Montenegro
Most at risk adolescents and young people, HIV and substance use

Country mission report
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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	antiretroviral
DU	drug use or drug user
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
F	female
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IEC	information, education and counseling
IDU	injecting drug user or injecting drug use
IPH	Institute for Public Health
LGBT	lesbian, gay, bisexual and transgender people
M	male
MSM	men who have sex with men
na	not available
NGO	non-governmental organization
NSE	needle and syringe exchange program
PLHIV	person living with HIV or people living with HIV
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
SW	sex worker
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

Executive Summary

Located in South East Europe, the Republic of Montenegro is the most recent state of the world. In 2006, after the results of the National Referendum on Independence, Montenegro separated from Serbia. Many political, social and economical changes were faced by Montenegro in the last decade pushing the country to experience complex transitions of medical and social care systems.

The HIV/AIDS prevalence in Montenegro is low, as in most of the countries from the region, with less than 0,1%. The national response is lead by the HIV prevention interventions, and the main document that generates the framework is the National HIV/AIDS Strategy 2005-2009. Combined national and international efforts for funding the HIV/AIDS services drove the progress in the last 4 years in Montenegro.

The aim of this report is to provide insight on ways to improve the HIV/AIDS and drug treatment services for most at risks adolescents (MARA) from the Republic of Montenegro, based on the mapping of the current situation of the vulnerable and most at risk groups (with a special focus on MARA), existent service provision, and availability of the international and national funds. We analyzed the national situations of the most affected groups such as drug users, sex workers, MSM, inmates and people living with HIV/AIDS, reviewing national legislations, the service provision as well as the relations between civil society and governmental institutions. To prepare the report authors conducted a country mission in Montenegro interviewing representatives of governmental institutions, civil society and UN Agencies, reviewed the national and international reports focus on the above-mentioned topics, and cross examine international experts[1].

Although much has been accomplished in the field of HIV and AIDS in Montenegro, considerable change is still necessary in both the response of the community and the national government to adequately address the overall needs of high risks groups, and specifically the needs of the adolescents who are involved in high risks behaviors and practices.

The legislation in place might jeopardize the provision of services and overall the access of vulnerable and at risks groups to HIV/AIDS and drug treatment services if actions are not taken. The article 301 from the Criminal Code might interpret the needle exchange programs as encouragement to drug use for example. The pharmacies do not sell syringes and/or other injecting equipments, appointing the same article. Legislation and guidelines regarding most at risks adolescents are not in place, and the services are not adapted to their needs, even if data and interviewed experts suggests that drug use and/or sex work might be or it is initiated under the legal age of 18 years old.

If the services for drug users are better developed and partially integrated in the medical system[2], this is not the case for the services targeting sex workers, MSM and/or inmates in Montenegro. Moreover, the monitoring and evaluation system of the HIV/AIDS, STIs and/or health services is not in place, and the information regarding the epidemiological situation, knowledge, behaviors, practices of

[1] For detailed information regarding the used methodology please see the Terms of Reference for the Country Mission, appendix 1 of this document.
[2] Needle exchange programs and the methadone programs, two of the most efficient interventions targeting drug users, are provided by the Public Health Centers, institutions under the Ministry of Health in Montenegro.

vulnerable and most at risks groups challenge the national stakeholders to prioritize the HIV/AIDS interventions based on the country needs. Few data are available from research conducted by international donors. Collecting and reporting information regarding client profile is not a common practice of the services addressing drug users, sex workers, MSM, and/or inmates. The data is usually not disaggregated by age and/or gender.

The people living to HIV/AIDS also face a specific situation. On one hand the high stigma associated to the disease and on the other hand the limited psycho-social support for the PLHIV increase the vulnerability of this group.

There are genuine opportunities for further development of the HIV/AIDS interventions in Montenegro. The international support for the capacity building of both governmental and civil society sectors as well as the good collaboration between these sectors give the grant for progress in HIV service delivery area. However, continuous dialogues and involvement of the affected groups are needed in order to ensure maximum impact of the services aiming to maintain the low HIV incidence in Republic of Montenegro.

I. Introduction

In June 2005 a new regional initiative **South Eastern European Human Rights and Treatment Collaborative Networking** (SEE Collaborative Networking) on HIV/AIDS and Drug Use was launched in order to develop and implement a regional strategy to improve the health and rights of most at risk population in relation to drug use and HIV/AIDS.

The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programs and projects. It focuses on filing the existing gaps and enhancing synergies and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks and individuals) from ten countries and territories (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, The Former Yugoslav Republic of Macedonia, Montenegro, Kosovo, Romania, Serbia and Slovenia) that share common interests and values related to building relationships, sharing knowledge and learning.

In 2005-2007 on behalf of the SEE Collaborative Networking several activities were performed: Romanian Harm Reduction Network, with financial support from UNICEF Regional Office in Geneva and UNICEF Romania, conducted two missions in Albania and Kosovo, developed 4 reports focus on most at risks adolescents[3] (MARA), young people[4], HIV and substance use in Albania, Kosovo, Macedonia and Romania, and organized a regional consultation aiming to increase networking and to build advocacy capacities in the region. Macedonian Harm Reduction Network conducted a Regional Drug Policy Snapshot Survey, from an NGO Perspective, financial supported by International Harm Reduction Development Program of Open Society Institute.

The 2006 missions from Albania and Kosovo aimed to assess the situation of the HIV/AIDS and drug services addressing MARA needs as well as to enhance the skills of local partners to organize advocacy strategies. The national reports developed in the 2006 were used as advocacy tools, and for example the reports created baseline information for grant applications (Kosovo, Albania, Romania), for starting the process of developing national drug strategy (Kosovo) etc. The main conclusion of the Inter-country Consultation "Counting Lives!" from the same year was to continue the regional cooperation and support through documenting national situations and addressing the key gaps in the region.

In 2007, the project "Support Network for HIV Prevention among injecting drug users in SEE", developed with financial and technical support from UNICEF Regional Office in Geneva and UNICEF Romania, follows the recommendations of the Inter-country Consultation from 2006 aiming to increase the capacity of the Romanian Harm Reduction Network to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment and care strategy.

[3] According to UNICEF terminology, most at risk adolescents are boys and girls age 10-19 years old who are part of the high risks groups. Specifically MARA are the adolescents IDUs who use non sterile injecting equipment; MSM; females and males who sell sex, (including those who are sexually trafficked), and have unprotected transactional sex; males who have unprotected sex with female sex workers (part of sexual initiation in many countries) (for concentrated epidemics).

[4] UNICEF define young people the group with age between 10 to 24 years old.

II. Background

Located in Southeastern Europe, Republic of Montenegro is the most recent state from the region. Till 1992, Montenegro was united with Serbia, first as the Federal Republic of Yugoslavia and, after 2003, in a looser union of Serbia and Montenegro. In May 2006, Montenegro invoked its right under the Constitutional Charter of Serbia and Montenegro to hold a referendum on independence from the state union. The vote for severing ties with Serbia exceed 55% - the threshold set by the European Union (EU) – allowing Montenegro to formally declare its independence on June 3rd 2006.

Population	620,145
Political status	Republic. The Country Assembly approved the Constitution in October 1992. Currently Montenegro is writing a new constitution set to be presented to Parliament in 2007.
Languages	Serbian (officially Ijekavian dialect), Bosnian, Albanian, Croatian
Ethnic composition	Montenegrins (43.2%), Serbs (32%), Bosnians (7.8%), Albanians (5%), Muslims (4%), Croats (1.1%), Undeclared (4.3%), etc.
Gross domestic Product (GDP) per capita	2,950 Euro
Unemployment rate	14,7% (2006)
Population below poverty line	12.2% (2003)
Religions	Orthodox, Muslim, Roman Catholic
Neighboring countries	Albania, Bosnia and Herzegovina, Croatia, Serbia

Source: National 2003 Census by MONSTAT and National Sources EUROSTAT for the economical data

The dissolution of the loose political union between Serbia and Montenegro in 2006 led to separate membership in several international financial institutions, such as the European Bank for Reconstruction and Development. On January 2007, Montenegro joined the World Bank and International Monetary Fund (IMF). In addition, Montenegro is pursuing its own membership in the World Trade Organization as well as negotiating a Stabilization and Association agreement with the European Union in anticipation of eventual membership.

Severe unemployment rate remains a key political and economic problem for entire South East Europe, and Montenegro face similar problems as its neighbors. As measure by the UNDP's Human Development Index, Montenegro is in the upper medium category of human development, comparable Bulgaria, the

Russian Federation, and the Former Yugoslav Republic of Macedonia[5]. However, poverty is greatest among minority groups, refuges and internal displaced populations.

Known as transit route for drug traffic and with a precedent of destination country for human trafficking for sex work in the last decade, Montenegro faces increased vulnerability factors to HIV/AIDS and other infectious diseases. The HIV prevalence in the country is low (below 0,1%), but the weak surveillance system and the limited services available for most vulnerable and at-risk groups let the area open for major outbreaks of different infectious diseases if actions are not taken.

HIV/AIDS General information

Since 1989, when the first HIV case was registered in Montenegro, till December 2006, 71 cumulative numbers of reported HIV cases and 40 number of AIDS reported cases were enlisted in the country[6]. As majority of the countries from the region, Montenegro has a low HIV/AIDS prevalence, below 0,1%. However, the real situation is likely unknown. In 2006 only one VCT center operated in the country and the 157 HIV tests were performed in the facility. No reliable data about the vulnerable and at-risk groups exists and no monitoring and evaluation system of the health programs are in place.

