

# Kosovar Strategy for HIV/AIDS Prevention 2004 - 2008



**Kosovar AIDS Committee**

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- Kosovar Aids Committee
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- United Nations Children's Fund
- World Health Organisation
- Canadian Public Health Association

## 1. Acknowledgements

This Kosovar Strategy for HIV/AIDS prevention, 2004-2008, has been developed through an intensive inter-disciplinary and participatory process. Over 60 individuals, representing the government ministries, the health care and social service providers, the police and military bodies, non-governmental organizations, United Nations agencies, international Governmental Organizations and members from the vulnerable groups, contributed with technical assistance from the Kosovar AIDS Committee, HIV/AIDS office Ministry of Health, United Nations Theme Group on HIV/AIDS, Population Services International, Save the Children USA, United Nations Children's Fund, World Health Organisation and European Agency for Reconstruction: Sali Ahmeti, Sokol Alihajdari, Gretchen Ansoerge, Aliriza Arënlju, James Ayers, Jehona Bajraktari, Ilir Begolli, Luljeta Begolli, Ismail Bekteshi, Bujar Berisha, Laura Berzati, Neil Boison, Anne Brisson, Pashk Buzhala, Bruno Bytyqi, Afrim Cana, Kathleen Casey, Isuf Dedushaj, Edona Deva, Shemsedin Dreshaj, Fiona DUBY, Nexhat Dula, Mirushe Emini (Department of Youth – Ministry of Culture, Youth and Sport), Belkëze Dedolli Ferri, Iliriana Gashi, Luljeta Gashi, Flutra Germizaj, Milazim Gjocaj, Anna Gorter, Sadete Hadri, Tahire Haxholli, Nurishahe Hulaj, Guillermo Herrera, Isme Humolli, Shaqir Ibrahim, Tefik Idrizi, Xhevat Jakupi, Melihate Juniku, Lulavere Kadriu, Ariana Kalaveshi, Fetije Këpuska, Agron Kërliu, Valdete Krasniqi, Violeta Kryeziu, Feim Maloku, Lulzim Maloku, Katherine Morton, Bryan Marsh, Visare Mujko-Nimani, Adnora Nurboja, Shqipe Pallaska, Bekim Palokaj, Valbona Qirezi, Lul Raka, Naser Ramadani, Matthias Reinicke, Pëllumb Resuli, Magbule Rexhepi, Naim Rexhepi, Sami Rexhepi, Jose Rocha, Jeanne Russell, Izet Sadiku, Labinot Salihu, Genc Shala, Shqipe Shala, Eroll Shporta, Sara Sourial, Tatiana Sullini, Lindita Tasholli, Ilir Tolaj, Sylejman Topalli, Diana Tudorache, Sanije Xhemajli, Nysret Ymeri, Valbona Zhjeqi.

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### 3. List of Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti-Retroviral Treatment
BCC	-	Behaviour Change Communication
CDC	-	Centres for Disease Control and Prevention
CIDA	-	Canadian International Development Agency
CPCW	-	Centre for Protection of Children and Women
CSW	-	Commercial Sex Workers
DHSW	-	Department of Health and Social Welfare (predecessor of the MoH)
DOW	-	Doctors of the World
EAR	-	European Agency for Reconstruction
FRY	-	Federal Republic of Yugoslavia
HCW	-	Health Care Workers
HIV	-	Human Immune-Deficiency Virus
HPC	-	Health Promotion Commission
HPU	-	Health Promotion Unit
IDC	-	Infectious Diseases Clinic
IDU	-	Injecting Drug User
IEC	-	Information Education and Communication (material)
IMCPS	-	Inter Ministerial Commission on Psychoactive Substances
IOM	-	International Organization for Migration
IPH	-	Institute of Public Health
IRC	-	International Rescue Committee
KAC	-	Kosovar AIDS Committee
KAP	-	Knowledge Attitudes and Practices
KBTC	-	Kosovo Blood Transfusion Centre
KFOR	-	NATO Kosovo Forces
KIPH	-	Kosovo Institute of Public Health
KLA	-	Kosovo Liberation Army
KOS	-	Kosovo Office of Statistics
KPC	-	Kosovo Protection Corps
KPS	-	Kosovo Police Service
MoH	-	Ministry of Health
MSM	-	Men who have sex with men
NATO	-	North Atlantic Treaty Organization
NGO	-	Non-Governmental Organization
OHCHR	-	UN Organization of High commissioner for Human Rights
OSCE	-	Organization for Security and Co-operation in Europe
PEP	-	Post-Exposure Prophylaxis
PLWHA	-	People Living with HIV/AIDS
PSI	-	Population Services International
PYC	-	Pristina Youth Centre
RAR	-	Rapid Assessment Response
STI	-	Sexually Transmitted Infection
SW	-	Sex Workers
TB	-	Tuberculosis
TWG	-	Technical Working Group
UCCK	-	University Clinical Centre of Kosovo
UMCOR	-	United Methodist Committee on Relief
UN	-	United Nations
UNAIDS	-	The Joint United Nations Program on HIV/AIDS
UNDP	-	United Nations Development Program

UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
UNMIK	-	United Nations Interim Mission in Kosovo
UNTG	-	United Nations Theme Group on HIV/AIDS
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counselling and Testing
VOT	-	Victims of Trafficking
WHO	-	World Health Organization

## 4. Executive Summary

Kosovo's strategy for HIV/AIDS prevention for the next five years intertwines the needs of the people living in Kosovo to have a unique policy on HIV/AIDS with the best international practices on this issue.

Faced with an increased numbers of threats, especially the lack of data on vulnerable groups and the limited knowledge of Kosovo's population on HIV/AIDS, the need for compiling this document in which the path of Kosovo to prevent HIV/AIDS will be presented was a necessity of time.

Members of the Kosovo AIDS Committee, led by the AIDS Office in the Ministry of Health, started the process of the development of the HIV/AIDS prevention strategy for the five forthcoming years with a large workshop in Mitrovica, in September 2002. Organised in three technical working groups, more than 60 Kosovo experts in different fields, worked intensely to produce the final draft of the Kosovo strategy for HIV/AIDS prevention.

The Kosovo HIV/AIDS prevention strategy is focused on preventive work with vulnerable populations (youth, injecting drug users, commercial sex workers and their clients, men who have sex with men, prisoners and health staff) because in a low prevalence country, such as Kosovo is presently, the entrance door for HIV are mainly the above-mentioned populations.

The framework of the Kosovo HIV/AIDS prevention strategy foresees the provision of appropriate services primarily for vulnerable populations, but also for the Kosovo citizens in general. Services to be established will include HIV voluntary counselling and testing, appropriate diagnosis, treatment and support for the People Living With HIV/AIDS (PLWHA) and a HIV/AIDS surveillance system. Issues of Human Rights and law enforcement will also be components of the strategy.

Kosovo's HIV/AIDS prevention strategy has been developed through multisectorial work and will be implemented in a multisectorial manner given the fact that HIV/AIDS is not only a health sector – but also a multisectorial health issue.

Kosovo's HIV/AIDS prevention strategy has all necessary preconditions to be successful if the means for implementation will be obtained; it contains needs and requests of Kosovars, international experience build for years, and the commitment of both sides to work in its implementation.

We would like to acknowledge and thank all Kosovo institutions and professionals being part of the strategic plan development and to thank all consultants coming from the United States of America, United Kingdom, the Netherlands, Australia and Canada. These consultants were supported by the United States Agency for International Development, European Agency for Reconstruction, Canadian International Development Agency and World Health Organization in Kosovo.

We are proud that we had the honour to be part of this process.

## 5. Rationale for a HIV/AIDS strategy for Kosovo

In the HIV/AIDS classification system of the UNAIDS Kosovo is considered a low level epidemic country. Since 1986 only 47 AIDS cases have been reported, although the numbers have been increasing during the last years. So far none of the approximately 20,000 blood donations each year has tested positive for HIV. However a functioning surveillance system is absent.

Kosovo is located in the region of South Eastern Europe. Eastern Europe is experiencing the fastest-growing epidemic in the world and has all the potential for a major AIDS epidemic. In Central Europe, rates of HIV remain low at present, but behaviours that promote HIV transmission are present in all countries as is the case in Kosovo.

One common mode of the HIV transmission is injecting drugs. In Eastern Europe in general, and in Kosovo in particular, illicit drug use (especially heroin) has increased following the drug production and trafficking routes in the area. As the experience with other countries in the region has shown, drug injecting is often followed by dramatic increases in HIV. Kosovo has a thriving sex industry with sex workers coming from countries with higher HIV prevalence and linked with organized crime, which makes the implementation of prevention strategies difficult. People in Kosovo are experiencing rapid changes of sexual behaviours, especially young people and men who have sex with men, both categories with insufficient knowledge and means to practice safe sex, presenting an additional threat for the spread of HIV. HIV prevention in prisons has still to be initiated, while in East Europe prisons have played an important role in the spread of HIV. Also the existence of a substantially migrant population (mostly males) working in countries with higher HIV prevalence, presents a risk for the introduction of HIV/AIDS.

An important aspect is the particular situation of Kosovo with regard to ethnic minorities. Integration of the Kosovo minorities into overall HIV/AIDS prevention strategy activities poses a challenge and need.

There is a danger that the label of the current low HIV prevalence may translate to low priority for HIV prevention, meanwhile there exists now the opportunity to avert large numbers of future HIV-infections. Kosovo has initiated many HIV prevention activities, especially in the area of increasing knowledge about HIV/AIDS, but none of these activities have been in the framework of a broader strategy. There is a need for a clear mid term strategy, where the proposed strategies to be taken are the result of a careful analysis of the actual situation and the Kosovo response to date. This will facilitate cost-effective program planning as well as the mobilisation of the needed resources. On the basis of this strategic plan, the HIV/AIDS office, in cooperation with the members of the Kosovar AIDS Committee, will develop work plans including detailed implementation plans, timelines, logical frameworks, monitoring and evaluation plans with indicators and targets and resource requirements (budgets).

If appropriate prevention strategies are chosen and implemented early, future HIV/AIDS-related costs to Kosovo can greatly be reduced. The 5 year strategic HIV/AIDS action plan presented here proposes these appropriate strategies and if implemented in time may prevent the development of an AIDS epidemic in Kosovo and therefore the negative social, economic and health impact of such an epidemic. It is now time to act.

**“Defence is the best attack against HIV/AIDS”.**

## 6. Planning Process

The development of the strategic plan has been exemplified by an inter-disciplinary and participatory process. Throughout the planning process, over 60 individuals, representing the government ministries, the health care and social service providers, the police and military bodies, non-governmental organizations, United Nations agencies, international Governmental Organizations and members from the vulnerable groups, contributed to the final document. Best practice guidelines from UNAIDS and others have been incorporated into the plan and adapted to the unique situation in Kosovo. The background information in this document will be used as benchmark data and serve as institutional memory, but more important, this document is the roadmap meant to guide HIV/AIDS prevention and treatment for the next 5 years.

### 6.1. Milestones in the development of the 5 year strategic plan

An HIV/AIDS short-term action plan was written in 2001 by the Kosovar AIDS Committee (KAC) and although, due to a lack of funding, the plan was not implemented it did provide the basis for the development of the strategic plan. In **September 2002** the KAC and the HIV/AIDS office of the Ministry of Health (MoH) organised a strategic planning workshop with all stakeholders involved in the HIV/AIDS response to date with the aim to develop a unique document that would gather the thoughts of all Kosovars for a successful HIV/AIDS prevention strategy for Kosovo. Workshop participants identified priority areas and three technical Working Groups (TWG), charged with the development of specific objectives and strategies for their respective areas, continued further work on strategic planning. Membership of the TWG included representatives from the: Ministry of Health, Ministry of Youth, Sport and Culture, Ministry of Education, Science and Technology, Kosovar Protection Corps (KPC), Kosovar Police Service (KPS), NGOs and international donors.

The three TWG's worked in the following priority areas:

1. Promoting healthy behaviour among general population and vulnerable population groups (involving Health Personnel and Law Enforcement)
2. Surveillance for STI/HIV infections
3. Voluntary counselling and testing (VCT), treatment (including post exposure prophylaxis), care and support for people living with HIV/AIDS

Terms of Reference for each TWG were developed, chairs of the TWG elected and regular working meetings, workshops were organised in which ideas for the best strategies were presented. The entire process of developing the Kosovar Strategy for HIV/AIDS prevention for 2004 – 2008 was supported by international assistance provided through international experts in each of the specific areas that are part of the Kosovar strategy. This international support was made possible by the USAID HIV/AIDS prevention project for Kosovo, European Agency for Reconstruction, offices of World Health Organization and UNICEF/CIDA in Kosovo.

The final strategies of the three Technical Working Groups were sent to the HIV/AIDS Office of the Ministry of Health in June – July 2003, which gathered the three strategies in one document and presented the document in November to the Kosovar AIDS Committee for approval.

## 7. Background information Kosovo

### 7.1 Introduction

Kosovo is located in South Eastern Europe and witnessed political unrest and military intervention during the past 15 years. From 1989 to 1999, Kosovo was still part of the Federal Republic of Yugoslavia (FRY) but extreme discrimination against the Kosovo Albanian population existed. In 1998, a war between the Kosovo Liberation Army (KLA) and the Serbian military started in earnest. In March 1999, NATO intervened and bombing continued until June 1999 when the Serbian military retreated. During the conflict over 1,200,000 Kosovars were internally displaced or left Kosovo and most of the refugees went to the neighbouring countries. Since the end of the war Kosovo has been a protectorate of the United Nations (Resolution 1244). A new government is in place but administrative power still rests with the United Nations Mission in Kosovo (UNMIK). This is changing over time as transfer of powers to the Kosovar institutions is underway. Final status of Kosovo is yet undecided. .

After the war ended in June 1999, many changes are apparent in Kosovo most obviously the presence of the NATO Kosovo Forces (KFOR) and the United Nations Mission in Kosovo (UNMIK). In addition, non-governmental organizations and government organizations from around the world are present in Kosovo (although all these organizations are getting smaller over time).

### 7.2 Demographic, Social and Cultural Information

Kosovo has approximately 2.382,000 inhabitants. Based on the latest data of the Kosovo Office for Statistics, Kosovo has a young population with half of the population under the age of 25 (57%). Unemployment is estimated at 50% and many Kosovar Albanians are restricted from travelling to other countries (due to difficulties getting travel visas). The population is 88% Kosovo Albanian (predominately Muslim although mostly secular), 7% Kosovo Serbian, and 5% other nationalities (Kosovo Bosnian Moslems 3%; Kosovo Roma 1,8%, Kosovo Turkish 0.8% and other minority groups 0.4%). Kosovo has a high literacy rate, 98% for men and 90% for women and a high majority of youth are enrolled in primary school (see table 1 for more details). Four years after the war ended, government, social, medical, educational and other services are returning to normalcy but the difficult years and the war have left Kosovo potentially vulnerable. A World Bank poverty report published in 2001 revealed 50% of the population is poor of whom 12% lives in extreme poverty. Many families rely on extended family (Diaspora) living and working abroad and sending money back to Kosovo.

Kosovo has a well-educated and motivated population but due to the lack of formal education and work for Kosovo Albanians during the 1990's, there is a gap in institutional organizations and management.

Social, cultural and also behavioural changes after 1999 are very pronounced in urban areas and less so in rural parts. The dynamism and communication have increased the discussion of issues that for a long time were treated as 'taboo themes'. At the same time religion has still considerable influence in some parts of the population, especially concerning family planning and behaviours based on inherited traditions or modified behaviours under the influence of new conditions and circumstances. Gender equality as a component of present changes in Kosovo is taking new dimensions, aiming at putting women in an equal position as men in all areas of social life, but this is still not true in all environments and functions and this may have as well health consequences.

