of Health, Institutes of Public Health, Regional Health Authorities, Inter Parliamentary Union, Members of Parliament, Justice Systems, the Police Service, University Hospitals and Clinics, UN agencies, GFATM, local and international NGOs, PLHIV and other members of vulnerable populations, specialists and representatives of international organizations and FPH technical and programme staff.

The two-day conference programme consisted of plenary and parallel sessions, using a presentations and interactive methodologies. The conference also offered a unique opportunity for some of the participants to attend site visits during the evening prior to, and during the Conference, as a special extension to the conference programme. Local NGOs ‘ISKORAK’ and ‘LET’ organised visits to outreach programmes working with MSM, sex workers and IDUs. Numbers were limited for each and capacity was reached on a first-come first-served basis by day one.

SW Visit

The mobile unit (car) of the NGO LET contained IEC materials - brochures, leaflets - as well as condoms and fist aid kits for distribution to SWs. The group (approximately 20 persons) were told about the counselling outreach workers are doing with SWs. The whole group walked to the site where the SWs work, but it was a little too early in the evening to interact with them.

DAY ONE

The Conference was opened by Dr. Dunja Skoko-Poljak, MD, Head of Department for Projects and Programmes, Ministry of Health and Social Welfare Croatia. Then participants were welcomed by Dr. Bettina Schwethelm, the Executive Director of FPH, who explained that the choice of Zagreb as the concluding Western Balkans Conference site closed a circle because the Western Balkans Programme started in 2004 with the organization's first training of physicians from the region at the Clinic for Infectious Diseases and the first programme planning meeting, in Zagreb.

Alessandro Fracassetti, UNDP Resident Representative a.i. in Croatia, reminded participants that "we constantly call and remind countries to remove laws that discriminate against people living with HIV, women and marginalized groups. A task of the UN body is to continuously monitor and warn the governments about violations of law."

Parallel Session I:

(1) *Improved knowledge and evidence-base* from passive case reporting to active surveillance

Moderator : Dr Ivana Božicevic.

Presenters:

- ❖ Dr. Ivana Božicevic, WHO Collaborating Centre for Capacity Building in HIV Surveillance
- ❖ Andrija Stampar, School of Public Health
- ❖ Remzija Šetic, psychologist, Institute of Mental Health, Sarajevo
- ❖ Dervishi Marjeta surveillance officer National Programme of AIDS
- ❖ Dr. Branko Kolaric Institute of Public Health, Zagreb
- ❖ Dr. Zorana Klišmanic, Epidemiology, Institute of Public Health Split
- ❖ Valerio Bacak, sociologist, Sex Research Unit, Dept. of Sociology, University of Zagreb

Ivana Božicevic - *From passive case reporting to active surveillance*

Content of the presentation: Developments in HIV surveillance in the countries of south-east Europe since mid-2000s and five challenges in the next five years.

HIV surveillance systems should be designed to help countries understand :

- Where are new infections coming from - this enables to plan the most effective prevention responses?

- Is the epidemic increasing, decreasing, or stabilising over time? This enables countries to assess how well responses are working and how much more needs to be done
- How many people are living with HIV and AIDS? What is their profile? This enables planning for the care and treatment of those living with HIV and AIDS

Population-based surveys among MARPs showed significant improvements by implementation of probabilistic designs mainly using RDS – response-driven sampling. The most successes were achieved with IDU populations, followed by MSM. Facility-based HIV surveillance is limited. Population size estimates were done in several countries mainly using the multiplier method, but more than one method should be used – capture-recapture, enumeration, network-scale up. Five challenges for the next five years are:

1. Population size estimates of most-at-risk groups
2. Surveillance trend data analysis
3. Incidence-based HIV surveillance
4. Data triangulation - Using surveillance data to inform programmatic decisions and programmatic data for surveillance
5. Maintaining resources

Marjeta Dervishi - *Surveillance of HIV/AIDS in Albania*

- 365 registered HIV positive cases in Albania for the period of 1993-2009. 61 new cases reported only in the year of 2009
- In 82% of HIV cases infection occurred through sexual contact, hetero or homo-bisexual and is the predominant mode of transmission
- The highest number of cases diagnosed with HIV are between age 35-45 (34.9%)
- The majority of HIV cases are located in the capital Tirana (54 %). 54 % infected during the period of their emigration or visit to other countries; 46% inside the country

Conclusion: more active measures in prevention of HIV need to be taken due to increasing trend in incidence of HIV cases during the last 10 years.

Remzija Šetic - *“Examining Knowledge and Attitudes Related to HIV and AIDS in BiH study”*. The polling method on a sample of police officers, prison police officers and soldiers was used and the following results obtained:

Knowledge:

- Vast majority of the respondents had an opportunity to learn about HIV and AIDS in the past
- The media is the main source of information on HIV/AIDS
- The vast majority of respondents know that condoms are the most effective protection against unwanted pregnancy and STDs. However, frequency of condom use is low - ¼ of respondents have never used condom, ½ of them use it occasionally
- Regarding causes and transmission of HIV - the respondents have shown above average knowledge - but have less knowledge about how HIV is not transmitted, such

as mosquito bites, sneezing, coughing, sharing toilet and dishes and utensils, and kissing.

Regarding their attitudes:

- There is a high level of intolerance toward PLHIV in the examined sample
- Almost 2/3rds of respondents still completely or mainly believe that HIV and AIDS happens only to homosexuals, prostitutes and drug addicts
- A large percentage of the respondents approves of the fight for rights of persons living with HIV. This is the attitude where respondents have shown the greatest tolerance

There is a weak, but important connection between knowledge and attitudes. The knowledge about HIV and AIDS affects attitudes in terms of changing them in the positive direction by increasing the knowledge.

Conclusion: long-term prevention is accomplished by sensitizing young people. In changing social attitudes, stereotypes and stigmatization related to HIV and AIDS, particular attention should be paid to the media and training.

Branko Kolaric – *Sexual risk behaviours for getting HIV infection among Croatian MSM population in 2007:*

- The majority of respondents (85%) thought that regular condom use can prevent HIV infection, 11% did not agree
- Almost half of the men (49%) have never been tested for HIV, 24% had one test and 27% had more than one
- 80% have never used condoms during oral intercourse. 7% had used condoms at each oral intercourse. 40% had used a condom at each anal intercourse and 20% never
- Only 27% of those who also had sex with a women used protection during the last 12 months

The results indicate trends for a decline in some high-risk behaviours among the Croatian MSM population, but more prevention activities are needed for the MSM/MSW population.