The main HIV transmission route is heterosexual contact, in almost 50% of the reported cases, followed by the sexual transmission between men who have sex with men (18 cases from a total number of 71 persons). Despite this tendency, the national authorities as well as active civil society organizations recognized, during the country mission interviews, their limited capacities to work with MSM, due to high social stigma and discrimination attached to the group.

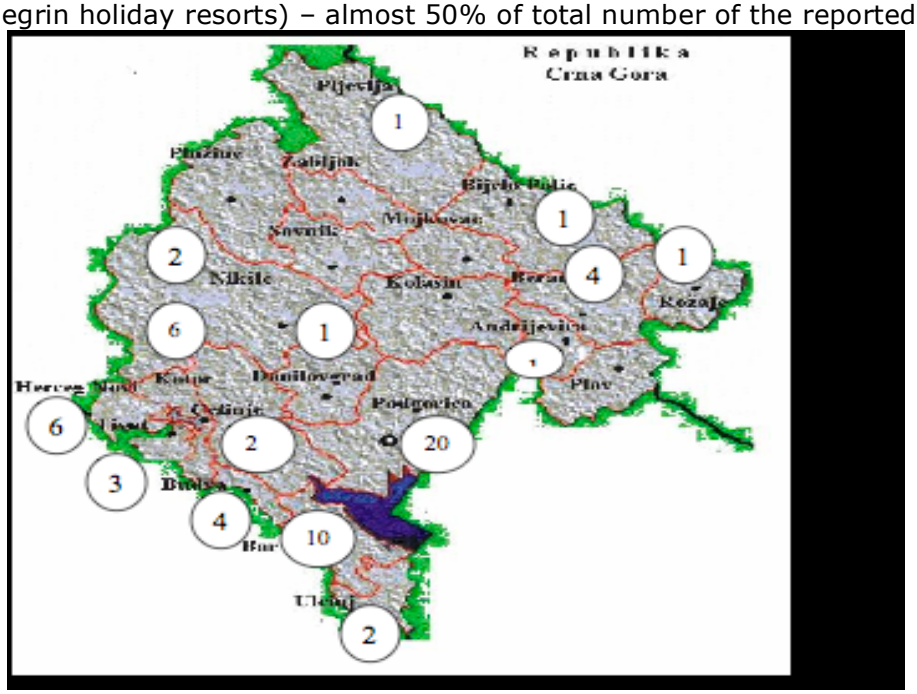
In April 2007, 38 persons were living with HIV/AIDS in Montenegro, from which 28 receive antiretroviral treatment. Majority of cases are male with ages between 25 and 49 years old. Most of the cases were diagnosed in AIDS stages declared dr Nenad Draskovic Infectious Disease Specialist, Clinic for Infectious Diseases. In 2006 7 new HIV cases and 3 new AIDS cases were reported. The AIDS cases recorded in 2006 were among young people between 15 and 25 years old.

While majority of the countries from the region introduced voluntary counseling and testing services in late 90's, Montenegro opened the first VCT facility in 2005. Till that year, HIV testing was performed in organizational units of the Blood Transfusion Service within General Hospitals, the Clinical Center of Montenegro and the Institute of Public Health from Montenegro. Limited promotion of the services was associated by majority of the interviewed people with the low number of persons who asked an HIV test. In 2003, 3.91 person per 1,000 citizens received an HIV test[7].

One third of the HIV/AIDS persons live in Podgorica, the capital city, and almost one half are from municipalities located in the costal area. One specific feature of the HIV/AIDS situation in Montenegro is the high percentage of the HIV/AIDS

[5] Montenegro - Assessment of the Development Results – Evaluation of the UNDP's contribution, 2006
http://www2.undp.org.yu/montenegro/home/news/ADR.pdf
[6] Institute of Public Health Montenegro, April 2007
[7] Institute of Public Health Montenegro

cases among sailors and workers from tourism industry (seasonal jobs in the Montenegrin holiday resorts) – almost 50% of total number of the reported cases.



Geographical distribution of HIV/AIDS cases in Montenegro 1989-2005
Source: Institute of Public Health 2005

Epidemiology and vulnerable and at-risk groups (people living with HIV/AIDS, IDUs, SWs, MSMs, prisoners, sailors, and Roma communities)

Scarce data related to the situation of the high risks groups in Montenegro are available. On one hand the limitations of the national monitoring and surveillance system, and on the other hand the inadequate service provision and capacities of HIV/AIDS providers to work with vulnerable and at-risk groups, explain the situation.

Majority of data are coming from various national and international reports, specifically reviewed for the development of this report[8]. Only few of reported data are disaggregated by age and gender.

The report authors notice that it is also a clear link between the development of the HIV services and the availability of data. If the information related to drug users is more comprehensive, this is not the case for the sex workers and MSM groups.

√ Drug users (DUs)

According to Public Health Institute of Montenegro the drug users population is estimated to be around 1,500-3,000, from whom 400-500 injecting drug users (data are not disaggregated by age and/or gender). However, the estimations are debatable and the representatives of the Public Health Institute argued that due to limited services and the lack of the monitoring system is difficult to estimate the real size of the population.

[8] Please see "References"

In 2004 836 persons have approached health institutions requesting assistance for their drug use problems as stated by the Public Health Institute quoted in the initial grant proposal of the Montenegro to GFATM. However, there is no information available what types of substances those approaching the health institutions used.

In 2005, with grant from DFID and support of HPVPI Network NGO Juventas conducted two (2) Rapid Assessment and Response (RAR) among IDUs and SWs. Other national partners were the Institute for Public Health and the NGO CAZAS. In June 2005, 30 IDUs from Podgorica and Bar participated in a qualitative survey. During September, October and November of the same year, Juventas in partnership with Institute for Public Health conducted Epidemiological RAR (RDS method) among 337 IDUs from Podgorica. Within both RARs Juventas provided HIV prevention information (including printed materials) and risk reduction counseling.

According to GFATM progress report, in March 2007, less than 150 drug users had access to HIV/AIDS specific prevention services: 80 IDUs have access to HIV prevention programs funded by the GFATM grant and 31 people were included in the substitution treatment. The criteria for enrolling in substitution therapy raise some impediments. In order to enroll in detoxification and substitution therapy a person must have medical insurance. However, this is not possible due to overall high unemployment rates among general population, and among drug users in special.

In 2006, 1 new HIV case among IDUs was reported. Since 1989 when the first HIV case was reported in the country, 4 HIV cases and 2 AIDS cases were reported among IDUs. No data are available about the Hepatitis B and/or C among the DUs population. Existing data are likely to under represent the real picture, as the number of HIV, Hepatitis B and C tests among drug users is low.

Unsafe drug injecting practices are common among drug users from Podgorica. A survey conducted in 2005 by the Imperial College of London in collaboration with Institute of Public Health and the NGO "Juventas" highlight the fact that only 2% from 328 interviewed injecting drug users adopted behaviors that reduce HIV transmission. Shared injecting equipments and the unprotected sexual intercourses are widespread procedures among the group. However the data do not indicate the reasons associated with shared equipments. The report authors believe that limited service provision, almost inexistent pharmacies sales, and police practices are associated to the risks mentioned above.

Other characteristics of the group derive from the 2002 Rapid Assessment and Response on HIV/AIDS in Especially Vulnerable Young People in Montenegro[9]. The results outline that more than 65% of those interviewed initiated the drug use at the age of 15-19 years, and 14% of respondents used heroin and shared the injecting equipments.

The persons interviewed for this report, experts working within the health sector, civil society and police representatives said that the most used illegal substances in Montenegro are cannabis and heroin. However, there were no assessments of the situation of new drugs, especially amphetamines type stimulants.

- √ Sex workers (SWs)

[9] Rapid Assessment and Response on HIV/AIDS in Especially Vulnerable Young People in Montenegro http://www.cpha.ca/english/intprog/hiv_prev/rarmonte.pdf

There are no estimations of the number of female or male sex workers in Montenegro. In 2006, Imperial College of London and Public Health Institute in Montenegro conducted a survey among female sex workers using the respondent driven sampling (RDS) method, but no conclusive data were collected. The findings of the research suggest limitations associated to this particular method, the features of sex work in the country and the limited services available for this specific risk group.

In 2007 the NGO Juventas, the main recipient of the GFATM grant targeting sex workers (SWs) from Montenegro, directly contacted 13 SWs during 50 outreach contacts in 3 month period. According to the Juventas quarterly report for the GFATM other 32 SWs received indirect services through bar owners, pimps and/or middle man. No client profile information such as age, epidemiology, social situaiton etc is available in the reports.

The experts interviewed during the country mission in July 2007 indicated that the sex work is not a visible phenomenon in Montenegro. Usually the sex work is organized in closed settings (bars, dance clubs, hotels etc) and/or through phone and internet arrangements.

Due to the limited targeted interventions for sex workers no data are available related to their profile. Little information was obtained during the interview with Ljiljana Jovicevic, the Executive Director of the NGO Protection from Bar (the main harbor from Montenegro). In 2006 36 female sex workers from Bar were interviewed, within the framework of a rapid assessment coordinated by UNICEF, Institute for Public Health and Juventas. The findings shows that the interviewed girls initiated the sex work around the age of 13; majority are originally from Bar and coming from families with poor economical conditions; they were victims of numerous abuses, never reported due to high level of stigma and discrimination attached to sex workers. The survey was conducted in wintertime and according to direct observations and anecdotal data gathered from the local NGOs during the summer time the sex work population is two times higher.

No epidemiological data related to sex work are available. In addition, the data from the counseling and testing services do not make specific referrals to the risks associated to sex work.

- √ Men who have sex with men (MSM)

Montenegro decriminalized homosexuality in 1977. However, due to high stigma and discrimination attached to this group, the LGBT scene is not open and the group remains one of the most hard to reach for HIV services.