### 7.3 Health Care System

The Health Policy Guidelines for Kosovo address five priorities for health care in Kosovo: healthy start in life; improved health of young people; improving mental health; developing human resources for health and reducing communicable diseases. At the core of the newly developed primary health care system is the Family Medicine concept, providing decentralised primary health care in the Family Health Centres. These centres are complemented by secondary regional hospitals and as the only tertiary care institution the Kosovo University Clinical Centre at the Pristina.

The Institute of Public Health is in charge of developing the health strategy in the field of epidemiology, health education and promotion, disease prevention and health information. The strategies developed by the IPH are being approved and implemented by the MoH. A modern health information system is currently being implemented in all health facilities in Kosovo, but not yet fully functional.

Recent changes include a reduction in the number of physicians in the primary health care system, due to the rise of physician's now entering residency to specialize. Primary care for residents in urban and rural areas is provided in the family medicine centres (former health houses and 'ambulantas') but also increasingly by – still unregulated – private practices.

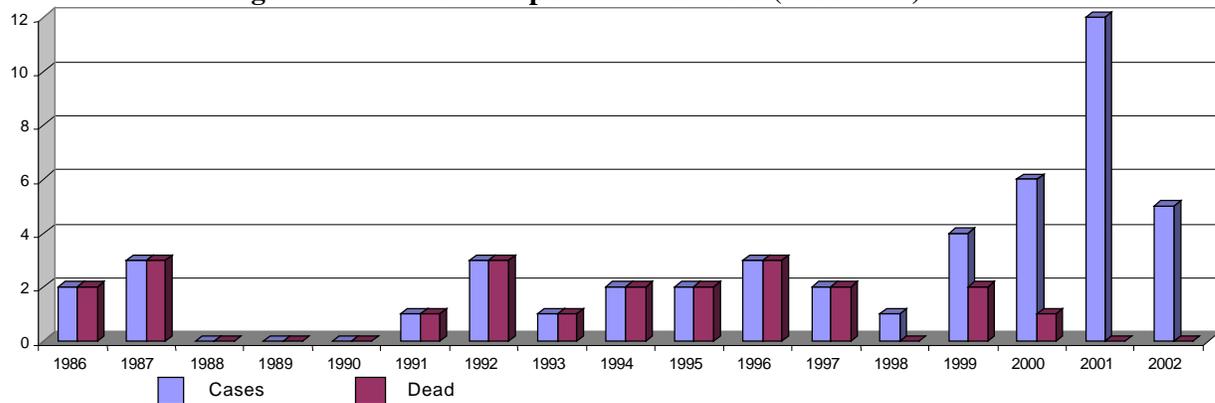
Coordination and integration of the primary, secondary and tertiary care levels need to be improved. Lack of this coordination results in inequality of health services provided – especially for people living in rural areas – as the concentration of health workers and services are in the urban areas. Training of health workers has been underway for all levels of health care since 1999, but the focus has predominantly been on post emergency health care and is not uniform throughout Kosovo. To ensure sustainability and equality, the training for health care providers must be re-structured in content, quality, approach and ensuring one unique curriculum.

The private health sector is currently not regulated, as there is no legislation or licensing in place. The private sector is predominantly focused on diagnosis and treatment of disease. Counselling or preventive medicine is basically non-existent in the private health sector, in contrary to the public sector. Individual private practitioners or the private clinics determine payment for health services in the private sector and there is no control on prices.

After transfer of responsibilities from UNMIK to the Provisional Institutions of Self Governance the organizational structure within the Ministry of Health is slowly being finalized. The process of completing the permanent professional personnel to work in the Ministry is taking time and this, together with the lack of management skills, the lack of comprehensive legislation, the lack of a health finance system and uneven distribution of health personnel and services throughout Kosovo, limits the health care effectiveness.

### 7.4 Aids in Kosovo

Since 1986, 47 AIDS patients have been reported to the government. The number of AIDS cases has increased in recent years (12 in 2001 including 5 internationals). This is likely due to better reporting and an increase in the number of cases. The majority of AIDS patients have been male and most of the patients were between 30 and 39. Between 1987 and 1997 nineteen AIDS patients died. Of the remaining 28, by the end of 2002, 25 were still alive (Fig 1). AIDS patients visit the Infectious Diseases Clinic at the University Clinical centre when they have medical problems. Presently, there is no antiretroviral treatment available for people with HIV/AIDS.

**Figure 1. Increase in reported AIDS cases (1986-2002)**

A functioning STI-HIV surveillance system is currently absent and data on HIV prevalence are therefore limited, however from the little data available from blood donors and patients voluntary testing at blood transfusion services it is estimated that HIV prevalence is less than 0.1%. According to the HIV/AIDS classification system of the UNAIDS this means that Kosovo can be considered a low level epidemic country. Since 1986 all blood donors are screened for HIV, as well as for syphilis, Hepatitis B and C. So far none of the approximately 20,000 blood donations each year has tested positive for HIV. The Kosovo Blood Transfusion Service in Pristina provides voluntary HIV testing, although without counselling services. They reported 4 HIV positive patients of the 1,776 outpatients tested in 2002 and 3 HIV positive patients of the 856 outpatients tested in the first 3 months of 2003. Voluntary Counselling and Testing is available in Pristina since spring 2003 and of 120 persons tested up to the end of August only 1 was positive.

Although HIV prevalence is low, Kosovo has identifiable factors that put the population at risk, having a large young population, high unemployment, rapid social changes (within the family and societal wide), a growing drug problem, a thriving commercial sex industry, a highly stigmatised MSM (Men Who have Sex with Men) population, high levels of mobility of Kosovars in and out of Kosovo, and the international community (both from countries with higher HIV/AIDS rates and introducing different cultural norms). There are now influences from other cultures, which have somehow changed the traditional strong family values.

To avert a possible crisis, there is a commitment from the government and other stakeholders to write and implement a successful prevention and treatment program.

Allocation of funds to fight and prevent infections (including HIV/AIDS) are limited; however, the Ministry of Health has provided funds for the Kosovo AIDS Office in 2002 and the 2003. It is encouraging that professionals, NGOs and other influential participants have shown interest in the prevention and treatment activities related to HIV/AIDS, but they need further training in this issue. HIV/AIDS often presents itself first in vulnerable populations groups and there is a lack of experience among the local health and social welfare personal to reach these communities. In the early stages of HIV/AIDS in Kosovo – the first case registered in 1986 – little work was done with drug users, commercial sex workers (CSW), men that have sex with men (MSM) and mobile populations (in and outside Kosovo). Work with these high-risk groups has now started but much more needs to be done.

After the war ended in 1999, health education activities (training and program implementation) were largely focused on emergent situations - communicable diseases, water, sanitary issues and also HIV/AIDS.

**STI and TB**

Accurate data about the number or types of STI's in Kosovo is not available, although from data from blood donors it seems that prevalence of syphilis is very low (<0.1%). Available data from Pristina and Prizren show that Hepatitis B among blood donors varied from about 3% in Pristina (data from 2003) to 7% in Prizren (data from 1991 to 2002, showing a stable prevalence of about 7% since 1991) and prevalence of Hepatitis C was less than 0.2%. Of hospitalised IDU's 20 accepted to be tested for HIV and Hepatitis B in 2001. None of them had HIV and all were positive for Hepatitis B. Occasional data from programs working with sex workers and trafficked women show very high prevalence of STI's amongst these women, especially of non-ulcerative STI's, however of 52 sex workers who requested a HIV test in 2003 none was positive. Many Kosovars are treated for STI's in the private health care system and there is currently no system in place to access data from the private sector. In addition, health information systems for the public system are in the process of being implemented and as soon as this is completed, more information about STIs will become available.

The majority of the population is Moslem (about 80%) and of these the large majority of males have been circumcised. Circumcision is an important protective factor in the transmission of HIV. STI's do facilitate HIV transmission, especially ulcerative STI's. The prevalence and incidence of ulcerative and non-ulcerative STIs in Kosovo is not known.

Tuberculosis in Kosovo has one of the highest incidences in Europe, but this is declining because of the results of a comprehensive program set up by the MoH and Doctors of the World, USA (respectively a case rate of 75.4 in 2001 and 67.4 in 2002 per 100.000 inhabitants). In September 2001 a survey was conducted by the DHSW (Department of Health and Social Welfare - the predecessor of the MoH) with technical assistance from Doctors of the World, USA to assess the HIV prevalence among TB patients in Kosovo. Ninety-nine 99 TB patients were tested Kosovo wide and none resulted HIV positive.

**KAP and other surveys**

A Knowledge, Attitude and Practice (KAP) study in 2000 among 209 high school students of 30 Kosovar secondary schools and performed by the WHO with support from IPH, revealed that among youth 14-19 years old, knowledge of HIV and STI's was low and HIV+ persons were highly stigmatised. Results from a PSI KAP household survey in 2001 among a representative sample of Kosovars who were older than 14 years (1,138 males and 1,138 females, including 400 Kosovar Serbs, mean age was 30 years), showed that awareness of HIV/AIDS was neither high, though knowledge of the modes of HIV/AIDS transmission was higher than knowledge of correct ways of protection against the infection. Many Kosovars did not think they were at high risk of HIV infection. A KAP Survey conducted by the Institute for Public Health in 2002 among 537 teenagers from secondary schools in all major cities of Kosovo had similar results. However a PSI KAP household survey in 2003, performed among a representative sample of Kosovar youth in the ages of 15 to 25 (529 males and 476 females), indicated that young people by then had gained considerably more knowledge about HIV/AIDS and its prevention as a result of the various campaigns.

The WHO/UNICEF Rapid Assessment and Response (RAR) study on Kosovo drug use in 2001 found that injecting drug use is still limited though the results suggested that it is growing.

## 8. Kosovo response to HIV/AIDS until now

### 8.1 Introduction

Since 1999, quite a lot of activities related to HIV/AIDS prevention have been conducted. Efforts to date have predominately been focused on increasing knowledge about HIV/AIDS and promoting prevention messages among the general population and in particular among youth. Outreach efforts with youth in schools has been successful in so much as many youth have participated in peer education programs and has been given basic information about HIV/AIDS. As shown by the latest PSI survey, youth has indeed obtained better knowledge about HIV prevention, but much work still has to be done to obtain a consistent change of behaviour which will protect young people from getting infected with HIV and this is especially true for extra vulnerable young people (young people using alcohol and/or drugs, young MSM and young sex workers and their young clients).

A tribute to all the efforts so far is the 'normalization' of talking about HIV/AIDS and related topics. While this is a work in progress, the willingness of many participants of the technical working groups to talk about STI/HIV/AIDS and discussing vulnerable population groups is a new phenomenon in Kosovar society. Initial work with vulnerable population groups started in 2002: a very successful STI treatment programme for sex workers; the development of a strong NGO working with MSM and some initial work with IDUs (details can be found in chapter 10). At this stage of the epidemic strengthening of the work with vulnerable groups is of the highest priority in order to make the response more effective. The planned establishment of a STI-HIV surveillance system will guide these efforts to where it is most needed.

The health care system has initiated to provide VCT services and it is in initial phase of the introduction of ART into Kosovo, but this should be strengthened as well. The same counts for occupational safety and post exposure prophylaxis among health care workers as well as combating stigma and discrimination of HIV/AIDS patients by health care workers. The responses to date also have not focused on People Living with HIV/AIDS (PLWHA), which makes sense because of the few identified HIV/AIDS cases but preparation for a system to embrace them is planned and hopefully implemented.

An initial HIV/AIDS Action Plan was completed in 2001 and the process demonstrated a keen interest by many individuals and organizations to be involved in the HIV/AIDS issue. Lack of funding contributed to the first Action Plan not being implemented and so efforts are being taken this time around to ensure funding is found. The political support of the local government and financial support from key donors have helped the Kosovo HIV/AIDS Office/ Kosovo AIDS Committee produce this plan and the positive steps and program implementation (momentum) must be continued. There is a general feeling that everyone is ready to go and is just waiting for a "roadmap" to take them to the next level. The strategic plan is such a document.

Key to the success and continued efforts dedicated for HIV/AIDS is the financial contributions of the international governmental organizations present in Kosovo. The Canadian International Development Agency (CIDA) has provided funds through UNICEF for HIV/AIDS, and the United States Agency for International Development (USAID) has provided funds through PSI. Direct funding from the German and Dutch Governments has supported programs through UNFPA (funding went to PSI and UMCOR). The European Union, through the European Agency for Reconstruction in Kosovo (EAR) has also contributed financially towards the ongoing HIV/AIDS efforts. World Health Organization in Kosovo supported the HIV/AIDS response structures since their start, especially in the field of surveillance.

As it is shown here despite many competing priorities, HIV/AIDS has been given attention and support by the local government Ministry of Health, Ministry of Youth, Sport and Culture and Ministry of Education, Science and Technology. The Kosovar AIDS Committee, established by the WHO and IPH in the year 2000 and handed over to the DHSW in the year 2001; the creation of the HIV/AIDS office in the Ministry of Health; activities conducted by other Ministries, NGO's, are sufficient proofs of the Kosovo commitment to respond to HIV/AIDS.

The Kosovar Ministry of Health and International donors have all made a commitment to funding HIV/AIDS prevention programs and the development of the HIV/AIDS Strategic Plan. Together – the local government and the international community – has the potential to make Kosovo an HIV/AIDS success story by implementing prevention and treatment programs while the problem is in its infancy. UNAIDS and other organizations all support implementing programs early as this is cost effective and saves many lives.

Table 2 lists the institutional response and briefly describes the HIV/AIDS programs that have been implemented since the end of the war in June 1999. No systematic review of the impact of the programs has been conducted and the information presented in the table does not do this either. Most organisations are still active in ongoing HIV/AIDS activities; although some only participate during World AIDS day activities. Some organisations are no longer operating in Kosovo.

## 9. Strategic Framework

### 9.1 Guiding principles

To achieve the ultimate goal of an effective Kosovar response to prevent the transmission of HIV/AIDS among Kosovar residents the guiding principles of the response will be:

- Leadership by the Kosovo Government in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of the civil society, the business community and the private sector
- Prevention is the key of the response
- Priority should be given to the vulnerable population groups and these groups should be actively involved in the prevention efforts
- Care, support and treatment are fundamental elements of an effective response and should be provided to the all Kosovar residents
- People living with or affected by HIV/AIDS have the same rights to accessible, high-quality and confidential services, as other members of the society, without fear of discrimination
- To address HIV/AIDS now is to invest in the future and sustainable development of Kosovo

### 9.2 Broad strategy

#### 9.2.1 Priority areas

The Kosovar Strategy for HIV/AIDS Prevention has been designed as a flexible document to guide the Kosovar multisectorial response to HIV/AIDS from the year 2004 to 2008. Based on a careful analysis of the Kosovar situation and the initiatives in response to HIV/AIDS and through a series of strategic workshops with all stakeholders the following priority areas were defined:

#### **A. HIV/AIDS Prevention in Vulnerable Population Groups**

- Young people (especially vulnerable young people)
- Men who have Sex with Men (MSM)
- Commercial Sex workers and their clients
- Drug users, including Intravenous Drug Users (IDU)
- Migratory population
- Prisoners

**B. Health Personnel and Law Enforcement**

- Health Personnel
  - Improve occupational safety to reduce the risk of exposure to HIV
  - Reduce fear and reservation of health workers to treat HIV + persons
- Law Enforcement
  - Involving Law Enforcement in Reaching Vulnerable Groups
  - For young people
  - For drug users
  - For sex workers

**C. Surveillance System****D. Testing (VCT), Treatment, Care and Follow-up services**

- Voluntary Counselling and Testing (VCT)
- Treatment, including Post Exposure Prophylaxis
- Care and Follow-up services

**E. Legislation**

For each of these priority areas **the key elements of the strategic plans, the objectives and strategies** are defined in chapter 10 of the 5-year plan.