Zorana Klišmanic presented the *Epidemiological Characteristics of HIV and AIDS in Split-Dalmatia Count*. Background: covering the period 1985 – 2009 - population approximately

420 000 persons :

- In last five years the number of HIV cases has increased significantly
- 72.5% of HIV infected persons are men and 27.5% are women
- Majority of HIV infected persons are those between 30-39 years
- Distribution according to risk groups shows that promiscuous heterosexual persons are the majority (33%) followed by persons having a HIV + partner (28%) and homo/bisexuals (24%)

Valerio Bacak: *Investments into HIV prevention and change in HIV and HCV prevalence among IDUs in three towns in Bosnia and Herzegovina between 2007 and 2009.*

Results of the study showed that there has been no outbreak of HIV and the prevalence of HCV did not increase drastically in three cities between 2007 and 2009. These findings suggest that increased investments into HIV prevention have been effective.

Parallel Session I:

(2) *Human resources capacity building*

PART I:

Building human resource capabilities

Valbon Krasniqi, Regional Training Manager, shared a regional overview of the HIV training activities for various professionals in the Western Balkans Programme up to February 2010. Subsequently, the group was split up into two round table discussion groups:

Round Table 1: Using dental training as example to discuss health human resources capacity building.

Branko Rasovic, Head of the Dental Association of Montenegro advised that in MNE 1/3 of dentists are already trained and, as chairman of The Association of Private Dentists there, he is very happy with the success of the trainings implemented so far, as well as with the feedback from trained doctors. During trainings he was happy to hear that dental professionals were willing to assess their working practices, especially with respect to sterilization, which is an issue in other countries in the region as well.

Dragana Nikolic (CPC Serbia) stated there was a lot of confusion among dental professionals on the pre-test, and that dentists from governmental institutions lack of sterilizers and autoclaves. In all 11 trainings held in Serbia, the most discussed issue was sterilization practices to prevent HIV and Hep B & Hep C in the dental practice. A doctor from BiH mentioned that there are no reported cases of transmission in the dentist office, quipment for sterilization and autoclave is inadequate. Dr. Granit Bruçi (Dental Trainer, Kosovo, since September 2009) reported that a dentist after attending the one-day training bought an autoclave for his own private clinic. Dr. Oriana Tamburi (Dental Trainer, Albania) that older dental professionals participating in the trainings had less knowledge about HIV and AIDS than younger ones, as well as less knowledge about sterilization and opportunistic infections. She said that the new law in Albania emphasizes that each dental cabinet must have an autoclave, but expressed her disappointment that the Association of Dentists of Albania was of no help for dental trainers regarding the logistical and organisational support of the training activities.

Prof. Salih Ahmeti (IDS Kosovo) stated that although not confirmed, the first HIV positive case in 1986 in Kosovo may have been infected in a dental clinic. He also stated that IDSs are detecting the disease, but the training of other clinicians professionals in health care system will help to detect HIV symptoms earlier in patients. Najada Como (Infectologist, Albania) stated that, it is very important that dentists refer oral infections to IDSs. Patients must not be refused if they are HIV+, which is the case in this region. Each patient, HIV+ or not, must be treated with the same.

Dr. Milos Stojanovic (Serbia) called on dental professionals to have in mind the PLHIV rights to treatment regulated by law in each country. Vesna Markovic (Serbia) stated that a journalist asked 30 dental clinic owners to treat her, informing them about her HIV positive status. Only one accepted to provide treatment. Mr Rasovic advised that during trainings dentists were always asking why do they need to use gloves and why do they need to put dental instruments in an autoclave? He added "This is a big issue which needs to be regulated by country law and governmental quality controls in public and private institutions". Another frequently asked question by participants of the trainings was "Should the dentist be informed about the statute of HIV positive patient in order to inform the dentist? WHO latest regulation states "ALL BLOOD PRODUCTS ARE TO BE CONSIDERED CONTAMINATED," thus everyone needs to be handling them very carefully.

PART II

Round table 2, facilitated by Adi Kolasevic (TC PH from BiH) discussed:

1. Training approaches across training activities
2. Needs assessment and curriculum
3. Best practices of TSTC and one-day basic/advance courses on HIV and AIDS for relevant specialists
4. What are countries and region needs?

Training cycle recommendations

Training preparation:

1. Ask about their needs
2. Target groups
3. Assess gaps in the health system
4. Assess also access that health workers have electronically

Delivery of the training:

Specifically, the discussion was focused on stigma and discrimination as the main issue related to HIV and AIDS, to which FPH had put a lot of attention during the trainings. Stigma is a very complex issue because there are a lot of other issues behind it like values, culture, mentality etc. The iceberg model of culture was explained by the facilitator - what is visible in relation to HIV is *behaviour*, but the values, history or religion are hidden like the hidden parts of an iceberg. Those hidden parts are the main causes of stigma.

How do adults learn:

Mostly, participants expressed that we learn by doing. Information and education materials need to be adapted for the specific target group. Power point presentations were considered a very good audio visual training technique.

Continuing education:

A trainer from Bosnia said that in Bosnia continued education was not taking place due to low motivation, because of a lack of accrediting system. In Albania and Kosovo there is

more motivation due to accreditation. In Serbia continuing education is best done outside the working hours. Suggestions to overcome these obstacles were:

- free training modules posted on the internet
- training in accreditation programmes, when they are in existence

While distance learning is good in terms of increasing knowledge, when it comes to behaviour and attitudes, training in person at a centre with a PLHIV is still the best approach.

Parallel Session II

(1) *MARP – Most At Risk Populations.*

Presenters:

- ❖ Belma Lapir, UGI PROI, BiH
- ❖ Denis Dedajic, MARGINA, BiH
- ❖ Mimoza Pejo, AGAPES, Albania
- ❖ Andia Meksi, Axion Plus, Albania
- ❖ Danijela Korac-Mandic, NSHC, Serbia
- ❖ Biljana Raškovic Živkovic, NSHC Serbia

This session focused on the region's vulnerable groups (IDUs, sex workers, rural migrants, MSM, and Roma), progress made in HIV prevention and identification of priority issues for the coming years in an effort strengthen networks and solidarity in the region.

Belma Lapir presented a Public Opinion Leader (POL) HIV project with Sex Workers, in BiH. Denis Dedajic presented the challenges of harm reduction projects, ideas on how projects on harm reduction should be implemented. Then highlighted the importance of multi activities approach and cooperation between stakeholders (especially government) on all levels. Dr. Mimoza Pejo presented the results of a VCT testing project among migrant women in rural areas of Albania. Andia Meksi presented on IDUs - needle exchange project, needle exchange approach and results. Danijela Korac-Mandic presented about Roma and gender, approach and results of FPH funded project on Roma and gender issues.