The homosexual intercourses are the second transmission way for HIV in the country, with 25% from the total reported HIV cases. In 2006, 45% (4 cases) of the newly diagnosed cases were from MSM group.

In 2006/2007 Institute of Public Health and Juventas performed a rapid assessment. Preliminary information provided by the Juventas representatives highlight the fact that condom use is low (however we do not have neither specific percentage nor the number of respondents because the report was not officially launched at the time of the report writing). Same source of information declare that being a hermetic group, MSM from Montenegro are extremely vulnerable on different type of violence in relationships, with a notable lack in recognizing the violence. This often leads to practice of high risky behaviors. In addition, the RAR authors associate lack of trust in health system as other source of risk.

The GFATM progress report from March 2007 outlines that 19 MSM received specific HIV prevention services, including condom and lubricants distribution and specific information. The data are not desegregated by age. No MSM self-support groups exist in the country. No other specific services for MSM are in place.

The HIV prevention programs implemented in schools as well as programs for health education do not include information about the sexual relationships with partners of the same gender.

√ Prisoners

The Prison Administration in Montenegro is under the jurisdiction of Ministry of Justice, State Administration for the Execution of Criminal Sanctions. There are 2 prisons in Montenegro, one in Spuz and one in Bijelo Polje. Currently there are 800 prisoners, almost 20% punished for drug related crimes. In 2002, 1,4% of prison population were juvenile convicts[10].

Substitution treatment is legal in prison settings. By the end of 2005 there were 5 inmates in methadone maintenance treatment (MMT). The criterion for entering in the program is the previous participation in MMT before entering the prison. No other drug treatments are available in prison settings.

Around 300 prisoners participate in HIV educational workshops till March 2007. The programs in prisons are funded through the GFATM grant and are implemented by the NGOs representatives. The HIV testing and counseling services are not available in prison settings. Previous work from 2004 of the NGOs Juvetas and CAZAS includes HIV educational workshops with inmates, where more than 300 people participated. "By their own declarations half of them were ex drug users with serious history of overdose, crimes, commercial sex (using/providing services)" states the comments provided by Juventas representatives for this report. Inmates declared also other high risks practices, such as sexual intercourses (including rapes and other sexual violence), limited family visits, drug use, tattoos etc, shows the Juvetas activity reports.

No PLHIV were registered in the prison settings in Montenegro.

√ Sailors and workers from tourism industry

One characteristic of the HIV/AIDS situation in Montenegro is the wide spread of the HIV infection among sailors and workers from tourism industry. Because more than 45% of the total HIV/AIDS reported cases by Montenegro are among the above mentioned groups, they are perceived as priority groups for the interventions described in the National Strategy,

Limited information regarding safe sex practices and drugs, long time away from the families increase the vulnerability of these groups, declared Ljiljana Jovicevic, Director NGO Protection, and Rajko Strahinja UNDP Coordinator.

Till March 2007, 1,770 sailors and 200 workers from tourism industry were reached with HIV prevention services funded by GFATM. Specific interventions

[10] The report authors did not succeed to obtain disaggregated age and gender information focus on prisons. Data collection is foreseen for the Inter-country Consultation from November 2007 in Bucharest, Romania.

included distribution of 6,000 condoms, IEC materials, and educational workshops at sailors high school and university from Bar and Kotor.

√ Roma communities

2,601 people with Roma identity live in Montenegro according to the official data from 2003 census. UNDP estimated that approximately 20,000 Roma, Aeshkaelia and Egyptians live in Montenegro[11], of whom 5,000 are refugees from Kosovo.

As majority of the Roma communities from the Balkans, in Montenegro, Roma groups face high levels of poverty, high level of unemployment, limited education and access to health services[12]. In 2003 in Roma communities from Serbia and Montenegro the level of adult literacy was 96,4% outlines the 2005 data from UNESCO Institute for Statistics[13].

There are two major refugee camps in Podgorica, where around 5,000 persons live, with a vast majority from Roma groups. The health system from camps is managed by Red Cross Montenegro. Two other NGOs, CAZAS and Multi Cool T (a Roma organization that is managing one of the youth centers), organizes periodical workshops on HIV targeting mainly youth from the Roma communities, using peer education methods. 1,942 persons participated in the educational HIV workshops and reproductive health issues. Limited drug information is included in the educational package, according to the services providers interviewed in the mission.

[11] World Bank 2005
[12] At risk- Roma and Displaced Populations in South East Europe, UNDP 2006
[13] UNESCO Institute for Statistics www.uis.unesco.org

III. National response to HIV/AIDS and Drug Use

Legal framework

The main documents that endorse the rights to health as well as a series of legal and service provisions for vulnerable groups are the Constitution, the Criminal Code, Law on Health Care and Law on the Prevention of Population against Infectious Diseases. In addition Montenegro ratified majority of the international documents including Human Rights and Child Rights Treaties, HIV/AIDS Declaration of Commitment 2001 and 2006, Dublin Declaration on HIV/AIDS in 2004.

The Constitution of the Republic of Montenegro'[14] is the main legal document that guarantees the right to health. Article 57 states "Everyone shall be entitled to health care. Children, expectant mothers and elderly shall be entitled to publicly financed health care, if there are not covered by other insurance programs".

Ratified in 2004, the new Criminal Code[15] of the Republic of Montenegro includes a series of legislative provisions related to HIV/AIDS, drug use, juvenile offences, and sex work.

The transmission of the HIV infection might be punished with imprisonment according to the article 289 from the Criminal Code. If a person who knows his/her HIV status and consciously transmits the infection is liable to imprisonment of 2 to 12 years (art 289.3). According to the same article "(2) Anyone who knowingly fails to observe regulations and measures pertaining to preventing the spreading of HIV infection and thereby out of negligence brings about transmission of HIV virus infection to another, shall be liable to imprisonment from one year up to five years".

According to article 71 "Mandatory medical treatment of a drug addict" the court shall pronounce mandatory treatment to an offender who has committed a criminal offence due to the drugs addiction. The treatment should/can be provided either in a penitentiary institution or in an appropriate medical or other specialized institution.

Other relevant articles from the Criminal Code that referred to the drug use are: article 14.3- Mental Capacity; art. 68 - Pronouncement of security measures ("The court can pronounce one or more security measures against a criminal offender provided that grounds exist for their pronouncement envisaged by the present Code - Mandatory medical treatment of a drug addict, (…) can be pronounced if the sentence, suspended sentence or judicial admonition has already been pronounced or the criminal offender has been acquitted"); art. 300 – Enabling the taking of narcotics.

The chapter six of the Criminal Code foresees a series of educational measures and imprisonment provisions for juveniles' offenders. Criminal sanctions cannot be applied to a juvenile who at the time of the commission of a criminal offence was under the age of 14 years (a child). The article 91 sustain that when

[14] Constitution of the Republic of Montenegro, October 1992 - http://www.legislationline.org/legislation.php?tid=1&lid=6219
[15] Criminal code of the Republic of Montenegro, 2004 - http://www.legislationline.org/legislation.php?tid=1&lid=6221

imposing some of the medical measures for intensive supervision the court can determine the juvenile to refrain from alcohol and drug consumption or to submit to an appropriate medical treatment, for a successful accomplishment of the purpose of the pronounced measure. Overall, according to article 95, the court can impose a measure of committal to a specialized institution for medical treatment and rehabilitation. "Security measures of mandatory medical treatment of drug addicts and obligatory treatment of alcoholics, shall not be pronounced along with disciplinary educational measures" states article 109.

Pimping, mediating sexual intercourses and human trafficking are punished according to provisions stated in the Criminal Code, articles 209, 210 and 444. The punishments vary from fines (for mediating sexual activities) to 10 years imprisonment for human trafficking. If the victims are minors[16] a set of specific measures are foreseen.

The Law on Health Care from 2006 generates the framework for operational and administrative procedures in organizing the health care system in Montenegro. The law outline that all citizens shall be equal in implementation of entitlements to health care, regardless their nationality, race, gender, age, language, religion, education, social background, income status, and any other personal characteristics. The foreigners, and especially the refugees and displaced populations, are entitled to health care in line with the provisions of this law.

HIV/AIDS is also a subject/theme from the Law on the Prevention of Population against Infectious Diseases. The law states that the "prevention of population against infective diseases consists of planning, programming, organization, implementation and supervision over the implementation of the measures for the prevention, fight, removal and eradication of infectious diseases, as well as securing material and other funds for the prevention of population against infective diseases and it has the precedence in regard to other health care measures". A series of general and special measures are foreseen including public education and securing sanitary and technical conditions.

Governance and coordination

√ National HIV/AIDS Commission

The institution responsible for governmental policy in HIV/AIDS field is the National Multisectoral HIV/AIDS Commission, established in 2001 and re-initiated in 2004. The Commission was set up under the Ministry of Health as a focal point for HIV/AIDS issues in the country. 16 representatives from governmental institutions and civil society organizations are member in the National AIDS Commission. The main role of the Commission is to develop and oversee the design and implementation of the HIV/AIDS Strategy, a five years program with the main scope of work to maintain the low incidence of HIV/AIDS in the country. The Minister of Health chairs the National HIV/AIDS Commission.

√ Country Coordinating Mechanism (CCM)

Set up in order to supervise the implementation of the grant received by Montenegro from the Global Fund for fight AIDS, Tuberculosis and Malaria following the national priorities, CCM includes members of the National HIV/AIDS Commission and the UN Theme Group on HIV/AIDS in Montenegro.

[16] Under the legislation of the Republic of Montenegro minors are defined as the group of people under 18 years old.