**9.2.2 Broad strategy for the different areas*****General population, vulnerable population groups, law enforcement***

Maintaining the different awareness activities will continue to increase knowledge about HIV/AIDS/STI and promote healthy behaviour among the **general population**. However Kosovo is a low prevalence country, where HIV/AIDS still has not entered into the general population, and therefore the available resources should be directed to the priority areas. It is expected that the AIDS epidemic will first affect the **vulnerable population groups** (especially IDU and CSW and among them the youngest) mentioned above and therefore every effort must be made to prevent this from happening. Involvement of the **law enforcement** in these efforts will be critical to enable the prevention programs of reaching these groups (detailed description in chapter 10.1 and 10.2.2).

***Migrants, mobile people, minority populations***

A potential vulnerable population group are **migrants and mobile people**, including males working mostly in countries with higher HIV prevalence and people on the move for professional reasons (such as truck drivers, military and business people) or for educational reasons. HIV risk factors include being separated from regular partners, loneliness, and loss of cultural identity, cross cultural changes, rapid and regular changes of environment that may influence behaviours as well as limited access to health services. The KAC with the support from international organizations will conduct research on migrants and mobile people in relation to HIV/AIDS in order to obtain more information and to design an appropriate strategy. Another potential vulnerable group are members of the **minority populations** and the KAC will perform research to be able to address their needs in relation to HIV/AIDS.

***Health personnel, post exposure prophylaxis***

**Health personnel** in itself constitutes a vulnerable population group, especially if no proper measures are taken to **reduce the risk of exposure to HIV** and to establish **Post Exposure Prophylaxis (PEP)**. Objectives and detailed strategies are therefore proposed. **Stigma around HIV/AIDS and fear of HIV positive persons** is still high in Kosovar society. One of the first steps to initiate change and encourage respect for the basic rights of people affected by HIV/AIDS will be the reduction of fear and stigma within the health providers. As more HIV+ patients are identified, more health care providers will be treating known cases. If they gain good knowledge of HIV/AIDS and its transmission routes and a good PEP and occupational safety program is in place, health providers will be less fearful of treating patients and will feel the health care system is looking after their welfare. (detailed description in chapter 10.2).

***STI-HIV surveillance system***

The establishment of an **STI-HIV surveillance system** will be essential in guiding the prevention efforts to those population groups where HIV/AIDS is first emerging. An appropriate system provides early warning and where this is taking place and will guide the Kosovar response to HIV where it is most needed and cost-effective (detailed description in chapter 10.3).

***VCT***

**Voluntary Counselling and Testing (VCT)** is the entry point to HIV prevention and care. It is a critical component that promotes behaviour changes, thereby reducing HIV transmission. It is the first step toward getting people with HIV the care and treatment they need and it reduces mother-to-child transmission (detailed description in chapter 10.4.1).

***Treatment***

Combining effective prevention with access to **antiretroviral treatment (ART)** has proven to be extremely powerful and mutually reinforcing. ART changes the way people think about the disease. It encourages members of vulnerable population groups to come forward for HIV testing, thereby making an emerging epidemic in these groups visible and providing more information to improve the prevention programs. ART also facilitates surveillance efforts. ART saves lives while saving resources at the same time by reducing the occurrence of opportunistic infections (detailed description in chapter 10.4.2).

***Care and follow-up services***

As mentioned above HIV/AIDS is highly stigmatised in Kosovo and People Living With HIV/AIDS (PLWHA) are discriminated. Quality **care and follow-up services**, through a supportive confidential Care Coordinator network will be a critical component of the overall HIV/AIDS strategy. Effective care coordination will enable health and welfare services to work as a multi-disciplinary team to the benefit of the HIV positive person and their families. PLWHA require support to maintain the behaviour change needed to reduce further transmission of the HIV virus to other persons and this is an important prevention activity. Also for the introduction of ART a system is needed which provides consistent follow-up and psychosocial support to maintain adherence to the complex treatment regimes and to prevent the development of HIV resistance for antiretrovirals. Also the care coordinator network will make sure that health workers will receive the appropriate care after an occupational exposure related to HIV/AIDS (detailed description in chapter 10.4.3).

***Legislation***

Human rights promotion and protection is central to the response to HIV/AIDS. Violation of these rights, including stigma and discrimination, constitutes a major barrier both to prevention efforts and access to care. **Legislation** related to HIV/AIDS is a crucial piece to the success of the implementation of the strategic plan (detailed description in chapter 10.5)

### 9.3 Institutional framework

#### 9.3.1 Coordination of the Kosovo HIV/AIDS response

The partnership approach will define the Kosovo response to HIV/AIDS based on the fact that HIV/AIDS is more than just a health issue. To be effective, the five-year HIV/AIDS prevention strategy will depend on continued cooperation between a wide range of sectors of the Kosovar society, including MoH, Ministry of Youth, Ministry of Education, KPS, KPC, Non-governmental organisations (local and international), religious organisations and private sector.

#### 9.3.2 The Kosovar AIDS Committee (KAC)

- In pursuit of the objectives of the Kosovo HIV/AIDS Prevention Strategy, the KAC will have a leadership role, through the promotion of the multisectorial action
- KAC, in conjunction with the members of the partnership, will be the body to recommend policies and to coordinate the Kosovo response to HIV/AIDS
- KAC, in conjunction with all the members of the partnership, will be responsible for the development of the Kosovo standards in HIV/AIDS prevention, treatment, care and legislation
- KAC members of the partnership will be representatives of the Ministries of the Kosovo government, KPS, KPC, non-governmental sector, people infected or affected by HIV/AIDS, vulnerable population groups, media, business community and private sector
- KAC, in conjunction with the members of the partnership, will be responsible to recommend and support re-formulation of the HIV/AIDS strategy to ensure rapid response to the changing trends
- KAC, through the members of the partnership, will participate actively in regional and international HIV/AIDS prevention efforts, with the aim to adopt and to present 'best practices'
- MoH through the AIDS Office will have a leading role in the KAC by providing technical assistance and secretariat
- Above-mentioned responsibilities of the KAC are approved by the members of the partnership from the moment of delegation of the representatives from the respective institutions, organizations, to the KAC

#### 9.3.3 The HIV/AIDS Office of the Ministry of Health

The MoH presents the key institution of the Kosovo response to HIV/AIDS and is the main promoter of the multisectorial approach. MoH has institutionalised its HIV/AIDS response commitment through the establishment of the HIV/AIDS Office as an official structure. The HIV/AIDS Office will manage all HIV/AIDS related issues inside the MoH, including:

- Defining HIV/AIDS program policy, coordinating HIV/AIDS programs, and presenting this to the MoH for approval
- Developing financial plans and submitting to the MoH for the budget allocation
- Providing technical assistance to the MoH and the KAC for the issues related with HIV/AIDS
- Supporting Kosovar health institutions inside the framework of the MoH (National IPH, University Clinical Centre of Kosovo, VCT sites, etc) in their HIV/AIDS activities
- HIV/AIDS Office will provide the respective MoH officials with recommendations regarding HIV/AIDS project proposals submitted to the MoH for approval
- HIV/AIDS Office will establish links and collaboration with regional and international institutions, initiatives, programs working in the field of HIV/AIDS prevention and control.

## 9.4 Management mechanisms

The MoH in coordination with the HIV/AIDS Office, IPH, Infectious Diseases of the University Clinical Centre and other Kosovar health institutions will assign professionals in the corresponding health institutions with responsibility for the different activities needed to implement the plan. This will be done with the understanding that the HIV/AIDS office of the MoH will be responsible for the overall coordination of the work. It is foreseen that the next activities will be needed for full implementation of the plan:

1. Prevention activities
2. Surveillance system activities
3. Laboratory services
4. VCT services
5. Clinical Services (includes post exposure prophylaxis)
6. Services of the care coordination network
7. Legislation

**9.4.1 Prevention activities** encompass the priority areas of vulnerable population groups, health personnel and involvement of law enforcement. One important structural element is the fact that many of these activities are carried out under Kosovar national and international NGOs. The responsibility to coordinate these activities may be located at the IPH unit for Health Promotion and Social Medicine.

**9.4.2 Surveillance system activities** in the form of data collection, analysis, and dissemination of findings for evidence-based interventions will be developed for low risk and high-risk population and as special studies and will fall under epidemiology in IPH.

**9.4.3 Laboratory services** consist of STI (also needed for the surveillance system) and HIV diagnostics, including HIV confirmatory tests (i.e. Western Blot) and quality control of HIV testing throughout Kosovo. Also, support towards HIV treatment in the form of CD4 counts, and eventually viral load is needed. Furthermore a HIV ARV resistance surveillance system will have to be established to monitor development of ARV resistance in Kosovo. These activities are to be managed and coordinated by the National IPH microbiology laboratory, as this will become the reference laboratory of Kosovo.

**9.4.4 VCT services** - The first VCT site in the public sector is located at Infectious Diseases Clinic. It is envisioned that this site will play a role in defining the VCT site protocols, procedures and quality standards for the future VCT sites in the public sector, scaling up of VCT services throughout Kosovo by training future counsellors and other supporting activities

**9.4.5 Clinical Services** - are the responsibility of Infectious Diseases Clinic (IDC) of the University Clinical Centre and they have a role in managing and coordinating activities for HIV treatment and clinical care and the introduction of ART into Kosovo. As explained under strategies for ART, at some point of time the services at the University Clinical Centre will not suffice. It will be crucial to undertake, concomitant with the introduction of ART, further planning to scale up the capacity to deliver ART throughout Kosovo. IDC may play a role in scaling up of these services. Also it is envisioned that IDC will manage the **Post Exposure Prophylaxis** after accidental exposure to HIV.

**9.4.6 Services of care coordination network** - It is envisioned that the national coordination point of the Care Coordinator Network initially will be established at the VCT site at the Infectious Diseases Clinic, with a possibility for expanding.

**9.4.7 Legislation** - Coordination of the preparation and submission of a HIV/AIDS law to the parliament will be done by the MoH HIV/AIDS office, in cooperation with the members from the KAC.

## 10. Priority areas and strategies

### 10.1 HIV/AIDS Prevention in Vulnerable Population Groups

#### 10.1.1 Young People

##### 10.1.1.1 Current situation and Initiatives

Young people in the age of 15-24 years represent 20% of the population in Kosovo. The majority of them have been affected by the years of oppression. Young people now face a world of rapid change. Literacy rates for young people are high, a household survey performed by the Statistical Office of Kosovo/UNFPA/OIM in 1999/2000 found a rate of 99.5% in males and 99% in females in the age group of 15-24. Literacy rates in rural women have increased impressively, from 80% in the age group of 50-54 to 99.2% in the youngest age group of 15-19. Average age of marriage in the household survey was 21 for females and 25 for males and showed a rising trend. Nowadays people marry later. Fertility was still high compared to other Western Europe countries, but is falling swiftly and expected to be comparative in a relatively short period of time.

Young people nowadays believe that premarital sex is normal. The age of sexual debut is declining rapidly, the younger the respondents were in the PSI survey in 2001, the higher the percent of having had sex before the age of 19. Of those young people sexually active in the PSI survey of 2003: 63% of males and 60% of females had started before the age of 19. In the PSI survey of 2001 it was the group of single young educated males living in an urban setting and with high socio-economic status, which reported more casual partners. Only 2 women in the survey reported a casual partner in the past 12 months. The situation of high unemployment, especially among young people, has resulted in migration towards West European countries. Unemployed young people mainly go abroad alone and without their partners, which increases their vulnerability for HIV.

The WHO/IPH KAP study in 2000 among high school students, revealed that among youth 14-19 years old knowledge of HIV and STI's was low and HIV+ persons were highly stigmatised. The PSI survey of 2001 had similar results as well as the IPH survey of 2002. However, as a result of the various campaigns in 2002 and 2003 knowledge among young people has increased considerably: for example, while in the 2001 PSI survey 86% of young people had heard of HIV/AIDS, this was 96% in the 2003 PSI survey. In the 2001 survey 59% of people aged 15 to 24 (35% of females, 61% of males) knew that wearing condoms protects them from HIV/AIDS; whereas, in the 2003 survey, this had increased to 80% (76% of females, 83% of males).

Much of the HIV prevention education has been directed towards young people in general through awareness campaigns and peer education. While all young people are at potential risk, there exists the potential for high-risk behaviour to increase for the following subgroups: urban youth; out-of-school youth; illiterate youth; young women; youth using or experimenting with non-injecting drugs or alcohol; students; unemployed youth, and youth working or studying away from home (especially abroad). Reaching these subgroups as well as groups of extra vulnerable young people, such as young IDU's, young MSM, young sex workers and their young clients remains a challenge and a vital part of a comprehensive strategic plan. The proposed strategies for population groups with extra vulnerable young people, have been outlined further in this chapter.

### 10.1.1.2 The Strategic Plan for Youth

Young people are the future of Kosovo. They should be empowered to protect themselves against the risks a rapidly changing society is imposing upon them. Schools provide an excellent opportunity to reach vast numbers of young people and therefore a school-based integrated health education/life skills curriculum is urgently needed and should be one of the first activities to be implemented. Mass media campaigns, although expensive, can reach the vast majority of youth. Work done in this area should be continued, but efforts should be made to tailor the campaigns such that they appeal more to the Kosovar youth. Advocacy for obtaining reduced rates or free access to mass media will be essential. Targeted high quality interventions, which not only increase knowledge and change attitudes, but also change behaviours in vulnerable subgroups among youth, are of the highest priority. For this, research is needed to obtain more information to determine subgroups at higher risk and develop high quality education/life skills materials and methods appropriate to reach these young people. Interventions should be developed in collaboration with young people (including youth centres and organisations), as they know better what they need. Other stakeholders, such as media, religious leaders, who may influence youth, should be involved as well. Priority should also be given to support the development of high quality sexual and reproductive services, which are youth friendly and accessible, especially for subgroups at higher risk.