The "Roma and Gender" presentation triggered discussion on the approach to Roma. Albert Pancic (World Vision) explained that the only way for successful implementation of Roma projects is if Roma themselves are included in project implementation. It might not always be possible to include them at the managerial level but it is essential that Roma's are project staff, particularly for outreach work. The participants agreed. In Serbia, it was advised, under the government funded project, exactly this approach has been used.

Parallel Session II

(2) *Human rights and legislation.*

Moderator: Kristijan Grdjan (Human Rights Activist, Croatia)

Presenters:

- ❖ Aleksandra Blagojevic, HIV and AIDS Programme IPU, Switzerland
- ❖ Dejana Rankovic, Project Coordinator Youth of Jazas, Serbia
- ❖ Dejan Radenkovic, Member of Parliament, Serbia
- ❖ Altin Hazizaj, Director CRCA, Albania

The session was opened by conveying the notion that human rights are fundamental to humanity.

Aleksandra Blagojevic, the representative of the Inter-Parliamentary Union (IPU) in Geneva, laid out the role the IPU plays in legislating human rights. The IPU does not take direct action but supports parliamentary groups, experts and NGOs in their effort to establish legislative anchors that regulate and favour human rights, in particular related to HIV and AIDS. Support comes through establishing country, regional and global networks with the IPU advisory group and supporting parliamentarians with handbooks on HIV.

The findings are that several countries still criminalize certain behaviours of most-at-risk populations. Furthermore, it is interesting to note that results in legislative action differ from one country to the other. Members of parliaments have different knowledge of HIV; consequently, the effort put into legislating human rights and HIV-related activities is mixed.

It is important, according to Dejan Radenkovic, to introduce a motion or a bill in a cross-party approach. Whether the working group is formal or not is of lesser value, but it cannot come from one party only if the move is to be successful.

Serbian parliamentarians have been assisted by Youth of Jazas, a NGO located in Belgrade and financed in part by the European Union. Its goal is just what the IPU is striving for; to advocate among individual parliamentarians, but also health care providers and other stakeholders, for a greater sensitivity toward human rights and to debate the issues openly with the public. Dejana Rankovic affirmed that, so far, nine parliamentarians in Serbia – all from different political parties – have joined hands to move Serbia closer toward aligning it with EU laws.

Testimonies from Albania, showcased by Altin Hazizaj, prompt for more action, especially guarantees that laws will be implemented on the rights of people living with HIV - particularly with regard to children. It is encouraging that several countries in south-east Europe, including Albania, have adopted laws favorably regulating children's rights and prevention of HIV. But it is frustrating to witness that the authorities are rather relaxed in implementing these rights guaranteed to its most vulnerable citizens.

In their concluding remarks, the panellists noted that putting words into action is much needed and should be a focus in the near future. Such effort does, for the most part, not move by itself, and additional funding is needed to support the interest kindled toward HIV and human rights in parliamentarians.

Parallel Session II

(3) *Improving clinical care for PLHIV.*

Presenters:

- ❖ Prof. Josip Begovac, Clinic for Infectious Diseases, Zagreb: *Clinical care for HIV/AIDS: past, present and future*
- ❖ Prof. Arijan Harxhi, Infectologist Albania: *Barriers to care, adherence to Antiretroviral Medication, and barriers affecting adherence.*
- ❖ Vesna Hadziosmanovic, Clinical Centre of the University in Sarajevo: *Epidemiological and clinical features of HIV infection in the Clinic for Infectious Diseases*
- ❖ Arta Kuli, WHO: *ART and Quality of Life of People living with HIV*

Moderator Prof. Salih Ahmeti opened the discussion and Dr. Harxhi began by asking how can we all implement and apply WHO recommendations locally?

Croatia has new drugs but little choice of drugs. Local guidelines are applied due to availability of drugs. Monitoring is in place in order to start early treatment, taking into account availability and drug toxicity, but it is important to start treating HIV despite the side effects. Croatia performs regular basis PCR and viral load with results within 2 weeks max. Viral load counts in patients who are on HAART are performed 2-3 times per year. Patients with stable viral load who live far from Zagreb are given a 6 month supply of drugs and occasionally contacted by phone.

Valbon Krasniqi (FPH Kosova) asked if there was a chance to develop a unique “guidelines for art” in this small region where countries have a lot of similarities. Arta Kuli stressed WHO has been encouraging countries to start research on toxicity and resistance and recommends regional countries get together and develop such guidelines. Prof. Begovac expressed that there can be operational problems - a small number of persons requiring very specific treatment - stigma and discrimination among medical staff - difficulty in preparing guidelines. Dr. Harxhi took the EU as a comparison where, even though many trade and other systems are joint the Health Care systems within the EU are very different. This region still has deep political problems which can remain a barrier to working together.

Parallel Session III

(1) *UNAIDS: Universal access to treatment*

Dr Pashk Buzhala, Chief of Public Health Division, Ministry of Health Croatia presented: *Achievement of national Universal Access in Kosovo*, reporting on:

- the epidemiological situation
- Universal Access targets
- limitations of reported data and next steps, includes
 - appointing an M&E officer in MoH,
 - re-functionalizing the National AIDS Committee,
 - conducting BBS (Bio Behavioral Surveillance) and,
 - ensuring a sustainable reporting system for UA indicators

Parallel Session II

(2) Public and civil society partnerships in the justice system

Dr Sana Sabovic - Clinic for infectious diseases in Tuzla, presented results of testing on HIV and HCV among prison inmates in Tuzla prison. 343 prison inmates were tested between 1.10.08 and 15.1.10, and pre and post test counselling given. One HIV case was recorded, while 39 prisoners had Hepatitis C

Results were:

- good contact established with prison staff, especially with medical staff
- good contact established with prisoners
- good collaboration with NGO “ Margina”,
- HCV cases were put under control
- decreased fear of HIV and HCV among prisoners.

However:

- the presence of prison staff during pre and post test counselling was regrettable
- some prisoners still practiced risky behaviour
- prisoners are using drugs
- intravenous drug using is still the most risky behaviour related to HCV

Dr. Femi Sufaj, General Directory of Prison presented on Partnership between state institutions and non-governmental organizations in prevention of infectious diseases:

After the dictator communist regime, Albania is undergoing a profound reform - legal, administrative and infrastructure - to improve the security conditions and treatment of persons convicted and detained. The biggest change occurred in changing the philosophy on treatment of persons in conflict with the law, which relies on key Conventions of freedom and fundamental human rights. Despite the improvements made including care staff for prisoners, they are a most vulnerable population. Isolation, loss of relations with family and relatives, forced cohabitation with individuals and various groups, the level of hygiene, and health care, are factors that increase risk for health damages. Health care in the prison system is covered by the service staff in each institution, with doctors, dentist and assistant physician providing the 24 hour service. The Health care system is supported by NGOs "Stop AIDS", "Action +", and UN Groups like WHO.