√ Inter-Ministerial State Commission for the Prevention of Drug Abuse in Children and Youth

The Commission was established in 2001. The Action Plan adopted by the Government of Montenegro in 2003 creates the framework for various interventions targeting young people and people who use illicit substances. The Action Plan 2003-2006 establishes also the infrastructure for drug treatments and psycho-social support. Representatives of national authorities and civil society are members in the Commission. On the date of the report, the Commission is drafting a new Action Plan for 2007-2010.

Strategies and national priorities

√ HIV/AIDS Strategy for the Republic of Montenegro

With the main goals to maintain the low incidence of HIV/AIDS in Montenegro by ensuring the qualitative development of the HIV/AIDS prevention, treatment and care services and to improve the health status and life quality of people living with HIV/AIDS, the National HIV/AIDS Strategy has been designed as a five-year framework to guide the national response from 2005-2009. A participatory process was used for drafting the strategy, and civil society was included at all levels. However, due to limited self organization of most affected groups such as people living with HIV/AIDS, drug users and/or sex workers these groups were not directly involved in drafting and developing the National Strategy.

The National HIV/AIDS Multisectoral Commission identified seven priorities area that are incorporated by the Strategy:

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

Youth, injecting drug users, sex workers, men who have sex with men, prisoners, Roma communities are in the center of the HIV/AIDS interventions outlined in the document. Specific to Montenegrin reality, sailors are perceived as a high-risk group to HIV/AIDS. The feature is determined by the high percentage of the people living with HIV/AIDS who are sailors – 14% of total of HIV/AIDS cases from Montenegro. The percentage is even higher if include the sexual partners of sailors - 25% of the HIV/AIDS cases from the country.

The HIV/AIDS Strategy incorporates a range of interventions focus on the scale up of the services for vulnerable groups, on capacity building of various service providers from governmental and non-governmental sectors, and promotes networking and the need for development of a monitoring and evaluation system. The indicators attached to each priority are more descriptive, with no quantitative targets.

The document outlines also the Governmental intentions to allocate increased funding for HIV/AIDS programs during the implementation period. "(…), the Government has envisaged significant increase in expenditure on HIV/AIDS over the next five years. HIV expenditure is budgeted to increase from current levels of 450,000 Euros to 600,000 Euro in 2006" states the document. Overall

estimated budget for the implementation of the HIV/AIDS Strategy for 2004-2009 is around 4,5 million Euros.

The National Strategy places the coordination of the implementation, monitoring, evaluation and reporting under the Ministry of Health of Montenegro.

The grant received by Montenegro from the Global Fund for Fight AIDS, Tuberculosis and Malaria act as National Action Plan. The CCM and the National AIDS Commission endorsed the document. Clear, defined indicators following UNGASS guidelines are attached to all service delivery areas.

√ Action Plan for Drug Abuse Prevention with Children and Young Adults in Montenegro

The action plan for drug abuse prevention 2003-2006 aims to protect the young population from the drug use and their associated consequences. With specific objectives to reduce the rate of new users, to promote possibilities for treatment of drug addicts, to reduce the rate of relapses and the rate of mortality in the drug users community, and to reduce the rate of injecting drug users, the Action Plan combines a series of interventions focus on drug prevention, harm reduction and improvement of legal environment.

Priority groups are the young people from 7 to 27 years old (including young people who are using drugs), their families and various professionals that are managing and/or delivering health and educational services for young generation.

The Action Plan sets specific objectives and strategies in line with drug prevention, health interventions, law enforcement, legal framework, social welfare / assistance and involvement of local community. Specific strategies include the introduction of the drug abuse prevention in the school curricula, prevention programs for out of schools youth, scale up harm reduction and drug treatment services for drug users, capacity building for health professionals, research of the drug phenomenon. However, the indicators set up in the document are rather descriptive than measurable.

Accountable for the implementation of the activities described in the Action Plan are 8 ministries including Ministry of Education and Science, Ministry of Health, Labor and Social Affairs, and Ministry of Justice, as well as local governments (municipalities). The Inter-Ministerial State Commission for the Prevention of Drug Abuse in Children and Youth ensures the coordination of the action plan.

The total amount anticipated for the implementation of the Plan is 5,000,000 Euros for 4 years period. 35% of the total budget was predicted to come from the Government of the Republic of Montenegro, 10% from the local governments and the rest from the international donors.

In 2007, Inter-Ministerial Commission initiated a process for drafting the new Action Plan for Drugs for 2007-2010. According to the NGOs participating in the development of the new document, no comprehensive evaluation report of the 2003-2006 Action Plan was presented.

√ Other national strategies

A series of other national strategies and documents crosscut different topics related to HIV/AIDS and/or drug use issues. The most relevant documents are:

- Mental Health Strategy;
- National Program for Prevention of Violence and Human Trafficking;
- Poverty Reduction Strategy;

- National Plan of Action for Children in Montenegro;
- Law on Health Care and Health Insurance;
- National Youth Action Plan.

IV. Service provision

Prevention of the spread of HIV/AIDS among vulnerable groups, such as IDUs, SWs, MSM, sailors, people working in tourism and hotel management, Roma and detainees as well as young people in general is one of the seven priority areas defined in the National HIV/AIDS Strategic Plan (2005-2009) for the Republic of Montenegro. Essentially, the vulnerable populations are those who:

- have been identified through passive reporting, e.g. sailors and workers in the tourist industry
- have been shown to be vulnerable and at-risk in the region and internationally, e.g. IDUs, sex workers, MSM and young people
- are marginalized for economic and other reason, e.g. Roma

Thus, the country has ensured a framework for the development, implementation, monitoring and evaluation of HIV/AIDS targeted HIV prevention services and establishment of an appropriate multi-sectorial response to tackle the complex medical, social, legal and human rights issues related to vulnerable/socially marginalized populations and HIV/AIDS.

Early HIV/AIDS Interventions and the GFATM

Before 2004, HIV interventions in Montenegro were scarce and incidental. In 2004, UNDP (Serbia & Montenegro) in conjunction with the Republican AIDS Commission of Serbia and Montenegro and collaboration with the Imperial College and the Open Society Institute started with an implementation of a cohesive program of evidence-based HIV prevention interventions and policies targeting vulnerable populations in Serbia and Montenegro, "HIV Prevention among Vulnerable Populations in Serbia and Montenegro" (HPVPI).

The overall goal of the project was to contribute to the prevention of further spread of HIV in the countries of South-Eastern Europe focusing on advocacy, knowledge generating, and support to specific disease control interventions in Serbia and Montenegro that can be replicated throughout the region. The primary partners of the HPVPI were the Republican AIDS Commission (RAC) in Serbia, Ministry of Health of Serbia, Montenegrin Republican AIDS Commission and the Ministry of Health of Montenegro. DFID provided £1.5 million over 2½ years of which Montenegro share did not exceeded 10% of funds. During 2004, 2005 and 2006, 4 pilot projects were supported in Montenegro: MMT in Primary Health Care Center in Podgorica and 3 NGO projects targeting Roma, inmates and sailors & tourist workers.

In 2005/2006, at the 4 round of GFATM call for proposals and after two unsuccessful attempts, Montenegro was granted for the period of 2006 - 2010. The overall goal of the GFATM is to maintain low HIV prevalence in Montenegro and provide care and support for those already affected by HIV/AIDS. Distinctive features of the proposed approach to reach this goal include expansion of prevention efforts, particularly among vulnerable groups, which will seek to keep HIV prevalence below 1% in all identified groups. In addition, the program will particularly strengthen behavioral and biologic surveillance activities. The goal will be achieved through three objectives, focused on prevention; care, support and treatment of PLHIV and creating a more supportive environment for those infected, affected and under increased risk of HIV transmission.

The primary recipient of the Global Fund project is UNDP, which assume full operational and financial accountability and responsibility for proposal implementation. It receives and manages funds from the Global Fund, on behalf of the CCM. For that purpose a Project Implementing Unit was established, as a part of the existing Capacity Development Program. The Global Fund project will be implemented in 2 phases (2 years + 2 years). In the second phase of the implementation of the Global Fund project, the Project Implementing Unit should move to the Public Health Institute.

The overall costs of the implementation on the National Strategy are estimated at EUR 4.258.895 for the period of 2005 – 2009. The GFATM covers 80% of the estimated costs, in areas where domestic resources are lacking or insufficient to meet the service delivery requirements. Certain important areas, such as provision of ARVs and drugs for treatment of STIs and opportunistic infections and universal precaution will be provided by the government and other donors. All the treatment expenses are covered by the Health Insurance Funds, while the National Budget, through the Ministry of Health, covers prevention services. However under GFATM laboratory and monitoring of treatment with ARVs are covered through purchase of equipment for PCR and CD4 counting as well as laboratory consumables.

The conditions to receive free of charge treatment is to be a Montenegrin citizen, and to be health insured. Adolescents are ensured by the state. For the time being, there are no specific funds for people who are not health insured, which in most cases in Montenegro are members of the Roma community, very often refugees or Internally Displaced People from Kosovo. The health insurance package is not clearly defined.

HIV/AIDS and injecting drug use

During 2002-2003, within the NGO Capacity Building Program, a group of local NGOs were supported by UNDP to address the problem of drug use and risk of HIV/AIDS transmission among drug users. The main aim of the projects was to draw public attention in regard to prevention measures as well as to consequences of drug use in HIV/AIDS transmission. It was implemented through media campaign with live debates, TV interviews, performances, a hotline to meet citizens' needs, developing amendments for introducing more strict sentences to drug dealers etc.

