



Custom analysis extract of:

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**Bosnia and Herzegovina**

**COUNTRY:**

Bosnia and Herzegovina

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:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV
:	Organisation	Ministry of Health and Social Welfare, Republika Sprska, BiH
:	Name/Position	Dr. Natasa Loncarevic, National AIDS Coordinator (RS)
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	NGO Action Against AIDS, Republika Sprska

:	Name/Position	Mr. Srdjan Kukolj, Office Manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
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:	Name/Position	Mr. Denis Dedajic
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO APOHA, Federation of Bosnia and Herzegovina
:	Name/Position	Ms. Zvezdana Jakic
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		M&E data entry
Position:	Full time/Part time	Full time
Position:	Since when?	November 2006
Position:		M&E Coordinantor for Republika Srpska
Position:	Full time/Part time	Part time
Position:	Since when?	November 2006
Position:		M&E Coordinator Federation of Bosnia and Herzegovina
Position:	Full time/Part time	Part time
Position:	Since when?	November 2006
Position:		CRIS data entry and Assistant M&E Coordinator (RS), Ass. M&E Coordinator (FBiH) - 2 positions
Position:	Full time/Part time	Part time
Position:	Since when?	November 2007
Position:		M&E Officer, UNDP
Position:	Full time/Part time	Full time
Position:	Since when?	November 2006

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

2004-2009

**1.1 How long has the country had a multisectoral strategy/action framework?**

3 years

**1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?**

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	No
Labour:	<b>Earmarked budget</b>	No
Transportation:	<b>Strategy/Action framework</b>	No
Transportation:	<b>Earmarked budget</b>	No
Military/Police:	<b>Strategy/Action framework</b>	No
Military/Police:	<b>Earmarked budget</b>	No
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Agriculture:	<b>Strategy/Action framework</b>	No
Agriculture:	<b>Earmarked budget</b>	No
Finance:	<b>Strategy/Action framework</b>	No
Finance:	<b>Earmarked budget</b>	No
Human Resources:	<b>Strategy/Action framework</b>	No
Human Resources:	<b>Earmarked budget</b>	No
Justice:	<b>Strategy/Action framework</b>	No
Justice:	<b>Earmarked budget</b>	No
Minerals and Energy:	<b>Strategy/Action framework</b>	No
Minerals and Energy:	<b>Earmarked budget</b>	No
Planning:	<b>Strategy/Action framework</b>	No
Planning:	<b>Earmarked budget</b>	No
Public Works:	<b>Strategy/Action framework</b>	No
Public Works:	<b>Earmarked budget</b>	No
Tourism:	<b>Strategy/Action framework</b>	No
Tourism:	<b>Earmarked budget</b>	No
Trade and Industry:	<b>Strategy/Action framework</b>	No
Trade and Industry:	<b>Earmarked budget</b>	No
Other*::Social Protection	<b>Strategy/Action framework</b>	Yes
Other*::Social Protection	<b>Earmarked budget</b>	Yes

**1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2003

**1.5 What are the target populations in the country?**

Sub-populations that have been locally identified as being at higher risk of HIV transmission i.e. Injecting Drug Users, Men having Sex with Men and their clients, Cross-border Migrants, Migrant workers, Internally Displaced People, Refugees, and Prisoners.

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

No

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	No
c. Detailed budget of costs per programmatic area? :	No
d. Indications of funding sources?:	No
e. Monitoring and Evaluation framework? :	No

**1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?**

Moderate involvement

**IF NO or MODERATE involvement, briefly explain:**

At the time preparing the strategy document, two NGOs as member of Country Coordinating Mechanism were providing services in the domain of AIDS, and they participated in the development of the country strategy together with participants from other organizations i.e. Institute of Public Health, UNICEF, UNDP, UNFPA, etc.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, all partners

**2. Has the country integrated HIV and AIDS into its general development plans such as:  
a) National Development Plans,  
b) Common Country Assessments/United Nations Development Assistance Framework,  
c) Poverty Reduction Strategy Papers,  
d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:

**2.2 IF YES, which policy areas below are included in these development plans?**

HIV Prevention:	<b>Development Plans</b>	b) / c) / d)
Treatment for opportunistic infections:	<b>Development Plans</b>	c) / d)
Antiretroviral therapy:	<b>Development Plans</b>	c) / d)
Care and support (including social security or other schemes):	<b>Development Plans</b>	c) / d)
AIDS impact alleviation:	<b>Development Plans</b>	b) / c) / d)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	b) / c) / d)
Reduction of <b>income</b> inequalities as they relate to HIV prevention/ treatment, care and /or support:	<b>Development Plans</b>	d)
Reduction of stigma and discrimination:	<b>Development Plans</b>	b) / d)

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

No

**4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?**

No

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

No

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

No

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates and projected needs

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes

**(b) IF YES, is coverage monitored by population sub-groups?**

Yes

**IF YES, which population sub-groups?**

Most-at-risk population groups: Injecting Drug Users, Men who have Sex with Men, Sex Workers, Roma (vulnerable population group),

**(c) IF YES, is coverage monitored by geographical area?**

Yes

**IF YES, at which levels (provincial, district, other)?**

Two entity levels: Federation of Bosnia and Herzegovina (FBiH) and Cantonal levels in FBiH, Repulika Srpska (RS), and District of Brcko.

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

No

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 8

2005: 6

**Comments on progress made in strategy planning efforts since 2005:**

Since 2005, VCT centers with HIV test - free - were introduced for users in FBiH, and since 2006 it has also been introduced in RS. All users in the FBiH who need anti-retroviral therapy are obtaining it from Solidarity Fond in accordance with agreed list of medicaments (12+1 combination of antiretroviral medicaments) in accordance with the Essential Drug List [ART WHO revision April 2003]. In RS since 2007, training for PHC professionals working on HIV/AIDS have been started as a step towards mitigating discriminatory practices. The plan is to complete training of medical staff in primary health protection. Plans have also been initiated in 2007 to reach uniformed personnel with HIV prevention activities, which will be implemented in 2008. Since 2006, UNDP/GFATM is supporting the HIV/AIDS programme in the country focussing primarily on education, VCT, working with most-at-risk target groups, substitution therapy treatment for IDUs, etc.

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government :	No
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**2.1 IF YES, when was it created? Year:**

2002

**2.2 IF YES, who is the Chair?**

Name:	Mr. Senad Sepic
Title/Function:	Deputy Minister, Ministry of Civil Affairs, Bosnia and Herzegovina

### 2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	No
include the private sector?:	No
have an action plan?:	Yes
have a functional Secretariat? :	No
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	No
actively promote policy decisions?:	No
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	No

#### (\* If it does include civil society representatives, what percentage?

approx. 20% (9 of 45 members)

### 3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

#### 3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	No
Regular meetings (*):	Yes

#### (\*If it does include regular meetings, what is the frequency of the meetings:

Quarterly and on need basis (in 2007: 4 meetings took place)

**IF YES, What are the main achievements?**

There are two main bodies in the country: 1) National Advisory Board on HIV/AIDS (NAB), 2) Country Coordination Mechanism on HIV/AIDS and TB (CCM), a multisectoral body consisting of 45 members. It has a mandate of 4 years which expired on 17.12.2007 but was extended at the NAB meeting until the election of CCM members. Main achievements of the CCM has been the development and successive approval of the proposals on HIV/AIDS and TB for Global Fund to Fight AIDS, Tuberculosis, and Malaria. Some of the specific tasks carried out beside the submission of GFATM proposal during the reporting period are: strengthening of NGOs in terms of profiling and specializing in their work related to AIDS issues, inclusion of PLHIV, cooperation with other donors, raising awareness among the various relevant sectors especially amongst policy makers.

**IF YES, What are the main challenges for the work of this body?**

The lack of a functional secretariat within the State level government, dependency on NAB, lack of funding sources are some of the main challenges.

**4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?**

75% from the overall budget [counting State budget, Entity budget, funds from Bilateral donors, and UNDP/GFATM funding]

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services :	No
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	No

**6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

No

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007:	7
2005:	6

**Comments on progress made in political support since 2005:**

The Health Protection of BiH is not at the State level, therefore except for the strategy, operational planning and coordination are being conducted at Entity levels. Common planning at both the Entities and process of reconciliation of the rights of PLHIV for the whole country began only in 2005. In 2006 and 2007, permanent communication between the Entities were further established - almost on a daily basis - especially for the implementation of the UNDP/GFATM programme. UNDP/GFATM requires continual contacts of State Institutions and the Civil Society. Plans for strengthening the psychological and social aid to PLHIV are being developed, along with State level strategy to address "fighting against abuse of psychoactive substances".