HIV prevention activities in prisons in Albania include:

- Preventing HIV infection/AIDS in the prison population through Peer Education Service
- Strengthening Albania's National Response to HIV/AIDS among Vulnerable Groups Preventing HIV / AIDS / STI among IDUs.

Maja Okanovic – NGO Association Margina, presented results of the project “Knowledge is Power” which aims was to raise awareness on HIV, TB, Hep B, Hep C and harms related to drug use among inmates and prison staff. This first pilot study was conducted in four prisons: KPZ PT Mostar, KPZ PT Tuzla, KPZ ZT Zenica and OZ Doboje and involved both staff and inmates. The aim was to, by implementing the model

“the leader inside the scene”, to influence behavioral change, through transfer of acquired knowledge, both to inmates and prison staff.

Results:

- project approval from the Federal Ministry of Justice and the Ministry of Justice of Republic Srpska was very quickly received
- good communication was established with the contact persons within the prison

However:

- some prisons, despite approval from Ministries of Justice demanded written requests
- there was an unclear system of responsibilities in prisons;
- communication barriers existed with the contact persons within the prison
- staff asked to be paid for participation in the KAP study

Recommendations to achieve better cooperation:

1. Determine who will be the contact person in the prison
2. Actively involve prison staff in future projects and research that take place in prisons
3. Determine knowledge, attitudes and practice, to identify the needs of prison staff and inmates before adapting or creating education manuals

Sanja Stanic from NGO “Viktorija” presented the results of their prison project *Education Of Prison Staff On HIV Infection*. The goal was to secure optimal conditions in order to secure a safe and healthy environment for prisoners, staff and visitors in prisons, and educate staff for implementation of preventive activities in area of HIV/AIDS in prisons.

Project activities:

- individual psycho-active work with addicts
- group psycho-active work with addicts
- social service for addicts (including introducing tracking of prisoners after completion of their prison penalty)
- testing for presence of narcotics in urine
- consultative dialogue with Psychiatrist
- self-help groups for family members of addicts
- supervision of therapeutic activities

Results:

- decrease of risky manners of behavior related to HIV/AIDS, Hepatitis B and C and other infections
- continuation of treatment upon completion of prison penalty (treatments available outside prisons)
- sustainability of therapeutic programmes in prison facilities

Milazim H. Gjocaj MD, Head of Prison Health System in Kosovo, presented results of the project “*Reducing HIV vulnerability among prisoners*” implemented by NGO Labirinth. The aim of the project was to determine - behaviour of the prisoners in the context of homosexuality, drug and condom use and knowledge about HIV/AIDS, Hepatitis B, C

Results of the project:

- 75% of learned about HIV, and 63% about hepatitis B and C, during their imprisonment period
- 5% of used condoms while they were in prison
- 4% of used drugs whilst in prison
- 6% of had MSM relations
- 4% had sexual intercourse
- 5% used condoms - 1% did not

Moderator Adi Kolasevic then opened discussions which led to the following conclusions and recommendations:

- the situation nowadays is much improved since the GO and NGO sector has established this kind of collaboration with the prison system
- there is no synergy between different ministries and medical staff in prisons to do any education on STIs
- with the help of NGOs both prisoners and staff knowledge on HIV, Hep B and C is very much improved
- although prejudices still exist about NGO involvement among some prison staff, NGOs really contribute to HIV, Hep B and C prevention in prisons
- the NGO sector and GO sector must continue their collaboration since only together can the situation in prisons be improved

Parallel Session II

(3) UNFPA - Approaches and methodology of the Y-PEER network.

Presenters:

- ❖ Ivica Cekovski, Y-PEER International Coordinator
- ❖ Nevena Boroja, Y-PEER Focal Point for Serbia
- ❖ Haris Karabegovic, SRH UNFPA PH Programme Manager, BiH
- ❖ Dr. Visare Mujko-Nimani, National Programme Officer UNFPA Kosovo
- ❖ Danijela Alijagic, Programme Analyst UNFPA BiH

Ivica Cekovskipresented: *Shaping the response to HIV – Peer Education and PETRI model of youth-adult partnership* (Co-author: Nevena Boroja).

Content: The model peer education approach, peer education network, PETRI (Peer Education Training and Research International Institute) was presented. These are based on strong partnerships between the Y-PEER International Network, the National Centre of Public Health Protection, the Ministry of Health of Republic of Bulgaria and UNFPA. Examples from different countries where peer education networks exist were shared, as well as short films Y-PEER (i.e.) promotional media clips as examples of interesting educational and promotional materials for youth.

Haris Karabegovic presented: *Improving sexual and reproductive health of youth in Bosnia and Herzegovina*. This project was implemented during a period of 4 years in Bosnia and Herzegovina. The project used the model of peer education from the beginning and resulted in a successful educational model for young people in BiH. This

programme was implemented in cooperation with UNFPA, MoH, MoE and local NGOs in BiH.

Dr. Visare Mujko-Nimani shared the experience of the use of “*theatre based techniques within peer education*” in Kosovo.

Danijela Alijagi presented a document on the call from the international community for UNFPA to take the lead in ensuring ‘reproductive health commodity security’ (RHCS). It outlines the scope of the issue, identifies required actions at both the global and country levels to ensure RHCS, and proposes specific roles for various partners, from developing country governments to NGOs and the private sector. It also projects contraceptive costs, shortfalls and consequences.

DAY TWO

Parallel session IV

(1) *Impact of GFATM support in the region: 2003-2010*

Moderator: Andreas Tamberg, Fund Portfolio Manager, GFATM Switzerland

Panel: Dr. Edona Deva , HIV PMU Manager, Ministry of Health, Kosova
Katarina Mitic, Project Director, Ministry of Health, Serbia
Dr. Dunja Skoko-Poljak, Head of Department for Projects and Programmes, Ministry of Health and Social Welfare, Croatia

Presentations: *NGOs: “Force multiplier” for reaching MARPs in Kosova*

Serbia’s Experience with HIV Prevention and Control: Public-Civil Society Partnerships to Optimize Harm Reduction

HIV/Aids Response in the Balkans: Seven Years of Global Fund Support - “Proving the Negative”

Global Fund – Supported Programs, Albania, 2009

Dr. Deva showed that the GF round 7 program evolved from national plans and priorities with the specific purposes to support the national AIDS program in Kosova. Its impact goal was to “maintain the current HIV prevalence of 5% HIV among high-risk groups and prevent the spread to other populations.