#### Objectives

- **Increase knowledge and awareness of reproductive health, HIV/AIDS transmission and prevention for both genders**
- **Promote safer sexual behaviours, with an emphasis on consistent condom use, mutually monogamy, abstinence/ delayed onset of sexual activity**
- **Increase involvement and empowerment of youth in HIV/AIDS prevention activities**
- **Conduct research to increase understanding of youth and high risk group**
- **Improve the quality and dissemination of IEC materials**
- **Create or improve access to youth-oriented services**
- **Conduct advocacy activities with key stakeholders for the implementation of youth-oriented reproductive health and HIV prevention strategies**

#### Strategies for action

##### **Increase knowledge and awareness of reproductive health, HIV/AIDS transmission and prevention for both genders**

- Develop a school-based integrated health education/life skills curriculum with an emphasis on reproductive health, including HIV/AIDS
- Conduct Mass Media campaign targeting youth
- Advocate for reduced rates or free access to Mass Media for Public Service Messages
- Support existing and new Youth Centres and provide health education and counselling in these centres
- Recruit and train religious leaders as advocates for HIV prevention

##### **Promote safer sexual behaviours, with an emphasis on consistent condom use, mutually monogamy, abstinence/ delayed onset of sexual activity**

- Develop a media campaign, including televised dramas, promoting consistent condom use, mutually monogamy, abstinence/delayed onset of sexual activity
- Develop youth-oriented outreach activities in night spots frequented by youth
- Promote condoms in bars, cafés and other night spots frequented by high risk youth
- Develop high quality youth-oriented IEC materials for display and dissemination in night spots frequented by youth
- Solicit support from and collaboration with local youth-oriented NGOs

**Increase involvement and empowerment of youth in HIV/AIDS prevention activities**

- Provide financial support to youth-oriented NGOs
- Establish a mechanism to coordinate activities of youth-oriented NGOs and motivate youth involvement
- Provide incentives or contest prizes for articles and other communication media written and/or produced by youth for youth
- Create youth-oriented magazine, produced by youth for youth

**Conduct research to increase understanding of youth and “high risk” group**

- Conduct and analyse KAP studies targeting youth aged 14-24
  - Areas of investigation to include HIV/AIDS, STI and substance abuse
  - Provide Capacity Building for the development and execution of KAP
  - Mobilize resources for implementation of KAP
  - Ensure analysis, publication and use of data
- Conduct targeted research to map, assess level of risk behaviours and identify particularly high risk subgroups among youth

**Improve the quality and dissemination of IEC materials**

- Conduct Capacity Building in IEC/life skills material design and development, Training of Trainers and Peer Education
- Increase involvement of youth and high risk groups in the development of IEC/life skills materials
- Improve the understanding and use of pre-testing
- Establish a youth-oriented website with HIV/AIDS content/links to HIV/AIDS information
- Establish a partnership with mass media organizations for an exchange of training
  - - Health personnel provide training to media on health issues/Behaviour Change Theory
  - - Mass Media provide training to health personnel on media techniques
- Develop education/life skills materials with a youth appeal concerning Reproductive Health and HIV/AIDS for use in school-based health education curricula

**Create or improve access to Youth-oriented services**

- Establish youth-friendly counselling and medical services
- Develop IEC materials and conduct service provider training for youth-friendly services, both counselling and reproductive health

**Conduct advocacy activities to build support among key stakeholders for the implementation of HIV prevention and youth-oriented reproductive health strategies**

- Increase the effectiveness of Kosovo Aids Committee as an advocacy mechanism
- Sponsor debates, round tables or seminars aimed at increasing the awareness and importance of youth-focused HIV/AIDS prevention activities among key policy makers

**10.1.2 Men who have Sex with Men (MSM)****10.1.2.1 Current Situation and Initiatives**

MSM are still highly stigmatised and any MSM activity is therefore in secrecy. Fear of violence is common as well as fear of losing an employment when identified as gay. Because of the societal pressure on men to get married and strong taboos against homosexuality, many men engaging in sex with men do not identify as gay and are also involved in heterosexual relationships. As elsewhere in the world MSM who also have sexual contacts with women act as a 'bridge population' for STIs and HIV to the general population. Results from some initial qualitative research among key informants of the MSM community indicate that many MSM seem to have limited knowledge about the risks of unprotected sex and that use of condoms is low. Use of sexual health care is limited,

especially because of lack of confidentiality, MSM fear to be recognized by health professionals as gay and therefore avoid visiting them.

There is a growing underground gay community in Kosovo, as Kosovars who have lived abroad and came to terms with their sexual orientation in more tolerant societies have returned. Early in 2003, a local NGO for gay and lesbians in Kosovo was started. This association has not yet officially registered but with funding from a Dutch NGO has implemented several projects. The NGO has a web site – [www.gaykosova.org](http://www.gaykosova.org) – that advocates for human rights of gays, provides information on sexual orientation, same gender relations, health issues as well as other information relevant for the gay community. In addition, the local NGO is hosting HIV/AIDS prevention sessions with their members and have been participating in the development of the strategic plan for the MSM community.

PSI is working with this NGO to provide STI and HIV information that will be distributed to their members. PSI provided training for three members who are participating in a regional peer ethnographic research study. The research will identify gaps in knowledge about STI/HIV and collect information necessary to develop a STI/HIV/AIDS program. Also a 'gay friendly' doctor training for family medicine doctors in Kosovo has been done. Because homosexuality is so stigmatised, it is important to train health providers who are willing to learn and provide confidentially care in a non-judgemental manner.

#### **10.1.2.2 The Strategic Plan for MSM**

The gay community through the newly set up NGO has been actively involved in the definition of objectives and strategies for MSM and they have expressed interested to be actively engaged in the implementation of the plan. One of the greatest preoccupations of representatives of the gay community is the low perception of HIV infection risk among Kosovar MSM. Furthermore many MSM lack the capacity and/or means (such as embarrassment, unavailability of lubricants etc) to protect them. In order to reach MSM throughout Kosovo one of the highest priorities is to support the establishment of local gay support groups, which will be able to perform outreach programs with peer-to-peer communication to increase the perception of risk and the use of safe sex practices. These groups should be able to make use of appropriate IEC materials, condoms and lubricants. Among the most important activities will be the development of IEC materials (developed by and for MSM) and the establishment of an information hotline and eventually appropriate mass media campaigns (including the use of internet). Emphasis will also be on identifying gay-friendly VCT sites as well as ways to make these services accessible for MSM throughout Kosovo.

#### **Objectives**

- **Increase awareness among the gay community of risks of unsafe sex/ safe sex practices**
- **Raise perception of personal risk and bring more in line with reality of increasing HIV prevalence in Kosovo**
- **Increase access to needed supplies and services, including condoms, lubricants, VCT services**
- **Increase knowledge among health professionals concerning homosexuality and raise their awareness of the health-related issues and concerns of the gay community**
- **Reduce stigma by promulgating accurate information regarding homosexuality**

## Strategies for action

### **Increase awareness among the gay community of risks of unsafe sex / of safe sex practices**

- Develop Peer to Peer communications and outreach programs
- Produce and distribute appropriate targeted IEC materials
- Develop further and promote the existing gay-oriented internet site
- Conduct a mass media campaign, which does not single out the gay community in particular, but addresses the high risk behaviours common within the community

### **Raise perception of personal risk and bring more in line with reality of increasing HIV prevalence in Kosovo**

- Develop Peer to Peer communications and outreach programs
- Provide support and training to local gay support groups to conduct peer programs
- Produce and distribute appropriate targeted IEC materials
- Conduct a communication campaign aimed at raising awareness of the risk of HIV infection and encouraging a more accurate assessment of personal risk

### **Increase access to needed supplies and services, including condoms, lubricants, VCT**

- Install condom vending machines in appropriate public places
- Develop a program for the distribution of lubricants via local MSM support groups
- Establish gay-friendly counselling services
- Create gay-friendly testing sites (discrete location, trained staff, guaranteed confidentiality, etc.)
- Provide free HIV testing services through a voucher system
- Establish an information hotline, to be upgraded to a crisis intervention hotline if needed

### **Increase knowledge among health professionals concerning homosexuality and raise their awareness of the health-related issues and concerns of the gay community**

- Reform medical curricula to include progressive treatment of sexuality
- Conduct Continued Medical Training seminars for key health professionals
- Conduct sensitivity workshops on gay issues for health professionals, priority given to those with potential interaction with the gay community, such as staff of testing centres
- Identify and establish links with key health professionals receptive to the gay community

### **Reduce stigma by promulgating accurate information regarding homosexuality**

- Invite international and local professionals to conduct public seminars about issues of sexuality
- Solicit articles on gay issues from local experts for publication in local print media
- Produce translations of articles from international publications for submission to local newspapers or journals

## 10.1.3 Commercial Sex Workers and their Clients

### 10.1.3.1 Current Situation and Initiatives

Prostitution in Kosovo is illegal. Throughout Kosovo there are several hundreds of bars, restaurants or bar/hotel combinations located alongside major roadways where women from neighbouring countries are working, officially as bartenders but probably many unofficially as commercial sex workers (CSW). It is estimated that in total there are about 1,200 women with and about 800 without legal papers working in the sector. Substantive information on the sex industry is lacking, owing to its illegality and involvement of organised crime. Some information is derived from trafficked women 'rescued', but these are small samples and not representative for the whole group of bartenders/sex workers. Other information comes from women attending private gynaecologists who are trained and paid by the NGO UMCOR.

Probably many CSW originally were forced into their jobs, while trafficked from their countries of origin, forced or seduced by a better future and some may already have worked as CSW in their country of origin. The majority of CSW are coming from Moldova. More than half are coming from countries with a higher HIV prevalence. Table 3 shows the adult rates for HIV/AIDS in the general populations of these countries, however much higher prevalence rates have been reported among the vulnerable population groups, such as CSW, of these countries.

**Table 3. Country of origin of women working as bartenders/ sex workers in Kosovo**

	Women Rescued by IOM (N=322)	Women Attending UMCOR gynaecologists (N=508)	Estimated Adult Rate for HIV/AIDS in Each Country
Moldova	53%	47%	0.2%
Romania	23%	14%	<0.1%
Ukraine	13%	4%	1.0%
Bulgaria	5%	12%	<0.1%
Albania	3%	6%	<0.1%
Kosovo	2%	8%	<0.1%
Russia	1%	5%	0.9%
Other	0.3%	4%	-

Of the trafficked women 49% said condom use was regular, 49% not regular and 2% never. Prevalence of STI's is very high amongst both groups of women ('rescued' and women visiting UMCOR's gynaecologists), however none of 52 women who requested a HIV test in 2003 was positive. Most of the women 'rescued' informed IOM that rape was common as well as other physical abuse. The age of women in both groups was on average only 22 (range 14 to over 30). Access to health care for bartenders/sex workers is limited. Many women are unaware of their level of risk, how to treat an STI, or where to get confidential treatment.

#### ***Sexual and reproductive health care for sex workers***

UMCOR started a project in July 2002, which seeks to increase access to quality sexual health services for bartenders/sex workers. As some women are afforded limited freedom of movement, it was essential to include quality care such as STI testing and treatment, counselling and health education in a secure and private setting as a priority service. Ten private gynaecologists throughout Kosovo were selected to participate in the project. They receive periodic training, such as information on syndromic/ presumptive treatment of STIs. To promote these services, UMCOR has printed fliers, posters and brochures in different languages that contain contact information for the private clinics and basic information on STI/HIV/AIDS and safe sex practices. Most fliers and brochures are distributed by IPH when bartenders visit IPH to obtain the health certificate needed each half year for all persons working in the food industry (bars, restaurants etc). Staff of some IPH regions also visits the different restaurants and bars on a regular basis. Since October 2002 over 500 CSW have received services free of charge, including treatment and condoms. The numbers of women coming to the clinics has risen consistently throughout the lifetime of the project (over 100 during the last months). This is due to an increase of familiarity of CSW with the project, but also due to the trust gained over time from CSW as well as 'bar'-owners. Outreach work is in its initial phase and UMCOR plans to strengthen this in collaboration with IPH.

#### ***Trafficking***

UNMIK police together with UMCOR and IOM 'rescue' trafficked women and return those who wish to go back to their countries of origin. UMCOR provides basic medical care, psychosocial support, vocational skills training and other activities for victims of trafficking, while IOM arranges for the required documents and travel arrangements so that the trafficked

women can return home. As part of medical care, presumptive treatment of STIs is offered. Each year over 100 women receive these services (over 300 since the start of the program). Some of the women 'rescued' choose to stay in 'business' in Kosovo rather than return to their native countries. The Kosovar NGO Centre for Protection of Women and Children

(CPWC) assisted 271 victims of internal trafficking from 2000 to December 2002. Most of them were from poor families in rural areas with low education and very young. CPWC offers the same services as UMCOR.

### ***Clients of Commercial Sex Workers***

Since 1999 there has been a high presence of international staff. Notwithstanding the allegations that international staff is driving the local demand for commercial sex, it seems that 80-85% of clients are Kosovar men, according to women interviewed in the shelters. Data from the PSI survey in 2001 show that males who had sex with a CSW in the past 12 months were younger, single, living in an urban setting and more were employed in the private sector and belonging to the higher socio-economic strata. Of sexually active young men 3% had sex with a CSW in the last 12 months, while this was 2% for the age group of 25 to 34 years and 1% for men older than 35. Of married man just 1% had sex with a sex worker, this was 4% for unmarried man. Level of schooling had no influence. Use of condom while with a sex worker was not investigated. Use of condom while with a casual partner was 52%. Younger males used twice as much a condom than older men. The 2003 PSI survey showed an increase to 4% of sexually active young men having had sex with a CSW in the last 12 months, and of these 73% had used a condom at last contact with a CSW. Since 2000 PSI is leading a mass media communication and social marketing campaign to increase the use of condoms amongst the general population. No interventions have been undertaken directed specifically towards the clients of commercial sex workers.

### ***Legislation***

Prostitution and trafficking seem to be strongly related in Kosovo. According to UNMIK regulation 2001/4 it is a crime to traffic another human being. Due to the raiding activities much of the prostitution has gone more underground, which has made it extremely difficult to reach the commercial sex workers and for them to seek medical care.

#### **10.1.3.2 The Strategic Plan for Commercial Sex Workers and their Clients**

In order to prevent HIV infection in commercial sex workers and their clients and prevent further transmission to the general population it will be essential to obtain information about the prostitution networks and gain access to these. Only a few organisations (international and local) so far have been able to gain limited access to sex workers and 'bar' owners. One of the first activities inside the strategic plan should be the strengthening and expanding of outreach work with CSW, their clients and 'bar' owners. The production of high quality educational materials tailored to CSW (in the relevant languages), clients and 'bar' owners and culturally appropriate is an indispensable requirement to increase the quality of the outreach activities. While strengthening the outreach work, action-research should be performed, which not only provides feedback on the effectiveness of the work, but also identifies especially vulnerable groups among CSW and appropriate channels to improve communication (e.g. a hotline) and access to condoms. Furthermore the research should investigate effectiveness of peer education for CSW and channels to reach clients of CSW (e.g. through 'bar' based IEC materials, mass media campaign, etc). Establishment of quality STI services (including VCT services) accessible for CSW, e.g. by expanding the STI services network already set up, is also of the highest priority. A special task force will be set up consisting of representatives from a wide spectrum of organisations working in the area of CSW and VOT, as part of Kosovar HIV/AIDS prevention strategy. The task force will systemize the work already done and formulate feasible and appropriate actions to be taken.

## Objectives

- **Increase awareness of the negative consequences of untreated STI and unprotected sex among commercial sex workers, their clients and bosses**
- **Reduce the incidence of untreated STI among commercial sex workers**
- **Improve access to health services for commercial sex workers**
- **Reduce stigma, shame; build self-esteem among commercial sex workers**
- **Improve the economic status of commercial sex workers**

## Strategies for action

### **Increase awareness of the negative consequences of untreated STI and unprotected sex among sex workers, their clients and bosses**

- Increase direct contacts with 'bar' owners to improve access to 'bar'-based CSW
- Increase the understanding among 'bar' owners of the negative effects of untreated STI via interpersonal communication
- Produce quality IEC materials in the principle languages common in the CSW community concerning the signs, symptoms and risks of untreated STI
- Conduct a culturally sensitive mass media campaign targeting potential clients of CSW
- Develop a peer education program using either current or former CSW
- Conduct research to better identify and understand the CSW community, to identify especially vulnerable groups and to select appropriate communication channels

### **Reduce the incidence of untreated STI among commercial sex workers**

- Collect and analyse data on the incidence of STI among commercial sex workers
- Establish free or affordable sex worker friendly STI services
- Improve access to 'bars' for STI screening among CSW
- Increase the awareness of the importance of condom use among CSW
- Improve access to condoms (i.e., increase number of sales points, select sales points suitable for CSW; subsidize prices, etc.)
- Install condom vending machines in bars, cafes, hotels and public toilets
- Establish free distribution of condoms to CSW
- Make variety of condom types available
- Improve condom negotiation skills among CSW
- Increase awareness among 'bar' owners of the importance of condom use via print media and interpersonal communication
- Increase the awareness among clients of CSW of the importance of condom use via 'bar'-based IEC materials (brochures, posters, etc.)
- Develop outreach programs to promote condom use among CSW

### **Improve access to health services for commercial sex workers**

- Establish mobile clinics (general or specialized STI) to visit 'bars'
- Establish fully integrated sex worker friendly STI screening and treatment sites
- Establish sex worker friendly VCT sites
- Develop a pool of physicians, trained in STI treatment and sensitised to the needs and concerns of CSW
- Publicize services available to CSW via print media/interpersonal communication programs
- Establish a CSW hotline for providing health and legal information and service referral
- Research creative ways to disseminate IEC materials to sex workers (print, bill boards, etc.)
- Conduct a periodic review of international best practices
- Review legal position of the CSW based in the Kosovo specifics and in the best international practices and present recommendations to the decision-makers.