Under the umbrella of the UNDP/GFATM programme, monitoring and evaluation plan within the HIV/AIDS sector was developed. Implementation of M&E began in 2007 including training of field level staff.

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Use clean needles and syringes:

Other::Harm reduction messages amongst IDUs

Other::HIV transmission, prevention addressing young and general population

Other::Prevention messages especially addressing Roma population

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

No

**2.1 Is HIV education part of the curriculum in**

primary schools? : No

secondary schools? : No

teacher training? : No

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

No

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

No

**3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?**

No

**IF NO, briefly explain:**

Health Protection is not regulated at the State level and neither is education. Entities do have policies in the domain of sexual and reproductive health (in RS) but they mostly concern the overall population. The strategy for "fighting against abuse of psychoactive substances" is now being created at the State level, and a part of it will refer to these issues. Currently such policies and strategies do not exist for MSM and SW population and prisoners, but IEC materials and activities are being promoted under the umbrella of the UNDP/GFATM programme.

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

No

**IF NO, how are HIV prevention programmes being scaled-up?:**

The State is decentralized, therefore such programmes are being established on the lower administrative levels. In this case UNGASS is not precise enough. In this configuration the answer is "No" if we perceive the State only at the level of common institutions. But if we consider an integrated union of two Entities and Brcko District then the answer is "Yes".

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>all</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>some</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>all</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>some</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	N/A
HIV prevention in the workplace:	<b>The activity is available in</b>	N/A

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	9
2005:	5
2007:	6
2005:	2

## Comments on progress made in the implementation of HIV prevention programmes since 2005:

In 2005 BiH only contemplated on the strategies, and dealt more with smaller programmes for sub-populations at risk, rough estimates on the size and the needs of the sub-populations based on minor surveys. On the basis of established networks of Canton HIV issues Coordinators in 10 Cantons (FBiH), we are identifying the needs per regions and accordingly making plans. In the next few years trainings are planned in IEC skills (which will be implemented by NGOs FPH and XY), harm reduction measurements in several areas where the concentration is the highest. i.e. Mostar, Sarajevo, and Zenica, establishing drop-in-centers for MSM population in Sarajevo. A large problem in dealing with sexual labour is the fact that their work is illegal and that all the Nightclubs where they could have been found are shut-down. Today they mostly work in private apartments and are therefore inaccessible.

### 1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

#### 1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

### 2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

#### IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?

Antiretroviral therapy:	<b>The service is available in</b>	<b>some</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>some</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>some</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>some</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	N/A
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>some</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>some</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

No

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

No

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

No

**IF YES, Years covered:**

For UNDP/GFATM programme M&E for HIV/AIDS programme is supported

**1.1. IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes

**1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

No

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

**3. Is there a budget for the M&E plan?**

No

**4. Is there a functional M&E Unit or Department?**

No

**IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?**

At the national level M&E system does not exist. Therefore, establishing a national level M&E system incl. improved infectious disease surveillances is a pre-condition to enable use of data for public health action. But currently, within the UNDP/GFATM supported HIV/AIDS programme, 6.8% of the total funding is allocated towards establishing M&E system for HIV/AIDS. The HIV/AIDS M&E is situated under the Programme Management Unit of UNDP but with representatives nominated from Ministry of Health. A M&E plan has been developed and some trainings as per the plan has already been undertaken i.e. CRIS.

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>Number of permanent staff:**

6

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

Yes

**IF YES, does this mechanism work? What are the major challenges?**

Reporting in time from sub-recipients (contracted for the HIV/AIDS programme i.e. NGOs) sometimes can be problematic because of issues in understanding deadlines in accordance to UNDP/GFATM rules and regulations. In addition, sometimes the sub-recipients are expected to report on indicators that are not important for national response.