The key activities were a comprehensive HIV prevention program through outreach and peer education among hard-to-reach groups; harm-reduction services to IDUs, prisoners, MSM and other MARP; TB/HIV collaborative activities; institutional capacity building and more. The Ministry of Health worked together with eight local implementing organizations.

Mr. Tamberg pointed out that countries in the Balkans region can prove that their activities are indeed effective through years of preventive programs and that this low-prevalence will have to be sustained further. Funding from the Global Fund has triggered successful prevention –focused HIV responses, but political will and support is needed for post-GF funding years.

For the Balkans, a “provisionally” concentrated epidemics can be found among high-risk groups. There have been achievements made in many sectors, however, including HIV prevention among Roma, civil society involvement (Kosova), NGO-GO collaboration in Bosnia & Herzegovina, activities among “hidden” populations (Montenegro) and so forth.

In Albania, for example, the 5-year GF-supported program began in 2007. Despite many efforts, still 61 new HIV cases were reported in 2009. Most of these infections occur through sexual contact, and the number of females being infected is progressively increasing, being currently at about 30% nationwide.

Through Global Fund support, an outpatient clinic for PLHIV was established. Each prefecture has now a VCT center, and some 16 local NGO benefitted from capacity building exercises. These efforts will be a solid basis for future activities, and they are in line with the National Strategy for Prevention and Control of HIV/AIDS in Albania.

The substitution therapy was showcased with the Serbian example. In 6 trainings, some 83 staff of methadone centers were trained; in addition, 325 medical personnel from primary health care clinics were trained to work with IDUs. The trainer teams, consisting of a psychiatrist, psychologist, a nurse and an administrator were able to scale up the patients reached from a low of 400 before 2005 to more than 1,800 in 2009.

Parallel session IV

(2) COMBI – Communication-for-Behavioural-Impact (Special focus HIV and AIDS). Strategic communication planning: integrated marketing communication for behavioral impact in health and social development.

Dr Everold Hosein presented a brief introduction to the workshop due to take place on Saturday 27th. Dr. Hosein is a Senior Communication Advisor-Consultant to various UN agencies (primarily World Health Organization (WHO-HQ, Regional Offices and Country Offices; UNICEF, UNFPA, UNDP and UNAIDS), and is an international communication specialist. Dr Hosein expressed that a continuing global dilemma for health and social development professionals is finding effective ways to encourage the adoption/maintenance of behaviours, which enhance people’s lives -- the critical challenge being that of achieving behavioural impact. This challenge is prominent in all HIV/AIDS work. COMBI offers a dynamic communication approach to achieving behavioural results.

Parallel sessions V

(1) *UNICEF – Most-at-Risk (MARA) and Especially Vulnerable Adolescents*

Key issues:

- A small part of big programmes
- HIV/AIDS entry point to address vulnerability
- Adolescents are excluded from services, programme, societies
- Approaches require building understanding and trust
- Sustainable models require structural change
- Legislation, guidelines
- Creation/adoption of services
- Changing provided government attitudes and building skills

Presentations:

Joanna Busza, London school of Hygiene and Tropical Medicine :

What is important to define research results and plan subsequent concrete activities?

Important questions:

- What % of MARP are adolescents and what are their needs
- What % of specific adolescent groups is already in risk behaviour?

Summary of researches all 7 countries:

- Adolescents have less access to services
- “Junior” commercial sex workers are less experienced in negotiation for safe sex
- Roma community in Montenegro show no cases of IDU, but there is need for education due to early marriage among Roma

Two areas which have impact on adolescents:

- paediatric services who need help in reaching adolescents who are already in risky behaviour
- harm reduction programmes, who are helping the adolescents but do experienced difficulty in reaching all the adolescents

Developing interventions:

- Understanding local patterns of behaviour
- Harm reduction as entry point
- Develop links with relevant social services (what are the wider needs of Mara?)
- Develop defined intervention pathways

Elda Hallkaj, Stop AIDS association, Albania – results of “BCT - BREAK THE CIRCLE INTERVENTION” study –

- increased number of injecting drug users among adolescents
- newly injecting drug users started to inject drugs because they were inspired by other older injecting drug users. (This fact is very important for BCT programme).
- most newly injecting drug users already smoked or sniffed drugs, and started to inject drugs as part of a group

The main goal is to reach non-injecting drug users and to prevent them starting to inject drugs.

Sanja Stanic, NGO Viktorija, Banja Luka: HIV prevention and adolescent's participation in these activities, especially adolescents who are living in institutions:

Statistical data shows that 50% of those children practice risky behaviour, 41% are stigmatized and 18% suffer some kinds of violence from staff in the institution. NGO Viktorija held work shops, round table discussions and trainings in 11 towns in BiH. Pre and post test results show that knowledge of HIV is improved after all these activities. Outcome: Country strategy on drugs has been adopted as a consequence of these activities. What has to be done: strengthen the VCT protocols for adolescents

Branka Kovacevic, Montenegro - Roma MARA:

Research into identifying indicators for making young Roma vulnerable. Indicators are:

- MSM behaviour
- unprotected sex
- inadequate knowledge on HIV
- lack of education (44% of Roma who participated in this research doesn't go to school)

Activities:

Workshops held in Podgorica and Niksic on the themes: *Human minority, Woman and child rights, Stigma, Access to health system, VCT and Access to education*, resulted in great interest.

Future plans: Case study on gender in Roma MARA; creation of strengthening Roma women NGO; Connect into the system of education and health and birth registration.

Milica Vasilijic, Center for Youth Integration with UNICEF: Street children are "Social Ghosts" with no social security numbers, no registration

Research with street children 2007/08 showed:

- alcohol abuse
- drug abuse
- 17% of male and 57% of female sell sex
- 16 % of Male and 34% of female don't go to school
- 50% work illegally

Outcomes:

A drop in centre for street children was opened in Belgrade, where street children can eat, take a bath, and sleep occasionally. They receive advice on medical services, social institutions and education on how to "STEP OUT OF THE CIRCLE".

The activities of outreach for street children since 2005 have:

- identified those at risk

- promoted community services
- increased knowledge
- created relationships
- informed on HIV, HCV, HBV and drug abuse risk behaviour
- registration, social welfare, second chance education programmes
- reached 800 street children so far

Sustainable results:

- New law on Social welfare
- Ethical and legal guidance for harm reduction, HIV prevention and child protection programmes among MARA.

Parallel sessions V

(2) *PLHIV networks: From isolation to solidarity*

Moderator: Olimbi Hoxhaj. Presenters: Kristijan Grdjan and Ivo Prochazka

Olimbi explained the goal of the roundtable to discuss PLHIV problems in the region and invited the other panel members to introduce themselves, or to say the name they would like to be known as for today: Migena, Najada, Bettina, Biljana, Milosh, Dragana, Miljana, Vladimir, Snevena, Alban, Jasmin, Elena, Dolaz, Mitros, Skender and Altina introduced themselves.