**Reduce stigma, shame; build self-esteem among sex workers**

- Increase awareness of trafficking among general population and health professionals
- Increase the awareness of the distinction between CSW and VOT
- Advocate for the condoning of commercial sex work combined with stricter enforcement of anti-trafficking laws

**Improve the economic status of sex workers**

- Conduct vocational training to increase employment options available to former CSW
- Establish programs to facilitate the social reintegration of former CSW

**10.1.4 Drug Users and Injecting Drug Users (IDU's)****10.1.4.1 Current Situation and Initiatives**

HIV/AIDS prevention and interventions for drug users in Kosovo is a priority as there are indications that this population is engaging in behaviour putting them at risk of spreading or contracting the virus. The RAR of 2001 reported that heroin use in Kosovo is higher than in many Western European countries and while a bit more than half of them sniff, those who do inject report sharing needles and equipment. Kosovo is on one of the main drug trafficking routes from drug cultivation areas to Europe. Increases in the number of heroine users are thought to have resulted from increases in drug supply, but also due to changes in local patterns of production and consumption, increased travel, migration and cross-border trade. Key informants from the Technical Working Group estimated the current number of heroine users in Kosovo to be about 3000 - 5,000, with more users in Pristina, Prizren and Gjilane.

The RAR reported that only in Pristina cocaine use is relatively high, but lower as heroine use. Cocaine use is not seen elsewhere, apart from the prison population. Designer drug use (Ecstasy) is also reported as a growing trend among the youth in specific cities where rave parties are popular and this drug increases sexual drive and lowers inhibition. The combination of injecting drug users sharing injecting equipment and use of drugs that impact sexual behaviour is dangerous.

Users are found in all social classes and have various educational backgrounds. They tend to live with their families, although users do hide their drug use for as long as they can. The use of illicit substances is generally strongly condemned by heads of families, with the consequence that the use of illicit substances takes place outside the family context, mostly within a peer group setting. In some cases, often when users get dependent and are under pressure to maintain their habit, substance use patterns get individualised. Families provide support when people get into difficulty through using drugs; subsequently drug taking seldom leads to exclusion from the family although some of the users deal drugs in order to get the money for the drugs, which can lead to legal problems. Families evidently remain supportive even for dependent (heroin) users who have serious difficulties in remaining socially integrated.

Currently there are virtually no prevention programs or interventions aimed at reducing risky behaviour, and the treatment system (at the Neuropsychiatry Department of the University Clinical Centre and a private clinic in Pristina) is extremely limited, although, several efforts are underway. At the end of 2001 the Inter-Ministerial Commission on Psychoactive Substances (IMCPS) was established. This group includes members of the ministries concerned with youth, education, culture, social welfare, health, police and criminal justice. There is growing momentum within the government to develop and implement a sound drug policy that would include harm reduction for HIV/AIDS.

PSI assists Hapi i ri, an NGO in Prizren working with IDU's and run by a former IDU to initiate community-based peer education and increase access to sterile injecting equipment and condoms for drug users. Some awareness materials from Albania have been printed

and distributed. PSI is also assisting a small-scale study to investigate knowledge about HIV, current practices regarding sharing of injecting equipment and sexual behaviour, health care seeking behaviour, social/medical needs and interest in HIV testing.

A legislative basis for policy development regarding illicit substance trafficking, distribution, facilitation, production and use will be the new criminal code. An important element of the current draft code is that the public health interest in substance use problems is recognised and reflected in the draft law by the differentiation, which is made between drug dealing and trafficking on the one hand and the use and possession of drugs for own consumption on the other hand. The current as well as the new criminal code in draft form do not criminalize the use of drugs or possession of drugs for own consumption.

#### **10.1.4.2 The Strategic Plan for Drug Users and Injecting Drug Users**

Work in the area of drug use is one of the highest priorities of the strategic plan, since illegal drug use, and especially the injecting of drugs, can be a significant entry point of the HIV/AIDS epidemic into Kosovo. Work in this area has started and several efforts, although still in their initial phase, have been developed. The strategic plan foresees a substantial increase of these efforts. One of the most powerful tools in reducing the transmission of HIV/AIDS among drug users and from them to the general population is the 'harm reduction' approach (the primary objective of this approach is reducing the risk of a HIV transmission stepwise, from promoting not to share needles etc, to reducing the use of drugs). Therefore activities to develop a comprehensive harm reduction program for drug users throughout Kosovo are of the highest priority. To obtain this, support will be given to the IMCPS to conduct advocacy for this approach among decision makers in the health, law enforcement and legislative sectors. Also behaviour research will be needed to define the most appropriate interventions of harm reduction, including the promotion of condom use. Access to IDUs in Kosovo has proven to be very difficult and thus channels will have to be identified and established to reach drug users with harm reduction services, such as mobile services using vans, drop-in centres and collaboration with NGO's working in the area of illegal drug use. One powerful harm reduction tool is substitution therapy for which a pilot program should be performed, as soon as this is possible. A high priority is also the expansion of detoxification programs and the concurrent establishment of national treatment protocols. In both therapies, substitution and detoxification, family of drug users should be involved.

Another priority is the establishment of specialized drug user-friendly health and social service centres, where ex-drug users are involved in the implementation of the activities and self-help groups are formed for current and former users. These centres will actively promote participation in detoxification programs and provide post-detoxification follow-up services. Furthermore they may play a role in the harm reduction activities and the training of staff of primary health care and other services with a potential for dealing with drug users as well as professionals who will work as counsellors for vulnerable youth on drug-related issues.

Activities to increase knowledge of the risks and consequences of drug use are also of the highest priority, especially among vulnerable youth. Vast numbers of youth can be reached through schools, so the inclusion of components of drug awareness in school curricula and extra-curricular programs will be essential. Teachers will have to be trained in the issue. Appropriate IEC materials for (potential) drug users and their families, teachers and health professionals will have to be designed, produced and disseminated. Formative research will be needed to identify the most vulnerable groups and their needs. Counselling services for the most vulnerable will be set up and promoted. To increase more awareness among the general population appropriate mass media campaigns are needed. Furthermore activities should be developed in the areas of advocacy for legal reforms and reduction of stigma associated with drug users.

## Objectives

### Harm Reduction

- Promote and develop Harm Reduction interventions
- Promote increased condom use among drug users
- Develop substitution therapy programs

### Access to Services

- Create new or expand existing specialized demand reduction services for drug users, especially detoxification programs
- Create drug user friendly health and social services
- Establish post-detoxification follow-up support services (counselling, training)

### Awareness and Behaviour Change Communication (BCC)

- Increase knowledge of the risks and consequences of drug use among vulnerable groups, especially youth
- Increase awareness of drug related issues and the skills for dealing with them among health professionals
- Increase awareness among the general population of the issues surrounding drug use
- Reduce the stigma associated with drug users
- Advocate for legal reforms

## Strategies for action

### Harm Reduction

#### Promote and develop Harm Reduction interventions

- Conduct targeted behaviour research among high-risk groups (i.e., sexual practices, needle sharing, commercial sex work, etc.)
- Conduct awareness and advocacy meetings for the Harm Reduction approach among decision makers in the health, law enforcement and legislative sectors
- Support establishment of the mobile distribution services using vans to distribute kits containing essential information and products to drug users
- Support the establishment of drug user drop-in centres
- Review of the legal position of the 'needle exchange program' based in Kosovo specifics and best international practices and presentations of recommendations to the decision-makers

#### Promote condom use among drug users

- Increase access to condoms by (1) opening more sales points, (2) selecting more appropriate sales points and distribution channels for targeting drug users, and (3) reducing condom prices through appropriate subsidies or free distribution
- Develop a youth and drug user oriented BCC campaign promoting condom use
- Recruit popular celebrities to appear in condom promotion ads and campaigns

#### Develop substitution therapy programs

- Advocate among political leaders for the establishment and expansion of substitution therapy
- Create a pilot centre for substitution therapy in Pristina, as a collaboration between the public and private (local NGO) sectors
- Include family counselling in substitution counselling programs

### **Access to Services**

#### **Create new or expand existing specialized demand reduction services for drug users, especially detoxification programs**

- Advocate for detoxification programs independent of psychiatric care centres
- Actively promote participation in detoxification programs among the drug user community
- Establish national drug treatment and counselling protocols and monitor the application of treatment and counselling regimens
- Include family counselling in detoxification counselling programs

#### **Create drug user-friendly health and social services**

- Establish specialized, integrated, multi-disciplinary service centres for drug users, to include health services, counselling, life-skill and vocation training
- Involve ex-drug users in the implementation of the activities in the integrated service centres
- Establish and support self-help groups for current and former users
- Train primary health care personnel in drug user issues and user-friendly approaches

#### **Establish post-detoxification follow-up support services (counselling, training)**

- Establish integrated, multi-disciplinary services facilities (see above)
- Incorporate vocational and life-skills training in follow-up services to improve potential for social reintegration
- Include sensitivity training to reduce the stigma associated with drug use for all personnel in programs and services with a potential for dealing with drug users

### **Awareness and BCC**

#### **Increase knowledge of the risks and consequences of drug use among vulnerable groups, especially youth**

- Include components on drugs awareness in school curricula and extra-curricular programs
- Train appropriate school personnel and teachers in the recognition and handling of drug-related problems
- Involve former users in the design of IEC materials
- Produce and disseminate IEC materials
- Conduct formative research to identify and study vulnerable groups
- Train counsellors in drug-related issues and techniques
- Actively promote counselling services among vulnerable groups
- Conduct on-going media campaigns

#### **Increase awareness of drug related issues and the skills for dealing with them among health professionals**

- Conduct training workshops for health professionals, technicians and outreach workers
- Produce IEC materials for healthcare workers, with priority given to personnel with potential for interaction with drug users

#### **Increase awareness among the general population of the issues surrounding drug use**

- Develop IEC materials for the families of drug users and vulnerable groups
- Create a school-based pilot drug awareness project (see above)
- Expand pilot school-based program (see above)
- Conduct a mass media anti-drug and drug awareness campaign (see above)

**Advocate for legal reforms**

- Advocate for legislative reforms to allow the provision of free or affordable drug treatment programs for all drug users
- Advocate for legislative reforms to guarantee affordable and confidential support services for drug users
- Develop effective training programs to ensure proper treatment of drug users by law enforcement personnel
- Advocate for the establishment of strict age controls on all psycho-active substances (including pharmaceuticals and alcohol)
- Advocate for stricter enforcement of anti-trafficking laws

**Reduce the stigma associated with drug users**

- Support in the establish local associations of former and current drug users
- Conduct advocacy for drug-related programs
- Create a pilot school-based drug awareness BCC campaign in a limited number of schools
- Establish a 4-year monitoring and evaluation system for assessing effectiveness of BCC campaign in schools and when effective combine with the HIV/AIDS prevention IEC/life skills educational curriculum in schools
- Conduct a mass media campaign targeting the general population aimed at reducing the social marginalisation of drugs users

**10.1.5 Prisons**

**10.1.5.1.** The penal system - prison and detention centres - in Kosovo are under the management of UNMIK Department of Justice-Penal Management Division. The penal system includes 8 prisons and detention centres located around Kosovo with over 1,000 prisoners. One of the detention centres, Lipjan, houses small numbers of juveniles and women. The largest male facility is Dubrava Prison and has generally more than 500 inmates of whom a small number are detainees and about 20 juveniles. Recidivism is high and average stay is 7-8 years with a range from five days to 30 years. Main reasons for conviction are theft, murder, sexual or physical violence and they are seeing an increased number of people convicted for illegal drug possession.

Considerable renovation and development has been done in the prison system and the penal management system is the most advanced in regard to turning over administrative powers to the local population. Deputy Directors at the prison system are now all Kosovars.

Health services within the prison system are under the direction of the Department of Justice not the Ministry of Health. Health care is available for prisoners and at the time of entry to a detention centre, a medical exam is performed. No routine evaluation or screening of STIs, TB or HIV is done. If necessary, health care providers from the regional health systems are sub-contracted to treat prisoners. Medical personnel from the prison system have completed an HIV/AIDS voluntary counselling and testing certificate program. A nurse-training program is underway to improve the abilities of the prison nursing staff. Condoms are not available within the prison and information on sexual practices of inmates and need for sexual health care does not exist. However, condoms are being included in the "exit" packet that is given to released prisoners.

***Drug use in the prison system***

Limited information is available about behaviour in Kosovo prisons but information from the RAR (WHO/UNICEF, 2001) and anecdotal information from the prison officials and from former detainees report that hard drugs are not available within the prisons. The RAR reported use of pharmaceutical drugs, prescribed by prison doctors, is much more prevalent among prisoners.

The RAR reported that the prevalence among prisoners reveals a pattern of substance use similar to that among other young people. Levels of heroin use are a little higher (8.8% in prisoners, 6.4% in other young people) and use of ecstasy a little lower (2.6% compared with 7.3%). However, levels of experience of cocaine use (14.6%) are much higher among prisoners than among other young people (3.6%). Lifetime prevalence of cocaine use among prisoners in Gjilan/Gnjilan (40%) and Libljan (20%) are notably high, compared with other prisoners and other groups of young people (including targeted drug users) in Kosovo. Levels of experience of pharmaceutical drug use are higher among prisoners than among other young people (22.8% compared with 11.5%).

So far no interventions to prevent STI/HIV/AIDS transmission in prisons have been undertaken.

**10.1.5.2 The Strategic Plan for Prisons**

Prisons can play an important role in the transmission of HIV from vulnerable groups to the general population. Work in this area is thus essential and will start with training of penal system officials about the potential of HIV transmission in prisons. Research is highly needed to increase the understanding of the risks and define appropriate interventions. Furthermore the safety of prison staff will have to be ensured by training staff on HIV issues and take further measures according to the results of the research. Appropriate IEC materials will have to be produced and communication channels to prisoners defined. Prisoners will also be provided with IEC materials and condoms at time of release. Coordination between MoH and the prison system is needed to explore the possibilities of providing STI/HIV/AIDS services and substance abuse treatment in prisons.