In 2004/2005 harm reduction (needle exchange and substitution treatment) program have been first introduced in Montenegro. Apart from the National HIV/AIDS Strategic Plan, harm reduction programs have been included in two other documents in Montenegro: In the Action Plan for Drug Abuse Prevention with Children and Young Adults and the Mental Health Improvement Strategy.

The main organizations that implement harm reduction programs are the the state institution Primary Health Care Center in Podgorica (with a stationary needle exchange and substitution treatment) and NGO CAZAS (outreach and needle exchange) with their networks of services and partners throughout the country. Juventas is providing needle exchange services on outreach to SWs who are IDUs.

<u>Needle exchange</u>

The first needle exchange program started operating in 2004, as a part of the HPVPI supported activity, in the Primary Health Care Center in Podgorica. It is one of the rear examples/models of state owned needle exchange program in the region. Primarily it is based on 18 locations within health organizations, part of the Primary Health Care Institute in Podgorica, which is an outpatient institution. There, people who use drugs can get sterile needles and syringes, containers, informational and educational materials, basic counseling on harms related to different types of drugs, safe injection practices, safe sex as well as basic primary health care services and referrals to other health, social and legal services. During the night, sterile needles and syringes can be obtained from the Emergency State Unit located in the downtown of Podgorica.

Lack of data related to needle exchange activities has proved to be one of the weaknesses of the existing needle exchange program. Taking in consideration strong stigma and discrimination and in order to attract as many IDUs as possible, since the beginning of the program it was decided that IDUs would be able to exchange needles and syringes without having to be registered, only the quantities of exchanged needles and syringes are registered. Thus the exact number of those encompassed by this program is not precisely known. According to some rough estimation, more men than women use the existing needle exchange services. At the same time, women usually take more needles and syringes then man, assuming that they take injecting equipment for more beneficiaries. According to the same estimation, majority of IDUs exchanging needles belong to the age group 20-26 years old.

One of the advantages of conducting needle exchange programme in governmetal institution setting is that there are already capacities in place, both spatial and human. Having an Institution such as the Primary Health Care Center promoting harm reduction programs and approach is always successful, especially among wider community and decision makers. Nevertheless, according to the respondents interviewed during the country mission, downsides of running such a needle exchange program seem to be even more numerous than advantages.

Although the designed project allows easy access concerning physical accessibility to sterile injecting equipment, not many people who inject drugs have contacted the existing needle exchange services. This is partly due to how these centers are organized, at the same time conducting their regular work in the area of health care protection for general population and offering needle exchange services to IDUs. Many patients have been intimidated with and have complained because of the aggressive behavior of certain IDUs who come to exchange needles and syringes. Medical staff in general is poorly paid in Montenegro and is accordingly poorly motivated to work with IDUs. Thus low motivation and unfriendly attitude of the health professionals working at the needle exchange points was also mentioned as one of the reasons for the small number of IDUs contacting the needle exchange points.

The majority of the pharmacies in Podgorica and Montenegro refuse to sell syringes. According to the statement of the interviewees, most of the private pharmacies have stopped selling needles and syringes, due to the numerous problems they had had with IDUs. In those pharmacies that still keep these items selling procedures depend on the pharmacists. During the country mission in Podgorica, four pharmacies were visited; in all of them, we were told that they did not have insulin syringes and in only one of them, the pharmacist referred us to another pharmacy that was known for selling insulin syringes and needles.

In 2006, during the 9-month project supported by UNICEF targeting IDUs and CSW under 27 years of age, Juventas succeeded to get in contact with 269 DU/IDUs, out of whom 59 were female and 7 of them were offering sex services.

In May 2007, needle exchange services were further upgraded and expanded with outreach activities and a mobile unit that currently operates (with a van) on 3 locations/spots in the city. The outreach activities are run by the NGO CAZAS with the support from the GFATM. 17 injecting drug users have been contacted since the beginning of the outreach services. Also, Juventas provided sterile injecting equipment to 8 CSWs- IDUs, through their outreach activities. The data are not disagragated by age and/or gender.

Unfortunately, during the country mission in Podgorica, report authors did not have a chance to visit neither stationary needle exchange nor outreach activities targeting IDUs, due to short period of stay and because the outreach activities were still in initial phase of development. Most of the information about the stationary needle exchange activities was gathered over the phone and email communication.

It is expected that over the 4 years period, 7 new needle exchange points will be opened, two of them by the end of this year, in order to reach necessary coverage among IDUs in Montenegro. During the interview with UNDP representatives, according to the latest data from the research conducted by the Imperial College of London, 36.000 syringes are needed on a monthly basis to cover 60% of drug users in Podgorica which represent 1.2% of the adult population from (15 – 49 years of age). Unfortunately there is no reliable data to serve as a basis for estimating the number of syringes and needles needed on a monthly basis to cover 60% of the IDUs in the costal area (Bar, Budva etc.).

According to the Global Fund indicators by the end of the fourth year, in total 500 people who inject drugs are to be covered with the HIV prevention activities among IDUs and 50% should have adopted safe sexual behavior. There are no defined indicators for the percentage of adopted safe injecting practices. Until April 2007, in total 80 people who inject drugs were covered with the existing HIV prevention services, reaching 88% of the set indicators.

According to the respondents the opening of the new harm reduction programs planned with the National Strategy to Fight HIV/AIDS could be postponed because of different kinds of limitations related to lack of human and other resources, but as well as the support of relevant policymakers and other involved stakeholders.

From the interviews with representative from the NGO Protection from Bar, data gathered from the field, as well as from the existing statistics (90 cases of IDUs were registered in the Primary Health Care Centers). The interviewees confirmed that sometimes the IDUs from Bar are going to emergency units and mental health units looking for injecting equipment.

Therefore HIV prevention activities combined with drug treatment services and programs for rehabilitation and re-socialization of people who use drugs should be a priority for the relevant institutions/organizations and the local government. For example, in Bar, there is no local strategy to tackle HIV, but the municipality have recognized organizations such as NGO Protection and NGO Trust as important strategic partners and they provide them with financial support through small grants on a yearly basis.

It is important to note that according to the Article 301- Enabling the taking of narcotics from the Criminal Code, needle exchange programs in Montenegro can be interpreted as enabling drug use by giving sterile injecting equipment to Injecting Drug Users (IDUs).
"Anyone who induces another to take narcotics or gives narcotics to another for his/her or someone else's use, or places at someone's disposal premises for taking the narcotics, **or in some other way enables another to take narcotics,** shall be punished by an imprisonment sentence of six months to five years. If in a case of a minor, punishment is imprisonment of two to ten years".

For this purpose the Ministry of Health have issued a special license to CAZAS to be able to carry on with the implementation of the needle exchange activities on outreach in Podgorica and the State Prosecutor was informed about the planned activities.

CAZAS is thinking about planning an initiative that should advocate for revision and change of the existing legislation related to drugs and drug abuse, and that should initiate a discussion on reducing the sanctions for drug users, pointing out that harsh sanctions toward drug users (because of drug use itself) could be one of the reasons which in combination with the existing stigma and discrimination towards people who use drugs have resulted in a small number of IDUs participating in the existing stationary needle exchange services.

Drug treatment and substitution therapy

According to the Action Plan for Drug Abuse Prevention with Children and Young Adults, drug treatment services as well as services for rehabilitation and social integration for people who use drugs and their families have been underdeveloped and with limited capacity to adequately respond to the needs for drug treatment in Montenegro.

The majority of drug users are treated in psychiatric ambulances that are part of the Primary Health Care Centers and most of the interventions are related to crises interventions and out-patient treatment.

The Drug Prevention Office under the Municipality of Podgorica with the support of the Coordinative Body at the municipality level have prepared a 4 years local strategic plan (2007 – 2011) which includes establishment and development of a Rehabilitation Center for people who use/abuse drugs. It is supposed to be a modern building financially supported by the Municipality of Podgorica, the Government Budget and foreign donors. The payment for the services and the accommodation should come from the client, the Health Insurance Fund, the Ministry of Health and the Municipality of Podgorica. The Ministry of Health will be responsible for assessing the client's social conditions and providing funds in a case he/she is not in a position to cover them. The capacity is planned for 50 – 80 clients. The Rehab Center is still under construction.

Methadone is the only substitution therapy available in Montenegro and was first introduced in February 2004 in the capital city Podgorica. It started as a program/project implemented by the Public Health Institute and supported by the National State Fund and the UNDP grant, as a part of the HPVPI. In 2006 it got upgraded and expanded with the support of the GFATM grant.

There are no officially adopted guidelines for MMT, although international guidelines were adapted to Montenegrin needs with the support of Slovenian colleagues.

The methadone program has been implemented in specialized outpatient settings where clients have daily access to the psychotherapeutic sessions, group therapy, and supportive therapy. Certain programs and activities are available for the family members as well. At the moment, the minimum dose is 10 mg and the highest 100 mg of methadone, which is provided in a liquid form. Methadone is purchased from Hemofarm, Vrsac (Serbia) and the price per 1000 mg is 12 EUR.

The admission criteria for MMT program (for those who are not in prison) are:

- To be over 18 years of age
- Long term opiate addiction (3-5 year and more)
- Unsuccessful detox (drug treatment) attempts
- High motivation for entering the drug treatment program
- Injecting as the main mode of drug administration
- HCV positive patients are a priority

Currently there are 28 patients at the methadone program, out of whom 5 are female. Two patients are undergoing the methadone detox program that last for 21 days and two of them receive their methadone therapy in prison. The criteria for entering MMT in prison were the participation in the MMT program prior entering prison. Apart from the limited number of people who are on methadone therapy, there is no other drug treatment available in the prisons.