Ivo Prochazka from The Czech AIDS Help Society and the ‘Lighthouse’ Asylum Centre.

The presentation included:

- The epidemiology of Czech Republic
- Way of transmission – MSM most common way of transmission (in Croatia also)
- Aims of NGO and History: the aim is typically different from other organization’s support and care for PLWHIV ...prevention aspect also different from other organizations
- Personnel capacity
- Asylum housing
- Summary of VCT activities:
 - Special concern for MSM. Usually 2-3 pre and post counselors and 1-2 nurses. Nurses do not do tests. If the test is + Western Blot test is implemented. Last year they saw an increase of drug users. Ex-prisoners have used the service. Another new VCT has opened in Ostreva. In Prague situation the OK but outside remains different and difficult.
- Phone helpline – 24 hours (staff + volunteers during the night shifts).
- Internet counseling. (Write your question and we answer)
- Prevention and education
- Discussions with HIV people
- Number of people in MSM sex industry
- Pictures from center and other activities

Kristijan Grdjan presented *Human rights and HIV positive people*

– There are still many reasons to discuss a human rights based approach:
Still no universal access. You do not have to be a lawyer to understand law, but it is important to understand it, in order to secure HIV people human rights.

– International guidelines on HIV/AIDS and human rights:
Guidelines 5 and 8 are important for this discussion. More of our countries now have a comprehensive legal framework. Civil sociality organizations are main stakeholders in prevention and other activities for HIV people. Relations between civil society and state intuitions are important.

– Catalogue of fundamental human rights for HIV/AIDS people - national response:

Protection of human rights is equal to protection of public health.

– Importance of joined-up programmes:

– Areas of possible collaboration:

Example – a law school in Croatia has an element on reviewing the law on HIV/AIDS and public health.

– Reporting – capacity building for NGOs:

NGOs can do the advocating on legal and social changes. Like the Serbian NGO for example, providing some legal assistance to people living with HIV/AIDS.

– International collaboration:

The purpose of this conference is to connect people. This is important because you connect people and connect forces in order to influence state. International NGOs are very useful, for example the Croatia union, when they violated the Charter of Human Rights the INTERIGHTS commission reacted toward the regular curricula that Croatia was using toward HIV positive people.

Use the different international NGOs and use their recommendations in your respective countries in order to protect and guarantee human rights.

The floor was then opened for questions to be taken. Milljana asked Kristjan if the UNDP human rights report 2008 was a general or case study one. It was a case study research. People were asked their opinions. Respondents reported being victims of discrimination, for example doctors refusing to give services, dentists and OBGYN.

Questions were asked of Ivo regarding the Lighthouse centre specifically how they control the no alcohol and no drugs rule. Ivo admitted this was a challenge. New visitors were tested and then re-tested if they were suspected of breaking the rules. If they violate the rule it is suggested that maybe they should not stay at the centre but it depends on the situation, if there are health problems. Mitros asked if they worked with the families and friends? If they helped people to return to society, if they monitored re-socialization in the community - the centre sometimes offers accommodation for people that are not HIV+ who cannot afford to stay in the city, in order not to separate families. Vladimir asked about the courses offered for the providers. The courses are run by professionals and some seminars are accredited. The professionals can collect credit points to renew their licenses.

The panelists were then asked their perspective on the issues of approach; network building and governance. What should the NGOs who are working with PLHIV in the region do in order to get together and collaborate and help each other. How can this collaboration be facilitated.

Milljana from Serbia: "Since 2007, 90 PLWHAs from all over Serbia have been trying to form a network of PLWHA and just few months ago they achieved this. They are registered according to legal framework. They are recognized as a juridical entity. They are now members of international NGOs, country monitoring mechanisms, etc. This is a model that can be replicated in the whole region as a positive case and experience."

Kristijan invited Mitros to talk about his experience as an HIV positive person:

"10 years ago I could not play basketball, now I can do. There is some positive change and development in Montenegro. If this change had not happened I could not think of having a girlfriend or having friends at all, but now I have found friends, now I have a girlfriend and people accept that. This is a kind of global change, a positive change. Many people helped me, NGOs, government, and I did have the support to create this network of people. When I was a child I did not think to have a normal life, but now, I do have a normal life, I have a job and I love my job, I have a girlfriend, and I am helping HIV positive people, I am leading a peer education group initiative with high school children. Many problems exist because of lack of information. Old people are a little resistant toward new information while the young people are some different and tolerant, and they are the ones that are changing the situation. When I was a young I could not think of having a girlfriend, but now I have her, and have safe sex with her. But now her parents are a problem... However, I live a totally normal life, I have a job, I have a girlfriend, and all this with the help of others. I would be glad to share information and my experience with you. Please, if you have any questions I would be glad to answer and talk with HIV positive people as well."

Vankov from Serbia:

"I am a HIV positive person and I am a classic case in this group. I know many things now, thanks to NGOs where I found out that I was a HIV positive. NGOs gave me all kind of information and now I know how I can fight for my own rights, and fight against stigma and discrimination. I face that from doctors GP, dentists etc. For them HIV was the worst thing, but HBV ...hmm HBV was OK. Social workers in the NGO I go tell me that GPs are trained on HIV issues, but until now I have not found one to deal with my problems, that could do something for me. I am informed about my situation and tell them what to do and what not to do. Health centers have not trained GPs and they believe that HIV positive people are aliens from out space. I have an opinion on prevention campaigns: their main message is if you make the wrong move this is almost the end of your life. My message is "HIV positive people can live normal lives. Prevention campaigns sometime scare people. I am surprised when I saw so many dentists that did not have a clue about HIV facts. Prof. Vatsko did a good job on educating this group. I was talking about the fight against stigma and discrimination, and when I told them that I was a HIV positive person, their reaction was wow at least we saw someone, we saw how

a HIV positive person looks. A lot of thanks to Dr. Jankovic, Dr. Rain and Dr. Dubrovka from Belgrade, they did a lot of prevention activities guaranteeing ARV., test CD4 count etc, and give us strength and support to fight for our human rights”.

Bettina: “Share some directions on how you want to connect with each other, like e-mails, and build institutions or places to provide services for yourselves. For example Montenegro they gather once every two weeks and have meeting for HIV + people, and the meeting is facilitated by a psychologist.”

Mitrosh: “Dr. Aleksandra meets people at VCT centre where people can get information and meet each other and/or her. Some people want to express their social problems rather their health ones. But we hear them as well.”

Kristijan: “The aim of this session is to find ways of connection, because people don’t even talk too much because of stigma and discrimination, sometimes they don’t believe that they will be understood. Some organizations present these issues as there is a lack of PLHIV involved in such activities.”