**Objectives**

- **Ensure that decision makers are aware of the risks of HIV/AIDS transmission in prisons and take measures to reduce this transmission**
- **Ensure the safety of prison personnel**
- **Increase knowledge and awareness of HIV/AIDS transmission and prevention among prisoners**
- **Advocate for STI/HIV/AIDS services and substance abuse treatment in prisons**

**Strategies for action****Ensure that decision makers are aware of the risks of HIV/AIDS in prisons and take measures to reduce transmission**

- Increase communication between the Kosovo HIV/AIDS Office, KAC and the Penal System management
- Train Penal System officials about the risk of HIV transmission in prisons and its prevention
- Conduct research to increase understanding of prisoners as a potential high risk group
- Implement prevention measures according to the results of the research

**Ensure the safety of prison personnel**

- Train prison staff (health care providers, guards) about HIV/AIDS transmission and prevention and risk factors unique to prisons
- Include HIV/AIDS information in new prison guard curriculum training
- Maintain continuous training related to HIV/AIDS for all prison staff
- Conduct research to study the risks of prison staff in acquiring HIV from prisoners
- Implement prevention measures according to the results of the research

**Increase knowledge and awareness of HIV/AIDS transmission and prevention among prisoners**

- Design, test and produce appropriate IEC materials for prisoners
- Develop appropriate distribution and communication channels for the IEC materials (e.g. inmate peer education activities)
- Provide additional IEC material and condoms to inmates at time of release

**Advocate for STI/HIV/AIDS services and substance abuse treatment in prisons**

- Initiate coordination between with MoH and the Penal System management to study possibilities of providing STI/HIV/AIDS services (including VCT services) and substance abuse treatment in prisons

**10.2 Health Personnel and Law Enforcement****10.2.1 Health Personnel****10.2.1.1. Increase occupational safety with the aim to reduce risk of exposure to HIV****10.2.1.2 The Strategic Plan for Occupational Safety**

The occupational safety of health personnel is fundamental, since health staff will be in the frontline of assisting people living with HIV/AIDS. Without this safety, national prevention efforts to detain the AIDS epidemic will be seriously hampered. In order to be able to implement the many activities needed to ensure this safety, HIV/AIDS issues should be included in the Kosovo occupational safety protocols and procedures for the different health institutions. Furthermore mechanisms are needed to ensure an adequate supply and distribution of occupational safety supplies and equipment (including post-exposure prophylaxis), especially for those regions, institutions and services most at risk of an accidental exposure to HIV. To ensure universal adoption of adherence to safety protocols and procedures the most appropriate ways to increase knowledge among health workers of occupational safety, blood safety and post exposure prophylaxis should be identified and monitoring mechanisms developed.

**Objectives**

- **Establish national safety protocols and procedures**
- **Ensure adequate supply and distribution of occupational safety supplies and equipment**
- **Increase knowledge among health workers of the risks of unsafe injection and of proper blood safety and safe injection procedures and Post Exposure Prophylaxis**
- **Ensure universal adoption of and adherence to safety protocols and procedures**

## Strategies for action

### **Establish national safety protocols and procedures**

- Study and adapt WHO standards and regulations for universal precautions
- Identify job categories to be covered by safety protocols
- Determine the degree and type of risk for each job category
- Establish minimal equipment standards for each type of service delivery unit
- Publicize national protocols via the professional associations
- Encourage professional associations (doctors, nurses, etc.) to become active in advocacy for establishment and implementation of safety protocols
- Ensure involvement of the community (both professional & lay) in formulation of safety standards
- Develop guidelines for proper doctor to client relations
- Develop IEC materials to increase client awareness of proper safety procedures
- Establish a patient rights association
- Study need for safety standards & regulations in non-health professions (barbers, tattoo salons, etc.)

### **Ensure adequate supply and distribution of occupational safety supplies materials and equipment**

- Determine the precise material/equipment requirements and establish procure standards and regulations
- Determine the quantity of materials and equipment needed by region and type of service and establish a procurement budget
- Determine appropriate distribution channels and mechanisms to ensure adequate and constant supply of materials wherever needed
- Identify those regions, institutions and services to be designated for priority distribution of safety supplies and equipment
- Conduct a pilot study on the use of safety materials to determine actual quantities used, frequency of use and factors prompting or hindering use
- Secure funds for procurement of single use equipment (syringes, vials), disinfecting equipment and supplies and post-exposure prophylaxis

### **Increase knowledge among health workers of the risks of unsafe injection and of proper blood safety and safe injection procedures and Post Exposure Prophylaxis (PEP)**

- Conduct training related to HIV/AIDS for health sector employees at all levels
- Conduct a Training of Trainers to replicate safety training workshops in peripheral areas
- Produce job specific IEC materials about risks and safety measures
- Conduct a pilot study of the incidence of procedural errors and unsafe practice
- Conduct advocacy and awareness activities based on the above pilot study
- Organize round table discussions of health professionals to discuss safety related issues
- Disseminate information about post-exposure prophylaxis, including information about what it is and where it can be obtained (once ART has been introduced in Kosovo)
- Conduct awareness campaign to reduce the incidence of non-essential injections
- Revise medical curricula to include state of the art blood and injection safety information

**Ensure universal adoption of and adherence to safety protocols and procedures**

- Establish a MOH level monitoring board to monitor & enforce adherence to national safety protocols
- Include social scientists on monitoring boards to identify potential cultural and attitudinal barriers to the adoption and consistent application of safety procedures
- Establish internal monitoring and safety supervisory groups within all public sector health units
- Establish an external monitoring and inspection organization to regulate both the public and private sector, made up of both health sector inspectors and health association members
- Use appropriate media to increase public awareness of safety procedures to create a client and patient driven monitoring of private sector

**10.2.1.2 Reduce fear and reservation of health workers to treat HIV + persons****10.2.1.2.2 The Strategic Plan to Reduce Fear and Reservation to Treat HIV+ persons**

One of the first steps to initiate change and encourage respect for the basic rights of people affected by HIV/AIDS will be the reduction of fear and stigma within the health providers. Together with the activities to obtain a good post exposure prophylaxis and occupational safety program, different awareness activities will be developed to reduce fear and reservation of health workers to treat HIV + persons.

**Objective****Reduce fear and reservation of health workers to treat HIV + persons****Strategies for action****Reduce fear and reservation of health workers to treat HIV + persons**

- Conduct suitable training of health professionals (Continued Medical Training)
- Improve surveillance and the accuracy of data reporting to bring perceptions of the HIV epidemic in line with reality
- Conduct cultural sensitivity workshops
- Publish articles addressing the concerns, fears and attitudes of health workers regarding HIV and reducing stigma of HIV in professional journals or the newsletter of the KAC
- Solicit stories and articles from the field for publication in journals and newsletters
- Provide opportunities for informal interaction between health care workers and HIV+ individuals or members of high risk groups
- Conduct qualitative research to determine underlying social/cultural/psychological causes of stigma
- Develop appropriate mass media messages aimed at humanizing the image of people with HIV
- Develop support activities for the friends and family of people with HIV
- Advocate for the guarantee of patients' rights for people with HIV

## 10.2.2 Law Enforcement

### 10.2.2.1 The Strategic Plan to Involve Law Enforcement in Reaching Vulnerable Groups

Law enforcement staff can play a significant role in reaching vulnerable groups and facilitate the prevention activities among these groups. This is especially true for young people, commercial sex workers and drug users. KPC is an active member of the KAC and KPS as well as KPC have been actively involved in the development of the strategic plan. Coordination between KAC and KPC, KPS will be strengthened to ensure coordinated activities in the HIV prevention work. Law enforcement staff will reinforce prevention activities among youth by assisting in awareness activities in schools as KPC has done before, conducting lectures for young recruits (KPC and KPS), making police media facilities available and help organise and promote positive leisure activities. In the case of sex workers law enforcement staff will assist to establish links between 'bar' owners and social services and channels for distribution of condoms and IEC material. With respect to drug users law enforcement staff will assist in awareness activities in school and with young recruits. Furthermore they will assist in the development of harm reduction programs.

### Objectives

#### For Young people

- Increase knowledge and awareness of sexual and drug-related issues
- Support school-based health education
- Organize and promote positive leisure time activities

#### For Commercial Sex Workers

- Increase awareness and understanding of the risks of unprotected sex among CSW
- Increase access to and the use of condoms

#### For Drug Users

- Decrease the incidence of unsafe injections
- Promote and develop Harm Reduction programs
- Decrease the incidence of unprotected sex

### Strategies for action

#### For Youth

##### Increase knowledge and awareness of sexual and drug-related issues

- Conduct school-based seminars (from secondary and upward)
- Conduct sex and drug awareness lectures for young recruits (KPC and KPS)
- Assist in mass media campaign targeting youth by using police (KPS) media facilities
- Support the establishment of a permanent coordination committee of all key stake holders to develop and oversee youth oriented HIV awareness activities

##### Support school-based health education

- Provide input into the development of school-based curricula via participation in the Kosovo Aids Committee
- Provide human resources for the coordination and conducting of school-based lectures and extra-curricular health education activities

##### Help organize and promote positive leisure time activities

- Provide coordination and security for youth-oriented sports activities
- Promote the use or rental of police facilities for youth programs, sports events and clubs
- Assist in conducting research into the leisure habits and preferences of vulnerable youth
- Assist in the organization of summer youth camps under the direction of professionally trained staff

## For Commercial Sex Workers

### **Increase awareness and understanding of the risks of unprotected sex among commercial sex workers**

- Assist in the establishment of links between CSW and social services
- Assist programs working with CSW in the distribution of “safe sex kits” containing targeted IEC material and needed supplies such as condoms
- Identify and support local NGOs to assist in raising the awareness among ‘bar’ owners of the health risks of CSW & their potentially grave consequences and to distribute pertinent IEC materials

### **Increase access to and the use of condoms**

- Advocate for increased access (more appropriate sales points) and affordability (price subsidies) of condoms, including free distribution
- Support the installation of condom vending machines in appropriate public places

### **Increase awareness of risks of unprotected sex among ‘bar’ owners and clients of CSW**

- Facilitate contact between ‘bar’ owners and social service organizations

## For Drug Users

### **Decrease the incidence of unsafe injections**

- Conduct seminars in schools (from secondary upward)
- Involve former drug users in school-based programs
- Use former drug users as a link between police and current users for dissemination of IEC
- Review legislation to allow Harm Reduction activities
- Promote and develop Harm Reduction programs
- Support establishment of detoxification centres
- Support establishment of drop-in centres and post-detoxification support services
- Participate in the promotion and social marketing of Harm Reduction

### **Decrease the incidence of unprotected Sex**

- Conduct seminars in schools (from secondary upward)
- Conduct lectures for young recruits (KPC and KPS)
- Assist in mass media campaigns by utilizing police (KPS) media facilities
- Support the installation of condom vending machines in key public places

## 10.3 STI - HIV Surveillance System

### 10.3.1 Current situation and initiatives

Kosovo is a low prevalence region with only 47 cases of mostly AIDS identified. The numbers of officially reported cases of HIV/AIDS and other STIs in Kosovo are probably an unrealistic estimate of the true situation. For example, data collection and reporting on STIs is now required from formal health sector service points, based on syndrome approach, as part of the official surveillance system but the number of reported urethral (vaginal) discharges and genital ulcers is very low.

There are dedicated Public Health Experts and General Epidemiologists at the Institute of Public Health (IPH), who work in setting up priorities and defining surveillance elements. Guidelines for some of the communicable diseases have been developed and on the HIV side, HIV screening of all blood donations is mandated and a source of data for the surveillance system. Reporting is operational for blood donation, AIDS cases, and some of

the priority diseases. Thus, there is infrastructure, both physical and human to establish a good STI – HIV surveillance system in IPH.

Faced with the fast developing epidemic in other countries in the region, the Kosovo Institute of Public Health and the HIV/AIDS office in collaboration with international institutions and NGOs are committed to establish a Kosovar STI/HIV/AIDS Surveillance Plan. This plan is a follow up to the “Action Plan for the Establishment of a Comprehensive HIV/AIDS Prevention Program for Kosovo” of February 2001. Also, because of the low prevalence characteristic, the emphasis is placed on those groups where the epidemic started developing in neighbouring countries: Injecting Drug Users, Commercial Sex Workers, and Men who have Sex with Men (MSM).

### **10.3.2. The Strategic Plan for a STI - HIV Surveillance System**

The establishment of a functioning STI – HIV Surveillance System is of the highest priority within the strategic plan, as this is the way to determine where prevention activities should be performed and to observe if prevention activities are having results. A complete plan for STI / HIV surveillance system has been formulated and concrete plans exist to start its implementation.

#### **Objective**

- **Establishment of a surveillance system for STI – HIV in Kosovo**

#### **Strategies for action**

##### **Establishment of a surveillance system for STI – HIV in Kosovo**

- Creation of the STI – HIV Surveillance Unit
- Gather support from decision makers: Government, MoH, Police and other related institutions
- Secure financial support and stability for the surveillance system
- Increase of human resources capacity through training:
  - Short training on basic STI/HIV/AIDS epidemiological concepts
  - Long term training in applied epidemiology
- General Population STI, HIV and Behavioural Surveillance:
  - The general population is at low risk for HIV. However, a profile is needed of the general knowledge, attitudes and practices related to HIV/AIDS. PSI did this type of research in the year 2001 and has performed one for youth in 2003. The complete report and results are and will be available. Concerning the general population, these surveys will be considered to be the baseline to be used in further monitoring of the general population in the Surveillance System. The following sites are recommended as surveillance or monitoring sites:
    - Blood donors
    - Prenatal clinics
    - Police - Army
- Vulnerable Population Groups STI, HIV and Behavioural Surveillance:

- The population at high risk for HIV in Kosovo has already been characterized through observed behavioural risk factors in Kosovo and through international studies, which point at TB patients, sex workers and their clients, drug users (IDU), prisoners, and others as possible core groups for STI infections, including HIV. Thus, it is suggested to perform surveillance in Kosovo among the following groups:
  - TB patients
  - Commercial sex workers and clients
  - Drug users
  - Prisoners
  - Men who have sex with men
  - International migratory population
- Continuous analysis of the results of the STI, HIV and Behavioural Surveillance in general and vulnerable population groups. In a schematic way, the sentinel sites for vulnerable population groups and for the general population will generate STI/HIV reports to be processed at the sites; local and district levels. From these STI/HIV reports consolidated reports will be generated and these in turn will be handled and analysed by the national surveillance system team. The national team will create a Surveillance Bulletin as a feedback communication instrument for the monitoring and planning of the HIV/AIDS prevention and care programs to make sure that these are where they are most needed and most cost-effective.

## **10.4 Testing (VCT), Treatment, Care and Follow-up services**

### **10.4.1 Voluntary Counselling and Testing for HIV (VCT)**

#### **10.4.1.1 Current situation and initiatives**

The first VCT services in Kosovo have been introduced during spring 2003 (anonymous testing), supported by the MoH. The services are set up at a private laboratory in Pristina (Bioticus) and at the Infectious Diseases Clinic of the University Clinical Centre. A VCT site operational manual has been developed containing guidelines and procedures to obtain the highest quality VCT services possible. Prior to the opening of the VCT Centres, HIV testing was done at the blood transfusion services and the regional KIPH laboratories but no pre- and post counselling was provided.

The goal of the VCT sites is to provide affordable, confidential and anonymous services of high quality, which meet international standards, to vulnerable population groups as well as to the general population. The opening of the sites was accompanied by a mass media campaign. The advertising uses one unique logo to make the sites more recognizable. The campaign focuses on encouraging potential clients to visit the VCT centres and help create awareness and importance of HIV testing, and adopting healthy behaviour.

VCT is the entry point to HIV prevention and care. International evidence has shown that the pre- and post counselling promotes behaviour changes, thereby reducing HIV transmission. It facilitates behavioural change in HIV- as well as HIV+ persons. It also is a chance for HIV + persons to receive counselling on how to protect their partners, which is essential in reducing further HIV infections. It breaks the vicious circle of silence and stigma. It is the first step toward getting people with HIV the care and treatment they need and it reduces mother-to-child transmission. Although the current situation indicates that HIV prevalence is low in the general population, it is unknown to what extent the HIV virus is present in the vulnerable population groups and it will be critical to make the VCT services accessible to these groups.