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly

**5.1 Does it include representation from civil society, including people living with HIV?**

No

**IF YES, describe the role of civil society representatives and people living with HIV in the working group**

The UNDP/GFATM HIV/AIDS M&E does not have representation from civil societies. But the contracted sub recipients are NGOS directly working with the target groups (those who have the most contacts). These sub-recepients are also periodically required to submit the progress reports on their activities. Meetings are regularly conducted. Surveillance surveys are also being carried out in close cooperation/collaboration with the NGOs.

**6. Does the M&E Unit/Department manage a central national database?**

No

**6.1 IF YES, what type is it?**

Currently the only central data entry being established is under the UNDP/GFATM programme in CRIS. Some of the indicators can be also used at national level.

**6.3 Is there a functional Health Information System (HIS)?**

National level :	No
Sub-national level (*):	Yes

**6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes

**What are the main challenges to data use?**

HIV is not considered a burning issue in the country by the public health sector. Data are sometimes not readily available to the stakeholders.

**8. In the last year, was training in M&E conducted**

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 4

At sub-national level? : No

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 1

**Comments on progress made in M&E since 2005:**

Implementation of the UNDP/GFATM programme has forced us to prepare M&E plans in detail. For the first time under the UNDP/GFATM programme separate budget has been allocated for M&E activities i.e. 6.8% of 11 million approved for surveys and training in the country. CRIS ver. 2.1 has been installed at the M&E unit and trainings are being provided.

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes

**1.1 IF YES, specify:**

The BiH constitution guarantees the protection of human rights of all BiH citizens. BiH has also signed international convention on protection of human rights, which also gaurantees respect of human rights. BiH developed the "Strategy on prevention and fight against HIV/AIDS in BiH 2004-2009" which in the strategic goal 3 ensures legal framework for protection of the ethical principals and human rights of people living with HIV and AIDS. Although BiH legislation suppresses any kind of discrimination on its citizens on any basis (gender, age, health condition, or tribe) including HIV status, there are no laws that directly address protection from discrimination of PLHIV in the areas of UNGASS reporting focus. Most laws are taken from previous system, which are yet to be adjusted to modern society standards. Although BiH has adopted international declarations it has been slow in implementing on those commitments and currently there are no significant activities being undertaken.

**2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?**

Yes

### 2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	No
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	No
Migrants/mobile populations :	No
Other::	No
Other::	No
Other::	No

### IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

Most laws are in preparation phase. State formed gender centers on entity levels are monitoring implementation of the laws in relation to women's rights. Ombuds exists at state and entity levels, which should monitor implementation of the legislation and protection of human rights governing BiH's citizens. Also, every law stipulates punishments in case of derogation. But there is no protection through law on labour, criminal law and family law. Therefore rights are nominal without actual implementation.

### 3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

### 3.1 IF YES, for which sub-populations?

Women :	No
Young people :	No
IDU:	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

### IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

There are many laws in the process of development or waiting for adoption, while old laws are very much discriminatory in terms of marginalized population groups.

On "harm reduction" activities there is an issue of withdrawal of needles/syringes from the field. As for other populations it would be much easier to work with sex worker population if prostitution were decriminalised.

### 4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?**

No

**IF YES, briefly describe this mechanism**

Beside mechanism for reporting on any form of law violation, mechanisms for recording, documenting or treatment in cases of discrimination of PLHIV or vulnerable population groups does not exist.

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

No

**IF YES, describe some examples**

The NGO in RS answered no and the INGO and NGOs in FBiH answered yes to this question. According to INGO and NGOs in FBiH, representatives of PLHIV, TB, MSM and IDU population are CCM members and have the opportunity to influence programme and policy development. They are also signatories to the BiH GFATM application for fight against HIV and TB.

**7. Does the country have a policy of free services for the following:**

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

In RS State offers prevention services through family medicine, but they are at low level. Reform of the health system and services is in process in RS. Currently, the NGO sector is active in prevention programmes through school, and out of school programmes. In 2007, VCT centres were opened within the health institutions as well. At bigger Center for Infectious Disease center, state has enabled free treatment for PLHIV in accordance with fund availability. In FBiH, Prevention activities are very often implemented in cooperation with NGO partners, and in some cases, State is a direct donor. NGO prevention programme and counselling services, which can also be seen as prevention activities, are fully free of charge. ART in BiH is free of charge even though medicines for opportunistic infections may not be free. Payment of medicines depends on whether they are on the list of essential cantonal drug list, which is different from canton to canton.