Vankov: “Support groups for PLHIV depend on funds. Recently diagnosed HIV+ people do not know where to go. They know me, and they know that I am part of an NGO but I am not the leader of the NGO, so I don’t take decisions. Sometimes I counsel them on their health issues, on CD4 count, on how to protect themselves, etc. The church initiated some meetings, and sometimes we meet in coffee places, or at our houses, but there is nothing formal such as one NGO for support groups or helpline. Finally, these are people that don’t know where to go, and I do not know where to orient and refer them. There may be NGOs offering support services twice in a week, but there are other days in a week when a person needs help and support.”

The session ended with a written speech from one member of the group from Serbia which showed a positive experience on network and support for PLHIV in Serbia.

Parallel Session V

(3) *Operations Research with vulnerable groups* – 5 presentations on surveys and other methodologies related to HIV with different vulnerable populations (SWs, IDUs, MSM, youth, and prisoners). Moderator: Iva Jovovic

Presenters.

- ❖ Edmond Laho, Executive Director, “For a Health Albania”
- ❖ Lumturi Merkuri, Specialist of reproductive health and HIV AIDS, National Institute of Public Health, Albania
- ❖ Sasa Mijovic, Executive Director, “NGO 4Life”, Montenegro
- ❖ Tijana Pavicevic, Program Director, “Juventas”, Montenegro
- ❖ Brikena Krasniqi, Social Worker, “Labyrinth”, Kosovo

Sasa Mijovic presented on NGO ‘4Life’s activities over the 18 months since formation:

- 450 people asked for help

- 4 groups are active participants of the programme “12 steps” (12 male and 3 female)
- They formed the first female group in Montenegro
- Offer group and family therapies
- Created database – groups and individual, income/outcome, questionnaires...
- Organized informal socializing with IDUs (movie, theatre, concerts etc.). They have received sponsorship from “Hotel Splendid” from Budva, who provides free services of the spa centre to clients of NGO 4Life
- Cooperation with management of the prison Spuz. Since February 2010, 14 inmates are going through the 12 steps programme
- Field work, sharing brochures and trying to motivate IDUs to start with treatment for drugs addicts
- Physiological workshops where former addicts, in cooperation with a psychologist help IDUs
- Teaching meditation technique
- Prevention works with youth – workshop activities
- Organizing testing on Hep. A, B and C as well as HIV. Organizing vaccination on Hep E and B
- Participated in several seminars, conferences, working groups etc.

Plans for the future:

Providing information on Hep C and drug abuse, education and prevention, counselling work, group therapies, fight against stigma and discrimination and many more.

Iva asked for more information about the database and Dr Marjanovic asked about its use. The database is in-house, but plans are to have a more secure and better coded one. The data has not yet been shared but plans are to become networked with relevant institutions.

Tijana Pavicevic from “Juventas” presented on the project activities of “*Health on street*”. The donor of the project is Global Fund, with the support of the Police Department - Criminal Police Sector - Department of drugs and smuggling and with the cooperation of health institutions in Podgorica.

Tijana gave a short introduction on Montenegro country politics and demographic overview. The project’s main activity is giving health and physiological services for IDUs. Statistical data from 01.04.2007 to 01.09.2007 shows distribution of:

- 37,023 preservatives
- 5,505 lubricants
- 15,753 sterile needles
- 10,548 sterile syringe
- 9,821 brochures
- 23 boxes of returned IDUs equipment (average number of needles in one box 900)

The first drop-in centre for IDUs opened in January 2010. They are using an anonymous database with encrypted client’s information. They are using *RDS method* (respondent-driven sampling) to obtain data from database.

Questions were asked about contacts with IDU and SW and how they did data processing: Outreach workers are in the field 6 times per week. They work in teams of 2 (m/f) with SW and IDUs. They record what service is rendered on a form - counselling, sharing needles, condoms etc. All forms are processed manually and data is reported to UNGAS, GF and to the National AIDS Coordinator.

Lumturi Merkuri then presented on the KAP survey among Albanian youth aged 15-19. The survey was specifically targeted for the age group to evaluate level of knowledge, attitudes and behaviour among Albanian youth in order to draft specific interventions for them (educative diagnosis) and to serve as a baseline to monitor and evaluate the IEC. Methodology used for a quantitative study with the representative sample of 2,175 high school students aged 15-19 years. Data entry and analysis was done with SPSS software and level of response was 96%.

Results:

- misconceptions about transmission: 22% from mosquitoes; 25% seating in the same school chair as a person with HIV + has sat
- information received in school is insufficient (64%)
- resources of information: friends-35% of respondents, teachers-38%, while health personnel only 18%
- 31% have sex – at average age of 15.2 years; 59% will accept sex without condom
- there is a low level of information for health institutions which offer and provide counselling, diagnosis and treatment for HIV/AIDS
- teenagers feel uncomfortable and do not discuss with parents about sexual health (85%).
- only 63% used condoms while family planning centres that provide free condoms are not recognized at all
- only 8% of them have visited youth centres

Recommendations:

- the training of professionals who work in the HIV/AIDS field for young people is necessary
- sexual and reproductive health including HIV/AIDS education, should begin in the lower grades of school
- peer education methods must be implemented in an innovative and interesting way for youth – they are a very effective intervention
- evidence-based interventions must be implemented to change attitudes and practices regarding condom use
- family planning centres and youth organizations should orient their work and increase access to youth friendly services
- review of school curricula, training of health personnel and health education teachers are a necessity
- create the group of media representatives that can conduct with higher professionalism the matters linked with HIV/AIDS

Tijana asked if research had been done on why such a small number of youth visited youth centres and their use of condoms. Lumturi said they would like to find out why

information shared with youth populations was not taken into account or was treated frivolously.

Edmond Laho from Association “For a Healthy Albania” presented results of a survey carried out on beliefs related to HIV/AIDS among commercial sex workers in Albania. Qualitative methodology (semi-structured focus group interviews – 10 commercial sex workers) and quantitative methodology (structured questionnaire and trained female interviewers) were both used. 50 out of 60 commercial workers identified agreed to participate in the study.