#### **10.4.1.2. The Strategic Plan for VCT**

VCT services accessible for the vulnerable groups are of the highest priority. Ethnographic research will be performed which will provide the data necessary to design and set up these services. Staff of the existing VCT sites will train future counsellors. Specific VCT education material for each vulnerable group will be designed, produced and made available in the services. After a pilot phase, services will be scaled up throughout Kosovo. After an evaluation of the existing sites, VCT services for the general population will be scaled up as well. Furthermore a quality referral system to the care coordinator network and treatment services will be developed and the legislative and policy framework related to VCT services.

#### **Objectives**

- **VCT services accessible for the vulnerable population groups (SW, IDU, MSM, clients of sex workers, youth, mobile/migrant populations and others)**
- **VCT services accessible for the general population throughout Kosovo**

#### **Strategies for action**

##### **VCT services accessible for the vulnerable population groups (CSW, IDU, MSM, clients of sex workers, vulnerable youth, mobile/migrant populations and other)**

- Perform ethnographic research with the vulnerable population groups to obtain data necessary for the design of VCT services appropriate for each group
- Design and implement pilot VCT services according to the results of the research
- Include Family Medicine in supporting VCT services for vulnerable groups
- Design, test and produce specific VCT education material for each vulnerable group and make available in the VCT services
- Evaluate the results of the pilot VCT services for vulnerable groups
- Train future counsellors by using experienced and accredited trained personnel of existing VCT sites
- Expand VCT services network for vulnerable groups throughout Kosovo

##### **VCT services accessible for the general population throughout Kosovo**

- Perform a thorough evaluation of the newly opened VCT sites
- Use the results of the evaluation to decide upon the appropriate design of VCT services for scaling up of these services for the general population throughout Kosovo
- Implement scaling up of the VCT services throughout Kosovo

#### **For both objectives**

- Develop a quality referral system to the care coordinator network and treatment services
- Develop the legislative and policy framework related to VCT services

### **10.4.2 Treatment, including Post Exposure Prophylaxis**

#### **10.4.2.1 Current Situation and Initiatives**

Since 1986, when the first person was diagnosed with AIDS in Kosovo, the clinical management of cases has been performed by the Infectious Diseases Clinic at the University Clinical Centre of Kosovo, where the accompanying opportunistic infections (O.I.) were treated. Possibly due to the absence of support services, and/or Antiretroviral Treatment (ART) those patients who did not die have been lost to follow-up care and only present themselves when faced with serious medical problems.

In the draft version of the new Health Law the need of prevention, diagnosis and treatment of HIV/AIDS is emphasized: *“The following collective healthcare services shall be secured and performed in Kosovo: health care in cases of health conditions and diseases that directly*

*endanger the lives of the citizens and health conditions related to: treatment of diseases of HIV/AIDS”.*

Combining effective prevention with access to ART has proven to be extremely powerful, they are enormously and mutually reinforcing. ART changes the way people think about the disease. It encourages members of vulnerable population groups to come forward for HIV testing, thereby making an emerging epidemic in these groups visible and providing more information to improve the prevention programs. ART also facilitates surveillance efforts. ART reduces transmission, by reducing viral load, but this should be combined with strong preventive measures to assure that risky behaviour does not increase. ART saves lives while saving resources at the same time by reducing the occurrence of opportunistic infections. It can prevent the growth of an epidemic.

#### **10.4.2.2. The Strategic Plan for Treatment and Post Exposure Prophylaxis**

A successful introduction of ART in Kosovo will need several concurrent activities: expansion of VCT sites, training of medical personnel, a system to provide consistent follow-up to PLWHA, laboratory facilities, an appropriate health care delivery system, definition of necessary ART agents/other medications and ensuring a reliable supply, regulatory mechanisms and ensuring adequate and reliable support, both financial and institutional. Furthermore VCT services and post-exposure prophylaxis (PEP) after nosocomial exposure to HIV will be established. A crucial project to undertake concomitant with the introduction of ART into Kosovo will be planning to scale up the capacity to deliver ART; setting up of a HIV-ART resistance surveillance; efficacy and toxicity monitoring; treatment of HIV positive pregnant women and an approach to the care of HIV-infected children.

#### **Objective**

- **Establish infrastructure, training and supplies in order to introduce Antiretroviral therapy (ART) for people living with HIV/AIDS (PLWHA)**
- **Establish VCT services and post-exposure prophylaxis (PEP) after nosocomial exposure to HIV**
- **Scaling up of ART throughout Kosovo**

#### **Strategies for action**

##### **Establish infrastructure, training and supplies in order to introduce Antiretroviral therapy (ART) for people living with HIV/AIDS (PLWHA)**

- Reliable and accessible VCT services
- Medical personnel who are trained in the management of HIV/AIDS, including in the initiation and monitoring of ART and in the diagnosis, management and prophylaxis of the more common OI and who are committed to maintaining the minimum necessary education, and who have the support (institutional and financial) to obtain and maintain this education
- A system to provide consistent follow-up, psychosocial support, and medication adherence support to PLWHA who are under medical care
- Laboratory facilities, which can provide accurate and timely results of necessary tests, HIV confirmation, CD4 testing and viral load.
- Facilities in which both outpatient and inpatient care for PLWHA can be delivered
- A medical record system, which can maintain necessary data on the medical history of PLWHA who are under medical care
- An infrastructure, which on all levels provides adequate access, meets community standards of care delivery, and ensures patient confidentiality
- The definition of necessary ART agents for the initial introduction of ART into the community, and a consensus on indications for the initiation and change of ART and on how to monitor (both clinically and with laboratories) patients on ART

- A continuous and reliable supply of all antiretrovirals and other necessary medications for the treatment of opportunistic infections and other HIV related illnesses, which the community has defined as necessary and standard
- Adequate training of all personnel involved in the care of PLWHA. This training must ensure competent medical care, health care worker (HCW) safety, sensitivity to the needs of PLWHA, and an understanding of the importance of, and approach to, patient confidentiality
- Regulatory mechanisms to ensure competence and reliability in all important aspects of care
- Adequate and reliable support, both financial and institutional, to ensure adequate resources, both short-term and long-term

#### **Establish VCT services & post-exposure prophylaxis (PEP) after nosocomial exposure to HIV**

- The HIV experts will receive training on PEP as part of their didactics and practicum prior to the introduction of ART
- Counselling and testing after a nosocomial exposure to HIV will be performed by the combination of the HIV expert and the Care Coordinator working out of the VCT site at Infectious Diseases Clinic.
- The HIV experts will ensure that a one-month supply of both the first-line and second-line of ART will be available for use for PEP

#### **Scaling up of ART throughout Kosovo**

- The strategy detailed above addresses the important obstacles to the introduction of ART into Kosovo, and should allow the successful initiation of ART for the small number of patients who will be identified during the first year, and will provide a basis for scaling up to meet future demands. The extent of the epidemic is not well defined in Kosovo, but the prevalence of HIV is likely relatively low. The form that scaling up will need to take is thus difficult to define until the current prevalence is determined and, especially if prevalence is low, the success of prevention efforts is established. Undoubtedly, though, the number of patients under care for whom ART is indicated will increase and thus the system established to allow the introduction of ART into Kosovo will at some point over the next five years no longer suffice. A crucial project to undertake concomitant with the introduction of ART into Kosovo will thus be further planning to scale up the capacity to deliver ART.
- All items that were discussed above as necessary for the introduction of ART will need to be reassessed as they apply to a larger number of patients under care, presumably accessing their care throughout Kosovo rather than only in Pristina. The physician HIV experts and Care Coordinators will be central for planning, further training of additional personnel, and for referral. The larger challenge will be to ensure an adequate financial and governmental commitment, and to establish a consistent and reliable supply of Antiretrovirals, with appropriate distribution and appropriate safeguards on use.
- Additional issues, which will need to be addressed include:
  - HIV ARV resistance surveillance: A system will need to be established to monitor ARV resistance in Kosovo
  - Efficacy and toxicity monitoring. A Kosovo-wide system should be established to monitor the efficacy, safety, and tolerability of the first and second-line regimens
  - Treatment of pregnant women to prevent mother-to-child transmission
  - An approach to the care of HIV-infected children

### 10.4.3 Care and Follow-up Services

#### 10.4.3.1 Current Situation and Initiatives

Currently, no HIV/AIDS specific medical or psychosocial treatment and care is available in Kosovo and patients with opportunistic infections are treated in the Infectious Diseases Clinic of the University Clinical Centre of Kosovo. Antiretroviral treatment (ART) is not offered, although plans exist to introduce ART into Kosovo. With the exception of several Infectious Disease physicians, most health care and social service providers have no experience working with HIV/AIDS patients. In addition, no system is in place for the management of occupational exposures related to HIV/AIDS. There are already people living with HIV and AIDS (PLWHA) in Kosovo and additional cases will be identified through the recently opened VCT Centres.

There exists stigma around HIV/AIDS and PLWHA are discriminated. Quality care and follow-up services, through a supportive confidential Care Coordinator network, will be a critical component of the overall HIV/AIDS strategy. A Care Coordinator network is a system for organizing the delivery of services to PLWHA by providing personal care in a flexible and sensitive manner. The professional coordinates the care from different services and acts as an advocate for clients and family to ensure they receive the appropriate care. In addition, the care coordinator network will make sure that after occupational exposure related to HIV/AIDS the health worker will receive appropriate counselling and referral to Infectious Diseases Clinic to receive PEP if needed.

HIV infection is a chronic illness and places significant demands on the health and welfare sector. Effective care coordination will enable health and welfare services to work as a multi-disciplinary team to the benefit of the HIV positive person and their families. PLWHA require support to maintain the behaviour change needed to reduce further transmission of the HIV virus to other persons and this is an important prevention activity. ART is likely to be introduced in Kosovo. PLWHA using ART need consistent follow-up and psychosocial support to maintain adherence to the complex treatment regimes and to prevent the development of HIV resistance for antiretrovirals. Thus, the care coordinator network provides an important link between the prevention of HIV and the care for PLWHA.

One of the first places to start reducing stigma and fear is within the health care providers. As more HIV+ patients are identified, more health care providers will be treating known cases. If a good occupational safety program and PEP is in place, providers will be less fearful of treating patients and will feel the health care system is looking after their welfare. The care coordinator network will make sure that health workers will receive the appropriate care after an occupational exposure related to HIV/AIDS.

#### 10.4.3.2 The Strategic Plan for Care and Follow-up services

Care and follow-up services for PLWHA and health personnel who had an accidental exposure to HIV will be ensured through the development of a care coordinator network.

#### Objective

- **Develop a Care Coordinator Network, which will coordinate medical and psychosocial care and support for PLWHA and for health workers after an occupational exposure related to HIV/AIDS**

**Strategy for action****Develop a Care Coordinator Network, which will coordinate medical and psychosocial care and support for PLWHA and for health workers after an occupational exposure related to HIV/AIDS**

- Advocate for the establishment of a Care Coordinator Network
- Locate in year 1 the Care Coordinator Network within the Infectious Diseases Clinic VCT Centre
- Define the final management structure in which the Care Coordinator network will function
- Train two to four Care Coordinators, set up and implement the network
- Training of the professional in the referral network who will provide psychosocial support
- Make Care Coordinators responsible for the coordination of the medical and psychosocial care and support for PLWHA (they will meet regularly with the physicians from Infectious Diseases Clinic treating PLWHA and as a team care for the patient)
- Set up a referral system for PLWHA to the Care Coordinator Network (they can access the care coordinator network either through self/doctor referral or through VCT Centres)
- Make the Care Coordinator Network the central point for health workers to make sure they receive the appropriate care after an occupational exposure related to HIV/AIDS
- Investigate the need and usefulness of a telephone hotline as part of the Care Coordinator Network (where health workers and members from vulnerable groups and others can obtain information on HIV/AIDS and receive counselling)
- Expand the Care Coordinator Network throughout Kosovo when needed and appropriate

## 10.5 Legislation

### 10.5.1. Current situation and initiatives

A new health law is being drafted. It is likely that this law will be modelled after health laws in other European Union countries. The law will be generic but separate pieces on specific issues will be written over time. There are plans to develop a law related to HIV/AIDS and it is a crucial piece to the success of the implementation of the Strategic HIV/AIDS Plan.

Human rights promotion and protection is central to the response to HIV/AIDS. Violation of these rights, including stigma and discrimination, constitutes a major barrier both to prevention efforts and access to care. The OHCHR (Organisation of UN High Commissioner for Human Rights) and UNAIDS have developed 12 guidelines, where they advise legislation to cover:

1. Responsibilities and roles of the different institutions involved
2. Supporting community partnership: ensure community consultation in all phases of policy design, program implementation and evaluation; enable community organisations to carry out their activities effectively
3. Public health legislation: regulations on surveillance, VCT and HIV testing, notification/partner notification, treatment of people living with HIV/AIDS, blood safety, universal precautions (infection control in health care and other settings involving exposure to blood and body fluids is essential)
4. Review criminal laws and correctional systems to ensure that they are consistent with international human rights obligations
5. Anti-discrimination and protective laws that protect vulnerable groups and PLWHA
6. Regulation of HIV-related goods, services and information, to ensure widespread availability
7. Legal support services for PLWHA
8. Enabling environment for young people and other vulnerable populations (improving the social and legal status of populations of vulnerable groups is a huge, but necessary, undertaking)
9. Changing discriminatory attitudes through education, training and the media
10. Development of codes of conduct regarding HIV/AIDS in the public and private sector that translate human rights principles into codes of professional responsibility and practices
11. Ensure monitoring and enforcement mechanisms to guarantee the protection of HIV-related human rights
12. International cooperation related to HIV-related human rights issues

### 10.5.2. The strategic plan for legislation

#### Objective

- **A comprehensive HIV/AIDS law approved by the parliament and effectively implemented throughout Kosovo**

#### Strategies for action

##### **A comprehensive HIV/AIDS law approved by the parliament and effectively implemented throughout Kosovo**

- Establishment of a legislative committee by the HIV/AIDS office with representatives of the KAC to develop a draft of the HIV/AIDS law
- Establish an all-party parliamentary group on HIV/AIDS to provide a non-partisan forum for parliamentarians to deepen their understanding of HIV/AIDS issues and promote consensus.
- Study and adapt the OHCHR and UNAIDS guidelines to the Kosovar situation
- Propose the adapted guidelines to be incorporated in the law on HIV/AIDS and submit the law to the parliament

## 11. Monitoring and Evaluation

The 5-year strategic plan will provide the basis for the development of concrete intervention programs. Each of these programs will start with the gathering of basic data that will enable program planners to forecast demand and services as well as target resources to those population groups in need of the proposed intervention. The process of setting up a program will be initiated with the initial needs assessment. At the same time, a program monitoring and evaluation plan with its indicators (taken from the UNAIDS guide to monitoring and evaluation) will be determined for the entire duration of a program to monitor program activities and also to improve these in the course of implementation. Monitoring and Evaluation activities will be planned to assist programs to:

- Better target and serve the population of interest
- Improve delivery of services
- Clarify potential results
- Plan follow-up activities
- Determine intervention effectiveness
- Justify costs
- Predict effectiveness in other settings
- Determine the long-term impact.

At the end of the programs an Evaluation will be conducted.