The number of clients of the methadone program is limited by different kind of restraints, including financial ones, although just within one year of its existence the program attracted a lot of interest of drug users. Another restrain was the resistance from the community and medical professionals towards the methadone maintenance treatment, which through systematic and persistent efforts of the staff have slowly decreased.

According to the Montenegro report to the GFATM, over the period of 4 years, 3 methadone programs should be established and operational and 80 opiate users covered with the substitution therapy.

Targeted HIV prevention services (young people, SWs, MSMs, prisoners, Roma, and sailors)

Young People

A national HIV/AIDS Strategy has been developed and adopted with full participation of young people to address their needs. Youth, particularly those at highest risk of HIV such as intravenous drug users, sex workers, young men having sex with men, have been prioritized in the HIV/AIDS strategy based on results from participatory research conducted by UNICEF in 2003.

In the meantime, peer education has been highly supported and practiced as one of the most effective methodologies for behavioral change among young people in Montenegro. 350 peer educators have already reached thousands of young people across the country, spreading information, knowledge and skills to their peers to promote healthy lifestyles. A network of peer educators from CAZAS, Red Cross, JUVENTAS and Protection-Bar now comprises and reaches Roma, young people with disabilities, those from rural areas and multicultural environments as well as juvenile detainees and children in institutions (such as children without parental care). No information is available regarding the number of approaached young people.

Youth are graded high on the health Agenda in Montenegro, therefore the Expert group on Young People's Development and Health has been established within the Ministry of Health.

Within the framework of the GFATM, activities targeting young people, considered vulnerable to HIV/AIDS have also been included and they encompass wide range of activities:

- Training of journalists and editors on reporting about HIV/AIDS as well as designing of informative-educational materials (articles in printed media, contact shows, round tables, TV and radio spots) aimed to raising awareness of young people regarding HIV/AIDS; Until March 2007, 5.000 young people were reached with educational activities, making 50% of the set indicators. Over the course of four years, in total 40.000 young people should be covered with the planned HIV prevention activities.
- Establishing educative programs on HIV/AIDS prevention in elementary and secondary school based on the developed curricula. In that respect, Ministry of Education is a sub recipient and the leading applicant for the service delivery area focused on youth in GFATM. They will develop a manual and curricula for "Life Skills" promoting healthy behavior among adolescents by giving them life-skills-based education, including health education. The course will be optional for the 9-10th grade. The manual will be ready and piloted in 2007-2008, and introduced in 2008-2009. GFATM supports also the training for professionals (teachers, psychologist etc.)
- Establishing the Programs of peer education on HIV/AIDS prevention in secondary schools and designing and distribution of educational materials regarding HIV/AIDS prevention for peer education in secondary schools; Red Cross is a sub-recipient of the GFATM for implementing peer education in the 7th and 8th grade in the primary school and high schools throughout Montenegro. They've already held workshops for peer educators (of 13 – 14 years of age and of 16 – 18 years of age) in Herzeg Novi, Podgorica and Kolashin through their local branches. Peer educators are there and now the final event will be organized.

The important link between STIs management and HIV prevention is well recognized in Montenegro. Young people have places to go for counseling on issues related to sexual and reproductive health – professionals from five primary health centers in Montenegro have been trained to provide youth-friendly health counseling services. These activities have also been included within the GFTAM supported projects, such as: establishing of Counseling Services in Primary Health Centers, development of guidelines on work of counseling services adopted to needs of young population, training of staff and volunteers for work in the counseling services with youth and establishing phone counseling/information services on reproductive health and STIs prevention along with the web site operated by youth NGO.

Two counseling services in Montenegro provide high quality voluntary confidential counseling and testing (VCCT) for HIV. Standards and protocols for VCCT have been defined and 15 trainers and 30 counselors have been trained to work with young people.

Apart from the GFATM, UNICEF have supported activities that aim to increase quality and access to HIV/AIDS prevention services i.e. health education in and out of schools, youth-friendly health services, voluntary confidential counseling and testing for HIV, maternal services to address prevention of mother-to-child transmission, and supporting young people themselves - particularly those at highest risk of HIV, i.e. those living in poverty and exclusion - to actively engage

in HIV/AIDS prevention through peer education and other communication initiatives.

Sex Workers

Until recently there were no systematic activities to address sex workers, although the Centers for Social Work reported assisting a number of sex workers, as well as NGOs working on programs for assistance to victims of domestic violence and trafficking in women. These organizations already served as an entry point for reaching SWs during the rapid assessment coordinated by UNICEF and Institute for Public Health in 2006, as well as for the pilot project that started operating in Podgorica with the support from the Global Fund.

The project has been implemented by NGO JUVENTAS aiming at providing HIV prevention/education services to sex workers based on the findings from conducted survey and mapping exercise. The service involves counseling, facilitating peer education in SW community, distribution of prevention materials (including sterile injecting equipment) and condoms promotion, as well as increasing access to STI and VCCT services. Currently an outreach team operates 6 nights per week in Podgorica and mapping exercise for expanding the activities on the costal areas (Bar and Rozaje) has already begun.

Although Juventas has a wide network of peer educators in all 3 regions of Montenegro, one of the biggest challenges would be to respond to the demanding process of starting up outreach activities in cities where JUVENTAS do not have their offices/branches and where other organization do not have the capacity or interest to work with this group. Over the 4 years of the GFATM, 200 SWs are planned to be reached by the HIV prevention services.

On 12th May Juventas team started field visits in Podgorica. They made 120 field visits in Podgorica and determined 8 spotlights: 3 city areas, 1 flat, 2 bars and 3 night clubs. 13 CSWs were directly reached through outreach activities, and indirectly 32 of them, through night bars and drug dealers. 50 contacts were made with clients and around 36 contacts with drug dealers, macros, drug users and friends of CSWs. During this period Juventas Team distributed 3089 condoms, 1513 lubricants, 675 IEC materialsand 14 make-up kits. For the period of month and a half, 64 sterile needles and 63 sterile were delivered in contact with 11 CSWs that are IDUs.

Juventas reported that number of SWs they contact do not have regular health insurance either because they are foreign citizens or because they are not registered at the Burro for Employment and thus no contact with existing health institutions.

According to the Law on Misdemeanor for Public Health and Order the individual sex work is illegal in Montenegro, but the interviewees during the site visit stated that there is an initiative to further criminalize sex work. From the existing experience this would only lead to a further closing of the scene driving sex workers more underground and away from the existing HIV prevention services and efforts, which are in its initial stage of development.

Parallel to the above-mentioned activities, trainings of police squads for prostitution control are planned, where the police officers will be trained in rights based approach to work with sex workers.

MSM (men having sex with men)

Due to high stigma and discrimination attached to this group, men who have sex with men remains one the most hard to reach group for HIV prevention services in Montenegro.

There is no organization that specifically target MSM or LGBT populations, therefore NGOs Juventas and CAZAS are responsible for delivering HIV prevention among MSM. Two pilot projects are planned that should ensure access and linkages with existing MSM groups in Montenegro. One of these pilot projects is being implemented in the capital city of Podgorica and the other in the costal area. Activities will include distribution of educational materials, condoms and lubricants. More over the project activities are based on promotion of sexual and reproductive health and rights of MSM/LGBT population as well as strengthening the capacity of future activists. The aim is to provide good foundation for establishment of a separate NGO that will continue working on promotion and protection of sexual health and rights of MSM/LGBT population.

From December 2006 - January 2007, NGO Juventas made direct contacts with 19 MSM and distributed 1500 condoms and 870 lubricants. The end of the GFATM project should reach 200 MSM with HIV prevention services.

According to information gathered from Juventas, MSM face high level of repression and stigma and discrimination. Government and political parties are still not making any step forward reducing level of homophobia therefore the future project should focus more on the different kinds of individual needs and rights of MSM people.

In order to address homophobia in the general populations, public campaigns are planned every year over the course of the GFATM program implementation and will be coordinated with other activities aiming at reducing stigmatization of population at risk.

Now a comprehensive assessment study to establish baseline number of MSM, services required for HIV prevention and level of homophobia in general population is being conducted.

Prisoners
Since September 2004, NGO Juventas and NGO CAZAS in cooperation with the State Penitentiary in Spuž, within the framework of the HPVPI supported project, have implemented a project for HIV prevention among detainees, named "Open with Prisoners". Target groups of the project were detainees of ZIKS (The State Penitentiary) in Spuz, protégées of Institute for Juvenile Delinquents – Podgorica, so as the protégées of Center for Social Welfare. In 2006, the project continued to be supported with the GFATM grant.

Within continuation of the project (2006) a renewed partner Memorandum on Cooperation was signed, the place for Counseling Center for HIV/AIDS and Harm Reduction Program was determined in the State Penitentiary, and the Protocol on Work of this Center was developed.

The project aimed to develop a supportive environment in The State Penitentiary in relation to harm reduction programs through education of the staff members, raising awareness among detainees about the risks associated to unsafe sex and drug use practices and distribution of condoms in specially designated locations within The State Penitentiary. The main focus is a continuous work with detainees through group and individual counseling and workshops on issues related to blood-borne and sexually transmitted infections, drug use, harm reduction and human rights. The group activities are organized in the Counseling Centers,

especially equipped for this purpose. The project activities include training for prison personnel as well as prison health workers in Spuz and Bijelo Polje on HIV/AIDS prevention and drug abuse, based on the developed curricula.

According to the first report of the GFATM report in March 2007, around 300 prisoners participated in HIV educational workshops, reaching 500% of the set indicators. The VCCT services are not available in prison settings, but their provision is planned within the framework of the GF supported project.