Results:

- prevalent mistaken beliefs on the route of transmission correlate with the low education level and socio-economic status
- this topic was not a preferred one for them to read or talk about, mainly because of a belief that by mentioning it, the disease could soon be present among them
- they unanimously blamed males for the existence and the spread of HIV/AIDS
- a number of them were confused about the role of oral contraceptives in the protection from HIV/AIDS
- some of them said that they performed vaginal douching regularly as a precautionary measure against HIV/AIDS
- the majority of commercial sex workers admit that they did not always succeed in persuading men to wear a condom

Conclusions:

- there is still a considerable proportion of commercial sex workers who are not clear on the routes of transmission of HIV
- the low prevalence of HIV in the country feeds disbeliefs
- the lack of the correct knowledge undermines any efforts to apply condom negotiation techniques

Iva and Dr Deva asked about the interviewers and how did they reach the sex workers. Outreach workers are part of our programme. Interviews have been done in hotels and motels. Psychologists and social workers also took part in this survey. Mapping was done in the hotels where they usually operate. Since the start of the survey in 2005, 2 girls from Moldova were working in Elbasan but in the capital city Tirana, most sex workers are foreign girls.

Brikena Krasniqi from Labyrinth presented results of the survey “IDUs mobility and the risk for HIV infection”, supported by trust funding from funded by FPH. Brikena introduced the NGO’s activities and projects completed and ongoing.

The objective of this study was to explore the level of mobility and identify the accompanying risky behaviours among IDU while travelling in and out of Kosovo in 2008. The methodology used was standard questionnaire with key informant interviews. The target group was IDU-s from both inside and outside of Kosovo. Information was been collected on frequency of travel, destination, and risky behaviours. Study sample :

100 IDUs (94 males, 6 females). Age distribution: 35% (21-25), 41% (26-35), 23% (36-45), 1% 46 and older.

Conclusion: that mobility was associated with the risk of HIV exposure:

- Data suggests that IDUs in Kosovo engage in risky behaviours inside and outside the country
- Frequency of needle and syringe exchange and the non-usage of condoms suggested a high HIV exposure risks among mobile IDU-s in Kosovo

Recommendations:

- To study the behaviour of migrant populations who come to Kosovo for holidays (IDUs)
- Regional study on the mobility of IDUs is warranted to enable more in-depth analyses as well as to inform future policy and programme for countries in the region and in Europe

Iva asked about the figure of 63% who go abroad to buy drugs. This is due to drugs being more available and cheaper abroad than in Kosovo. It was advised that with GF support the NGO will be starting a needle exchange programme

Plenary

The main programme of the Conference continued with a plenary panel:

Our hopes for the future - Voices of vulnerable populations

The panel consisted of 2 PLHIV, a Representative from NGO Iskorak, Zagreb, an MSM contact of NGO Iskorak, an ex Prisoner, an IDU from Albania and a sex worker. Moderators were Kristijan Grdjan and Olimbi Hoxhaj

As every year, this panel was one of the highlights of this regional conference. MSM, an injecting drug user, a sex worker, and a young man living with HIV shared their personal stories, how they perceive their environment, and their dreams and hopes for the future.

At the beginning the moderator, Olimbi Hoxhaj, told the panel and participants how difficult sharing her life had been in Montenegro in 2006, but how it had contributed to her personal growth and empowerment and her ability to advocate for PLHIV.

The participants representing MSM conveyed how difficult life is for MSM which are highly stigmatized. They live in great secrecy and it is hard to target them for personal education and counselling. Meeting locations, such as drop-in centres are generally kept secret. The internet affords a new opportunity to reach this group for outreach activities, and 13,000 members are registered. Overall, laws to protect MSM have improved, but they are often not implemented, and confidentiality is not assured. Stigma and discrimination comes directly from the health care providers, which sometimes share sexual preference of their patient without permission with family members and others.

A panellist shared his path to becoming an activist in Croatia. He commented that discrimination is still visible in the streets; gay men do not dare to share affection; and homosexuality is not discussed on television. A man from the audience reported that a gay man in Albania has even been driven to suicide, and other participants confirmed that gay men experience a great deal of discrimination, and therefore continue to meet mainly in undisclosed locations for peer support and education.

An injecting drug user who has also been incarcerated several times for drug-related convictions told the participants that drug use for pleasure initially soon changed to addiction and how much easier it was for him to destroy his life and all family relations than now to rebuild. A participant from Montenegro confirmed that while there are few IDUs in prison, 80-90% of IDUs have been to prison at some point, and while drug users may have limited access to drugs, they quickly resume their old patterns upon release from prison.

A person living with HIV since 1991 stated that the situation has changed for the better, however, there is still a great deal of discrimination coming directly from the health care system, particularly the doctors. In 1991, the situation was so difficult and hopeless that she even attempted suicide. But even today, reproductive health education and information provided by the schools is inadequate. Donors have stepped back in the region, and self-help groups are not supported adequately. The situation is particularly difficult for people who have found out about their status. Many have difficulty accepting information, and it is not wise for them to disclose their status.

The SW stated that she works totally discretely and has been disowned by her family. She feels strongly discriminated against and excluded from society, as she also sleeps during the day. She is very satisfied with her involvement with UG Proi, where she has received education and learned how to use condoms correctly. She also did not know about STIs. She was recently tested for HIV and is still negative. She has become a popular opinion leader (POL) and is providing education to other sex workers. She is very sorry that the project of UG Proi is ending soon.

With respect to the future, the participants agreed that more education is needed, including large-scale campaigns, particularly for young people and outside the capital cities. Drop-in centres are also a good idea, particularly if members of the vulnerable groups know how to access them. This may be very difficult for MSM that are married. They recommended to the participants to keep fighting and to members for vulnerable groups to “keep their heads high”. Participants should stay away from drugs but should not give up on a drug addict. They should also avoid discriminatory remarks, even in private conversations.

The main programme then concluded in the main hall with a participant from each session sharing highlights of the presentations and discussions that had taken place over the two days.

Closing ceremony

... what a fruitful conference it had been and how participants from all countries had interacted together and had enjoyed meeting and re-meeting colleagues.

2. PROJECT OUTPUTS

The Conference produced the following outputs:

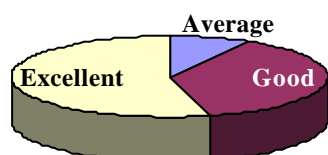
- Conference report, to be translated into local language
- Presentations
- Participant evaluation of the conference
- List of conference participants

3. USE OF OUTPUTS

The conference report will be shared with the participants and be available on the programme website: www.balkans-fight-hiv.org (This will be available as a resource for another two years). The presentations will serve as reference material for HIV programmes.

4. PARTICIPANT FEEDBACK VIA EVALUATION FORM

Overall impression



What did you like the most about the Conference?

25% of evaluators liked the networking opportunities, 16% the choice of topics, 14% interesting sessions and 10% the ability to meet other PLHIV

Comments included: “studies that have been shown were excellent” “many people, many experiences”, liked “experience sharing, expanded borders” and 6% said government officials should have been present “they should hear this”.

One participant ‘complained’ there were “too many interesting sessions and no possibilities to be everywhere at the same time!”