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

No

**9.1 Are there differences in approaches for different most-at-risk populations?**

Yes

**IF YES, briefly explain the differences:**

Due to the very complicated system in the BiH, there are differences in approach to services for marginalized populations, from entity to entity, and in cantons. Through the UNDP/GFATM programme, the State provides different prevention services adjusted to the needs and capabilities of access to different risk groups.

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

No

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

No

**IF YES, describe the effectiveness of this review committee**

The protocol from VCT centers clearly states that in BiH mandatory testing for any purposes is not allowed. Every test must have informed written consent of the client, together with the signature of the counsellor. But the law on labour regulates that employer can ask for health check ups of employees if deemed necessary. The employee is obliged to inform the employer on the health status if that would affect and impact on his/her working ability, which does not exclude asking for HIV testing.

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No
- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: Yes
- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No
- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

**IF YES, on any of the above questions, describe some examples:**

Beside Ombuds the other institutions do not exist.  
On Focal point, if it is the National AIDS Coordinator, then the answer is yes.

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

No

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: No

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media : No

School education : No

Personalities regularly speaking out : No

Other::The answers from the NGOs cannot be compiled in this case as In FBiH the answers are all yes but in RS the answers are no. In FBiH programme activities such as PHC training, VCT training for health workers contain lectures and discussions on issue of stigma and discrimination. Yes

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007: 5

2005: 2

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

Cooperation between NGOs and state institution has improved with UNDP/GFATM programme, but there is a need to improve further to make cooperation and collaboration more stable.

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007: 5

2005: 2

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

Ministry of Health are putting in efforts trying to support qualitative programmes.

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

3

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

2

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

a. in both the National Strategic plans and national reports?: 3

b. in the national budget?: 2

**IF YES, when was the Review conducted? Year:**

2004

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

3

**List the types of organizations representing civil society in HIV and AIDS efforts:**

In Q.4 above: it was not possible to combine the information provided by NGO from RS and FBiH. NGO and INGO from FBiH states the answer as yes and indicated their participation in the preparation of the strategy on HIV/AIDS. RS indicated their answer as no.

International NGOs, local NGOs, representatives of different risk groups, PLHIV, PLTB, representatives of religious groups, academics and private sector are active within the HIV/AIDS sector.

**6. To what extent is civil society able to access**

a. adequate financial support to implement its HIV activities?: 3

b. adequate technical support to implement its HIV activities?: 2

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

2007: 6

2005: 2

**Comments on progress made in increasing civil society participation since 2005:**

NGOs dealing with these issues are making significant efforts in the area of HIV prevention, work with PLHIV, and vulnerable, hidden populations. Counseling centers provide information and support to the general public and PLHIV. Although HIV is not their main focus, there are other NGOs addressing prevention programmes through youth education. PLHIV are still hidden and do not go public, nor participate in anti-discrimination campaigns. They are tuned to themselves and their fight for survival, as the society we live in is conservative leading to stigmatization and discrimination.

NGOs have been present from the beginning of the process: in preparing the strategy on HIV/AIDS, in CCM, NAB, development and implementation of different programmes, preparation of the state protocols, etc.

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>most</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>most</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	N/A

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

No

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:**

In RS, services on treatment of AIDS, care and support is centralised in Banja Luka. All services in this regard can be obtained from the Clinic of infectious diseases. In FBiH, same services are offered in more centres in bigger cities: Sarajevo, Tuzla, and Mostar.

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	7
2005:	4

**Comments on progress made in the implementation of HIV treatment, care and support services since 2005:**

RS: There is significant inflow of funds, which improved conditions for HIV treatment and medicine supply. Departments for providing such services in clinics were reconstructed. Psychosocial counselling centres for supporting PLHIV were opened with professional staff.

FBiH: Anti-retroviral therapy is available, but medicines for opportunistic infections, vitamins and social help are not available to all in need.

**2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?**

Prevention for youth :	51-75%
Prevention for IDU :	51-75%
Prevention for MSM :	51-75%
Prevention for sex workers :	51-75%
Counselling and Testing :	51-75%
Clinical services (OI/ART)* :	25-50%
Home-based care :	<25%
Programmes for OVC** :	<25%

**3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?**

No

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