Roma

Montenegro Poverty Reduction Strategy Paper estimated that there are 20,000 Roma people living in Montenegro, of whom 5,000 are refugees/Internally Displaces Persons from Kosovo situated in settlements in Podogorica and Niksic.

The first HIV prevention activities among RAE communities (Roma, Aeshkaelia and Egyptians) settled down in the camps "Konik 1" and "Konik 2" in Podgorica and in Niksic, were started by CAZAS within the HPVPI project, in 2004 and further supported by UNICEF and the Global Fund grant. Through educational preventive and outreach work CAZAS aim to raise awareness about HIV/AIDS issues, creating sustainable development and safe environment for RAE population. One of the goals is to create a network of Roma peer educators who are to continue preventive work in RAE communities in Montenegro and the region.

As a result of their work, they have developed a manual for RAE peer educators. In total, around 2,500 young people were covered within the project activities (60% male and 40% female RAEs) and 40 RAE peer educators were trained for peer education and outreach work. Over 6,000 condoms, 10,000 leaflets and over 700 hygiene kits were distributed. Through their network of partner institutions/organizations they have referred/channeled significant number of RAE population to the local Primary Health Care Center as well to the VCCT Center within the Institute for Public Health.

Until March 2007, HIV prevention activities among Roma are being the most successful in reaching the results and indicators set up with the GFATM supported project by 647%, overreaching the indicators that were set until the end of the fourth year of the GFATM.

During the country mission, the coordinator of the RAE project in CAZAS took us on outreach while visiting for the first time „The Roma Cultural Center for Young People - MULTI COOL-T" in Konik, the Roma settlement in Podgorica. Because of the summer holidays and the working season (for picking up fruits), it was difficult to coordinate activities with the Roma peer educators for the upcoming training sessions scheduled for Nikisic and Bijelo Polje. Most of the Roma young people work over the summer holidays or are at the seacost with their families.

Lack of health insurance, especially of young members of RAE population was emphasized as one of the main challenges in their work by the coordinator and the outreach workers in CAZAS. According to the UNDP report from 2006, lack of proper identity documents (health insurance cards) is a problem for Roma respondents in general, 8 per cent of whom reported that they had been denied medical service because of lack of proper documents. Only 3 per cent of majority respondents reported such instances. Registration and documentation issues, as a major problem encountered by the Roma in terms of access to health care, are addressed in most countries' Decade action plans.

Isolation of the RAE population, especially the difficult conditions in the camps and language barriers are also challenges that CAZAS working in partnership with other organizations, such as the Red Cross, „The Roma Cultural Center for Young People- MULTI COOL-T" and many others, try to overcome.

The Red Cross manages both camps with Roma population in Konik and together with CAZAS sometimes organizes workshops for and with peer educators. They have 2-3 doctors working part time in the camps, in charge with medical check ups and family planning. They organize workshops specifically targeting Roma women called "Family Center" where they can get information related to STIs, reproductive health, contraception etc.

Sailors and Workers from Tourism Industry

One specific feature of the HIV/AIDS situation in Montenegro is the high percentage of the HIV/AIDS cases among sailors and workers from tourism industry (seasonal jobs in the Montenegrin holiday resorts). On the other side, people from the costal area and those working in tourism think that they have been over represented in PLHIV.

The first projects targeting sailors and workers from tourism industry were implemented by the NGO Protection – Bar, supported by the UNICEF and the UNDP. Since 2006, these projects have been supported within the framework of the GFATM grant. The focus of the HIV prevention efforts among these two groups is on raising awareness in all costal area by establishment of counseling centers in Primary Health Care Centers in Bar, Kotor and Herzeg Novi, and providing easy access to information and protection tools for HIV, STIs and drug use. It includes development and distribution of service promotion materials to ensure high coverage of target populations such as: condoms, brochures, leaflets, posters etc.

Since 2003, NGO Protection (Bar) have distributed 30 000 condoms through wending machines and during trainings held throughout the Montenegrin costal area. Training of health care workers in the counseling techniques and HIV workplace based HIV prevention has been provided and 80 educational sessions with employees in tourist industry in the most frequent tourist destinations are foreseen in cooperation with the contracting agencies. The training curricula for high school and university students will be developed for the Secondary School and the University for Sailors/Marine University in Kotor.

According to the information of the March report of the GFATM project, 200 tourism workers and 1770 sailors were reached by HIV education since the beginning of the project achieving 160% (sailors) and 200% (tourism workers) from the planned indicators. By the end of the fourth year, in total 2,400 sailors and 800 tourism workers should be reached with HIV prevention and educational messages.

Voluntarily Counseling and Testing Services

In 1997, the rate of HIV testing in Montenegro was among the lowest in Europe, one tested person per 1000 citizens, and from 1997 to 2003 it increased to 2.31, and in 2003 it was 3.91. According to the UNGASS 2006 report, most of the HIV/AIDS cases in Montenegro were diagnosed late in the course of HIV disease.

According to the specialists interviewed during the country mission, people are reluctant to be tested for HIV until symptoms are developed due to confidentiality

of the testing process, stigma and discrimination related to HIV/AIDS. Some individuals even take advantage of out-of country testing. According to the data of the VCT Centers for 2005, 2% of the total number of 73 clients who were tested for HIV/AIDS made the test outside the country.

In 2003, 3405 persons have been tested for HIV out of which 5 resulted positive. Among tested, 85 persons declared themselves as drug users. In 2004, 3496 persons have been tested. From these, 120 were tested anonymously during the events organized for the World AIDS Day; 2 of them were HIV positive. According to the data from the VCT Center in Podgorica, in 2005, 73 persons have been tested for HIV, out of which 76% were male. Most of the persons tested came because of practicing risky sexual behavior. 18% from the total number of tests were done among vulnerable populations, out of whom 4% were IDUs, 4% MSM, 2% SWs. Almost 47% were tested anonymously and more than half tested (57%) were above 25 years of age.

VCT is currently available in 4 towns throughout the country, free of charge. The first VCT service has been established in mid July 2005 within the premises of the Institute of Public Health as a result of collaboration efforts between NGO CAZAS and the IPH, supported by UNICEF and Project HOPE.

The main goal of the VCT Center is to promote voluntary counseling and testing on the basis of the practices recommended by WHO and UNAIDS related to HIV prevention and support of PLHIV. Three trained specialists (2 epidemiologists and 1 expert in social medicine) work as counselors in the VCT Center that is opened three days a week (Monday, Tuesday and Wednesday) from 16:00 to 20:00 in Podgorica. With the support of the Global Fund, 3 more VCT Centers have been opened, 2 in the costal area (in Bar and Herceg Novi) and one in Beranje (in the north of the country), all of them functioning within the Primary Health Care Center. The end of 2007 plans opening of two more VCT Centers within the framework of the GFATM supported project. The VCT Centers are equipped with an electronic database that is not fully functioning at the moment.

The National Guidelines for VCT have been developed, but each of the centers also has its internal protocol that allows continuous shaping of the program to the local needs of the clients. The National VCT Guidelines includes: definition of services, pre and post test counseling, testing, anonymity and confidentiality, clients rights, criteria for access, referrals etc.

The main criteria for access are: to have a health insurance card and to be referred by some organization or expert. If the person is under 18 years old, he/she is offered only a pre-test counseling without a parental consent, while for the test and the post-test counseling a parental consent is a mandatory criterion.

According to the new Family Law, this needs to be changed in the VCT Guidelines, since the law states that every person above 15 years of age has the right for testing and receiving health assistance/interventions.

Each client passes basic counseling and is able to pick up test results a day after the testing. Blood samples are processed using ELISA method for initial testing and Western blot for confirmation test. If the person is HIV positive, he/she is referred to the Infectious Disease Hospital.

Establishing strong partnership with other institutions and organizations is also one of the specific goals of the VCT Centers and for that purpose, trainings for basic counseling have been planned for the personnel from the Primary Health Care Institutes as well as from the Mental Health Hospital/Institute. Some of the

staff go on outreach with NGOs working with vulnerable populations and do counseling for rapid tests, but VCT on outreach which should bring testing services closer to the clients, especially among vulnerable populations is something that is planned for the future. For the time being those who want to be tested are referred to the VCT Centers solely.

Mandatory testing for HIV, Hepatitis B and C are required from clients entering drug treatment programs.

Training of the staff as well as adaptation of the space and equipment for the Centers have been covered by the Global Fund Grant, while salaries of the staff have been covered by the Primary Health Care Centers. There is a new initiative supported by the National Commission on HIV/AIDS that ask that the Health Insurance Fund take over the responsibility of covering the personnel of the VCT Centers, thus ensuring long-term sustainability of the existing VCT activities/programs.

HIV/AIDS Treatment, care and support services

80% of the patients approached health institutions when they are already in AIDS stages. According to the information from the Clinic for Infectious Diseases, in 2007, the numbers of PLHIV resident in Montenegro are low (n=38), with 28 currently receiving HIV therapy care. Out of the total number of PLHIV, 4 of them are women, one child under 6 years of age, one is a 16 years old adolescent and one person is under 25 years of age. The main mode of transmission is heterosexual, there is one case of PMTCT transmission, and a 6 years old child case that was accidentally infected in Belgrade through/with blood products. 4 people were infected outside the country, out of them, 2 in South Africa.

In Montenegro the situation faced by PLHIV is changing due to the independence of Montenegro in May 2006. Before the independence and the GFATM, people with HIV/AIDS in Montenegro were referred to treatment in Serbia for diagnostic procedures and treatment initiation, because the Infectious Clinic of the Clinical Center of Montenegro did not have space and technical capacity for treatment of these patients. Doctors referred clients to the Commission of Infectology Doctor Specialists in Podgorica that referred them for further treatment in Belgrade. Follow up of disease and results of treatment (CD4 lymphocytes and viral load) were not available in Montenegro. Patients traveled to Belgrade, which created additional financial burden and affected negatively the adherence to treatment. Nowadays, if the person is HIV positive, he/she is referred to the Infectious Disease Hospital in Podgorica.