## 12. Resource Mobilisation

In the present economic and social context of Kosovo it will be difficult to find sufficient financial resources only within Kosovo to adequately address the priority areas identified in the Kosovar Strategy for HIV/AIDS Prevention. Therefore it will be necessary to mobilize resources from international funds, such as the Global Fund to fight AIDS, Tuberculosis and Malaria as well as from other international donors interested in preventing the development of an AIDS epidemic in Kosovo. Strong advocacy from the KAC and the HIV/AIDS office of the Ministry of Health will be needed to mobilize the resources available in Kosovo, such as staff, equipment, infra-structure as well as financial resources, which will increase over time. Not only resources should be mobilised from the Ministry of Health, but also from the other partners of the KAC (other ministries, private and NGO sector, media etc). As stated earlier Kosovo is a low prevalence country and has now a window of opportunity to prevent HIV/AIDS from getting established. If proper measures are taken now, higher costs to the Kosovar society will be prevented in future.

## 13. Tables

**Table 1. Socio-demographic indicators**

<b>Indicators</b>	
Total Population	2,382,000
Children (0- 19)	F=23% M=25%
Economically productive group (20 - 64)	F=23% M=24.5%
Elderly population (65+)	F=2.4% M=2.1%
Overall F: M ratio	100:107
Population under 25 years of age	57%
Population young people (15-24)	20%
Density per square kilometre	218
Percentage of urban population (estimate)	37 %
Unemployment	F=52 % M=48%
Adult literacy rate (15+)	93.5 %
Male	98 %
Female	90 %
Infant mortality rate (per 1000 live births) in 2000	35/1000
Maternal Mortality rate (per 100.000 live births) in 2001	12.6/100.000
Life expectancy (years)	74.1
Male	71.5
Female	76.6

**Table 2. Institutional response**

<p>Kosovar AIDS Committee (KAC) and HIV/AIDS office</p> <p>Kosovo AIDS Office and Kosovar AIDS Committee (KAC)</p> <p>In 2000, the KAC was established by the WHO and the KIPH. Additional support and participation on the committee extended to local and international organizations and institutions: DHSW, Department of Youth, Infectious Diseases Clinic, Blood Transfusion Centre, UNFPA, UNICEF, Kosovo Protection Core and at a later stage Department of Education, PSI, Youth Centre of Pristina, International Medical Corps and World Vision. The rationale for starting this committee was recognition that Kosovo is located in the region of the world with the fastest growing HIV/AIDS epidemic and that the situation was ripe for a future problem.</p> <p>During the first year 2000, the KAC sponsored (with the WHO and KIPH) a Knowledge, Attitude and Practice (KAP) Survey targeting youth in secondary school, and organized the first World AIDS Day (December 1) in Kosovo. Activities included a concert, TV spot, radio messages, posters, leaflets were prepared by the newly established Health Promotion Commission and funded by WHO/Kosovo and Oxfam. Following through on a mandate by the DHSW, the KAC initiated the writing of the Action Plan for the establishment of the Comprehensive HIV/AIDS Services in Kosovo. This plan was approved by the KAC and by the UN Theme Group in March 2001. In May 2001 the DHSW approved the Action Plan.</p> <p>In 2001 DHSW supported financially a one-month Kosovo wide HIV/AIDS awareness campaign during November-December with much more activities than the previous year (World AIDS day concert, TV Spots, radio messages, posters/leaflets/stickers, T- shirts/caps, special youth events, etc).</p> <p><b><i>HIV/AIDS office</i></b></p> <p>In 2002, the MoH established the Kosovo AIDS Office with its own budget plus additional financial and technical support from the following organizations: WHO, CIDA, UNICEF, UNFPA, UNDP, and USAID project implemented PSI. The Director of the Kosovo AIDS Office was also the chair of the KAC. Major funded programs during 2002 included UNDP's support of a month-long prevention campaign kicking-off on World AIDS Day 2002, UNICEF (through funds from CIDA) supported the salary of the AIDS Office Director, the development of the KAC web site and newsletter, and the start of the HIV/AIDS Prevention Project implemented by PSI. In the fall of 2002, a workshop to review the Action Plan and a process to strengthen the document was held and this set in motion the revision of the Kosovo HIV/AIDS Strategic Plan.</p> <p>In 2003, the KAC continues the work on the five year strategic plan; two pilot VCT sites are opened (one in the public and one in a private site); implementation of the 4 month Youth HIV Prevention Media Campaign, and start of the International Organization for Migration (IOM) project focusing on the media and migrant workers (related with HIV/AIDS). The KAC web-site and newsletter is launched in May 2003. The EAR provided funds for an international technical expert to help write the strategic plan and to support the three TWG's chairs.</p>
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Table 2. continued

<b>Government Support</b>
<p><b><i>Ministry of Health (MoH)</i></b>  HIV/AIDS efforts have been supported by multiple governmental Ministries and Institutions. The MoH has been foremost in the support of the development of the HIV/AIDS Office and for the support of new initiatives: expanding VCT services and committed funding for the establishment of the HIV/AIDS laboratory in the Microbiology Department of the KIPH and to provide anti-retroviral treatment for people living AIDS.</p>
<p><b><i>Kosovar Institute for Public Health (KIPH)</i></b>  The KIPH has participated in HIV/AIDS activities, specifically surveillance and social medicine (including health promotion). The microbiology department will play a greater role in the future with the central laboratory located in the KIPH. The Health Promotion Unit (HPU) and the Health Promotion Commission (HPC) has provided technical support for the development of different HIV/AIDS awareness material, and have participated in many peer education and outreach to youths. Many NGOs and others share information with the HPU/HPC prior to releasing information to the public. Key participants from the KIPH are on the KAC and are active participants in the development of the strategic plan. Participation from regional KIPH staff has been outstanding, helping to ensure that HIV/AIDS information and programs are reaching all citizens</p>
<p><b><i>Kosovo Blood Transfusion Service (BTS)</i></b>  Kosovo BTS screens donated blood since 1986. Approximately 20.000-blood donors are tested each year for 4 communicable diseases – HIV, Hep. B and C, Syphilis. Until now BTS was the only site in the public sector providing HIV testing (including ELISA and rapid HIV testing) also for clients wanting voluntary HIV testing but without appropriate pre and post counselling. During 2001 – 2002 EAR implemented successfully a project with to strengthen BTS.</p>
<p><b><i>Infectious Diseases Clinic (IDC)</i></b>  All AIDS cases registered up to now in Kosovo have been treated in the IDC at the University Clinic Centre in Pristina. The IDC director and staff have been supportive of the VCT Centre located on their premises and their participation in the development of the strategic plan has been extremely helpful.</p>
<p><b><i>Ministry of Youth</i></b>  The Ministry of Youth has a special program for Health education and HIV/AIDS is one of the priority areas. Since the establishment of the KAC they are active members. During the Kosovo wide 2001 AIDS campaign the Ministry of Youth financially supported the implementation of the Training of the youth group members and teachers of the high schools. The Ministry of Youth and KAC developed a special booklet on STI's, including HIV/AIDS (financed by the MOH and PSI). Ministry of Youth gathers large number of local youth NGOs and is a good source for the involvement of the young people in different HIV/AIDS activities.</p>
<p><b><i>Ministry of Education</i></b>  Ministry of Education is also committed to work on HIV/AIDS prevention. As one of the structures that can have enormous impact on the education of the young generation they are a very important part of the Kosovar HIV/AIDS response. The education system and curriculum is being reformed and it is hoped that HIV/AIDS information will be included in the curriculum for elementary and secondary schools. Cooperation between the KAC and Ministry of Education has been very positive and results include having secondary school students throughout Kosovo participating in the peer education programs.</p>
<p><b><i>Kosovar Protection Corps (TMK)</i></b>  Kosovo Protection Corps (also KPC) is the organization established as the result of the transformation of the Kosovo Liberation Army (KLA) after the war. The Kosovo Protection Corps members have been active participants in training programs and their involvement is important because the Kosovar Albanian community respects them. One of KPC medical personnel has attended the VCT counsellor-training course and has participated in multiple workshop activities supporting the development of the strategic plan. In November –December 2001, the KPC coordinated and supported a training course for training teachers in the high school and youth centres about HIV/AIDS.</p>
<p><b><i>Kosovo Police Service (KPS)</i></b>  KPS is a police structure in the process of being set up and trained. The international community in Kosovo supervises the process. As an organization dealing with the general population and especially with the some of the groups vulnerable to HIV/AIDS, they are important actors in the Kosovo response. The KPS has been an active participant in the KAC supported training programs, workshops and strategic planning.</p>

Table 2. Continued

<b>Non-governmental Organizations (NGO)</b>
<p><b><i>International Organization for Migration (IOM)</i></b> IOM has been involved in several projects related to HIV/AIDS. The first was working with trafficked women and they fund UMCOR to manage and operate a safe-house for women who are repatriated to their country of origin. IOM has also recently started a program focused on increasing HIV/AIDS awareness and knowledge for media professionals. They are hoping the media professionals will report on HIV/AIDS in knowledgeable, professional manner that does not stigmatise those with AIDS. A smaller component of the project will be to conduct research on migrant workers and mobility of the Kosovar population.</p>
<p><b><i>Population Service International (PSI)</i></b> PSI Kosovo has been working in Kosovo since 2000 and works very closely with the Kosovo AIDS Office and KAC. PSI, with funding from German Government, and Dutch Government – and channelled through UNFPA and UNICEF – conducts social marketing for condoms, social marketing and education for Harmonie (oral contraceptives) and peer education for secondary students (HIV/AIDS). In 2002, with funding from USAID, PSI started a 15-month HIV/AIDS Prevention Project. The project has three main components including, establishing 2 pilot VCT Centres; providing technical assistance to the development of the strategic 5-year Plan; and implementing BCC (Behaviour Change Communication) – focused on a youth media campaign and building capacity/working with high-risk groups.</p>
<p><b><i>Doctors of the World (USA)</i></b> Doctors of the World (DOW) implemented a project targeting minority youth (Roma and Ashkali) in Kosovo. The project focused on increasing access to reproductive health care for this population. DOW offered a training course for peer health educators and implemented a KAP Survey to assess the current knowledge and reproductive health issues. In 2002, DOW opened two women's wellness centres. Four counsellors from these centres participated in the VCT counsellor-training course, as it is hoped that the women's wellness centres will refer women to VCT for HIV/AIDS counselling and testing.</p>
<p><b><i>World Vision</i></b> World Vision is no longer working on HIV/AIDS issues in Kosovo but shortly after the war they conducted a number of awareness and educational trainings on HIV/AIDS. Most of the training was offered in the Pristina region.</p>
<p><b><i>IMC</i></b> International Medical Corps (IMC) is no longer active in Kosovo but after the war they conducted several outreach programs related to HIV/AIDS including training sessions to increase knowledge about condoms and demonstrations on how to use condoms correctly.</p>
<p><b><i>United Methodist Communities on Relief (UMCOR)</i></b> UMCOR is one of the only NGOs working with sex workers. With funding from IOM, UMCOR operates a safe house for rescued trafficked women from neighbouring countries. While in house, the women are offered medical and counselling services. With funding from the German Government (through UNFPA) UMCOR is working with 10 gynaecologists around Kosovo to provide free STI services to sex workers. UMCOR staff has participated in trainings and workshops supporting the development of the strategic plan. Their input has been invaluable.</p>
<p><b><i>Centre for Protection of Women and Children (CPWC)</i></b> As UMCOR CPWC works with trafficked women, but in this case with women who have been trafficked internally within Kosovo and forced into prostitution. CPWC offers medical, counselling and rehabilitation services to the women. CPWC was actively involved in the strategic planning process.</p>
<p><b><i>Youth Centre Pristina</i></b> The Pristina Youth Centre (PYC) is a local NGO that has been involved in World AIDS Day campaigns. The PYC building has been used by the KAC to launch several campaigns and activities. The Head of the PYC is now leading the organization called Kosovo Youth Network, a structure trying to gather all local youth NGO in one umbrella. The PYC does not have funding for HIV/AIDS activities but has worked cooperatively with the KAC.</p>
<p><b><i>Red Cross of Kosovo</i></b> Red Cross of Kosovo is actively engaged in HIV/AIDS prevention activities mainly through participating in World AIDS Day campaigns; peer education training with 7-9th graders throughout Kosovo; HIV awareness activities with out of school youth</p>

<p><b><i>Youth Association of the Pristina Gymnasium (Integra)</i></b>  Integra – a youth organization gathering enthusiastic young pupils from one of the best secondary schools in Kosovo – Pristina Gymnasium. They were very active during the past two AIDS awareness campaigns in the Pristina region. They are active KAC partners in reaching young people. They implemented different awareness activities, distributed posters, car stickers, and notes on doors of Pristina citizens during the World AIDS Day with the slogan “Better prevented than treated”.</p>
<p><b><i>Youth Organization “Anti Dans”</i></b>  Members of this youth NGO include young medical doctors and students with strong political links among the municipality officials. Most of the work of Anti Dans has focused on activities around World AIDS Day including working with the KAC to organize the 2000 concert and distributing AIDS awareness material.</p>
<p><b><i>Local gay NGO</i></b>  Early in 2002, a local NGO for gay and lesbians in Kosovo was started. This association has not yet officially registered but with funding from a Dutch NGO and working in collaboration with PSI, has implemented several projects. The NGO has a web-site – <a href="http://www.gaykosova.org">www.gaykosova.org</a> – that includes health information and also advocates for human rights. In addition, the local NGO is hosting HIV/AIDS prevention sessions with their members and have been participating in the development of the strategic plan for the MSM community.</p>

<b>United Nations Organizations</b>
<p><b><i>United Nations Theme Group (UNTG)</i></b>  The UNTG was established in December 2000 as a parallel structure to the local Kosovo AIDS Committee. Members of the UNTG include: WHO, UNICEF, UNFPA, UNDP, CIDA, PSI, IOM, World Bank, MoH represented by the Kosovar AIDS Committee and KIPH. The original plan was for the UNTG to ensure coordination of all UN activities related to HIV/AIDS in Kosovo, provide a forum for sharing of knowledge/best practice/general information on HIV/AIDS and to facilitate the Kosovo participation in the Regional and International events on HIV/AIDS. The following organisations fall under the UN umbrella.</p>
<p><b><i>World Health Organization (WHO)</i></b>  The WHO was the original supporter of the HIV/AIDS programs in Kosovo. Since then the WHO has been primarily involved with providing technical assistance for the STI and HIV surveillance system that is being implemented by the Institute for Public Health. The WHO works closely with the KAC on the development of a surveillance system. WHO was also one of the supporters of the Substance Abuse RAR</p>
<p><b><i>UNICEF</i></b>  UNICEF, through funding from CIDA, is supporting the development of the KAC newsletter, web-site and is funding an Officer in the Kosovo AIDS Office (ending September 2003). UNICEF has been involved in many HIV/AIDS activities and their participation in strategic planning and workshops has been very helpful to the KAC. Specifically, UNICEF has supported training for NGOs and funding for peer education programs throughout Kosovo. UNICEF was also one of the supporters of the Substance Abuse RAR</p>
<p><b><i>UNFPA</i></b>  UNFPA, with funding from the German and Dutch governments, is managing HIV/AIDS programs being implemented by PSI and UMCOR (mentioned above).</p>
<p><b><i>UNDP</i></b>  UNDP provided funding for the month-long mass media December World AIDS Day/Month in 2002. Activities included producing a TV documentary on HIV/AIDS, production of two music videos, production of informational CD-ROM and supported trainings for youth and the Kosovo Police Service. UNDP also funded six months salary of the AIDS Assistant in the AIDS Office of the MoH (ending in December 2002).</p>

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## 15. Annex

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