With the GFATM support they filled in the gaps in areas where domestic resources were lacking or insufficient to meet the service delivery requirements. They addressed lack of capacity and technical equipment for delivery of treatment services, which increase quality of clinical monitoring and improve accessibility and adherence to treatment.

A national protocol according to the European protocol for treatment was developed. Certain important areas, such as provision of ARVs and drugs for treatment of STIs and opportunistic infections, Universal precaution, PMTCT are covered by the state.

Currently, the state has the responsibility to provide ARV therapy to all PLHIV through the Health Insurance Fund. The costs of hospitalization, treatment and

prevention of opportunistic infections are also covered by insurance funds. They have triple high activity antiretroviral therapy and they use the similar scheme used in Belgrade. The costs for patient vary from 600-1,200 Euro/month.

Most of medications used in this therapy are at the positive list of medications of Health Fund of Montenegro (since June 2003) and these medications are refunded. Part of the therapy is available at the clinic, which is supplied every three months by the pharmaceutical company MONTEFARM. For other medications, clients need to buy themselves that are later reimbursed by the Public Health Insurance Fund. This is considered to be a problem since it often happens that patients interrupt treatment due to high cost of the medications, which results in side effects and resistance to current medication.

The most affected regions, with the highest number of PLHIV are Podgorica, the costal area (Bar) and the Northern par of the country, but for the time being treatment is available only in Podgorica and people need to travel to capital city to receive medication. There is an initiative to develop a centralized way of purchasing medication in pharmacies with a prescription and the Ministry of Health and the Public Health Insurance Fund have already meetings with the pharmaceutical companies.

Stigma

PLHIV and members of vulnerable and at-risk groups currently experience a great deal of stigma and discrimination in Montenegro. The national program has identified tackling stigma as a major services delivery area. Stigma and discrimination are major issues that prevent the uptake of current services and the delivery of needed services for specific groups, especially for sex workers and MSM.

Despite efforts to improve access to health care services and reduce stigma, with a few exceptions, high levels of fear surrounding the risk of disclosure of the HIV status persisted. Almost without exception amongst PLHIV participants of the qualitative study conducted in 2005/2006, perceived the risks of public disclosure as severe and debilitating. The priority therefore both for themselves and those close to them becomes protecting their status from disclosure. The fear of stigma, experienced or anticipated, undermine PLHIV's willingness to seek help and in many cases demand their rights. In this situation their health can be threatened. Therefore one of the major goals of the national AIDS strategy is to create safe and supportive environment for PLHIV and those under increased risk of HIV/AIDS.

The highly stigmatized social environment makes community participation extremely difficult for PLHIV. In 2006, NGO CAZAS made several attempts to organize a support group for the PLHIV but after 1-2 meetings it stopped functioning.

In January, 2007 within the GFATM supported project "Psychosocial Support to PLHIV" which aims to provide sustainable and qualitative psychosocial support to PLHIV in Montenegro, CAZAS organized a training for 20 participants, social workers, psychologists, pedagogues, health workers and CAZAS staff. The aim of the seminar was to create and strengthen the network of individuals, institutions and organizations in Montenegro in order to provide more qualitative and sustainable help and support to PLHIV.

This year supporting the global campaign International AIDS Candlelight Memorial, the 4 organizations Juventas, MonteVita, CAZAS and Protection, organized the Memorial activities in Bijelo Polje, Podgorica, Danilovgrad i Bar.

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This Campaign is organized for the second time in Montenegro. In 2006 it was organized by Juventas and Cazas.

Anti-discrimination activities will be incorporated in all education-prevention activities implemented under the GFMAT proposal. The activities will focus on awareness campaigns to break down stigma among general population and will be implemented through media, aiming at reaching at least 70-% of populations.

V. Conclusions and Recommendations

Montenegro is the most recent state of the world and therefore has a number of priorities in improving the economy and social services in the country. With less than 0,1% HIV prevalence in the country, the HIV/AIDS agenda is driven by prevention services and a constant interest in understanding the situation of most vulnerable and at-risk groups.

HIV/AIDS is present on the agenda of different ministries, including Ministry of Health, Ministry of Education and Ministry of Justice. The Montenegrin government endorsed National HIV/AIDS Strategy for 2005-2009, a document that incorporates a set of targeted interventions and actions for the HIV prevention, treatment and care.

With specific objectives to reduce the rate of new users, to promote possibilities for treatment of drug addicts, to reduce the rate of relapses and the rate of mortality in the drug users community, and to reduce the rate of injecting drug users, the Action Plan for Drug Abuse Prevention combines a series of interventions focus on drug prevention, harm reduction and improvement of legal environment.

There are real opportunities to achieve progress in HIV/AIDS area in Montenegro. Both strategies request meaningful participation from governmental and civil society sectors. The GFATM grant includes support for accomplishment of the vast majority of the proposed initiative. UNICEF and other international donors provide also financial support for programs targeting young people and vulnerable groups.

Though significant progress has been made by various stakeholders involved in the process including the government much more still needs to be done, especially in the scaling up sustainable services that will maintain the low prevalence of HIV/AIDS in Montenegro.

Legislation
In Montenegro, a number of laws, strategies and policies (described also in the Chapter 3 of this report) regulate the HIV/AIDS response in Montenegro. Clear reviews and changes are needed in order to create a supportive legal environment for the scale up of the quality services.

First, according to the Criminal Code of the Republic of Montenegro, the HIV transmission is criminalized and might be punished with up to 12 years of imprisonment. Various international experts and UN Agencies address more and more the issues of criminalization of HIV transmission[17]. "A fundamental point is that the International Guidelines on HIV and Human Rights state that there

[17] UNAIDS Policy Options paper by Richard Elliott on 'Criminal Law, Public Health and HIV transmission' at http://data.unaids.org/Publications/IRC-pub02/jc733-criminallaw_en.pdf?preview=true; UNAIDS/OHCHR International Guidelines on HIV/AIDS and Human Rights
http://www.ohchr.org/english/issues/hiv/guidelines.htm
WHO Europe report of expert seminar on this issue of Criminalization of HIV Transmission at
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THT/GNP+ European survey on Criminalization of HIV Transmission
http://www.gnpplus.net/criminalisation/comment.shtml

should not be HIV-specific sanctions relating to transmission - this is prima facie stigmatising and discriminatory", declared Yusef Azad, Director of Policy and Campaigns for the National AIDS Trust, a UK NGO working in human rights area, interviewed for the report.

Various reports and examples around the world show that people living with HIV practice safer sex with far greater consistency than the general population. "Where they find difficulty in maintaining safer sex, the effective response is not the stigmatising intervention of criminalisation but psychological support, training in assertiveness, support for those economically dependent on their sexual partner etc", outlines Yused Azad.

The language used in the Criminal Code of Montenegro place all responsibility on the HIV positive person, while in a consensual sexual relation between two persons the responsibility for safer sex and health protection should be shared. Changes are needed in order to improve the situation of the HIV positive persons and to reduce stigma and discrimination lead by existing regulations.

The needle exchange programs might be hampered by the legislation. The article 301 from the Criminal Code might be interpreted as enabling drug use by providing sterile injecting equipment. Evidences supported by World Health Organization, UNODC, UNAIDS and numerous researchers and practitioners around the world clearly outline the fact that needle exchange programs and outreach services do not increase the drug use and should be seen as the most efficient HIV interventions for active drug users.

The legislation and health policies related to children and young people rights do not address the needs of those who are under 18 years old and use drugs, sell sex or are part of the sexual minorities groups. Majority of drug services as well as the counseling and testing services indicate age of 18 as major criteria for receving services.

HIV/AIDS Services

While the services for drug users are better established and integrated in the health system, this is not the case of the interventions targeting sex workers, MSM and inmates. Moreover, the high level of stigma and discrimination attached to these particular groups as well as the limited capacities of service providers to work with the groups raise a series of concerns related to further activities in HIV and human rights areas.

None of the vulnerable and at-risk populations are organized in the country and with exception of Roma communities none of the groups are involved in service implementation.

Even if the national legislation and policies states the right to health of the children and adolescents, the service provisions for most at risk adolescents are almost inexistent. The services for drug users have specific criteria related to the age. Old enough to buy and use drugs, those under 18 years that use drugs are not old enough to receive services for their drug addiction (including substitution therapy).

Significant progress has been recorded in the HIV treatment in the last year. Till 2006, the HIV positive persons were obliged to travel to Belgrade, Serbia, in order to receive their medication. The diagnosis was also established in Belgrade. Starting to the second part of 2006, both diagnosis and medicine procurement are ensured in Podgorica, capital city, making the HIV treatment more accessible

to those in need. However, the authors of this report did not conducted any interviews with HIV positive persons, and a series of questions remain, mainly related to the access to other health services such as dentistry, gynechology etc, provision of psycho-social support etc.

Data and Monitoring & Evaluation System

The monitoring and evaluation system in Montenegro faces difficulties related to the policies and practices in place. Many services providers from STIs area for example do not provide regular reports, issue amplified by the private sector that does not have clear reporting regulations. The HIV/AIDS service provider either do not collect information about client profiles or they collect basic information, with no disagragation on age and/or geneder. The lack of specific, national agreed indicators make the M&E process even more difficult.

One argument used by various national and international experts to explain the scarce available data is also linked to the limited and timely inconsistent, donor bounded HIV/AIDS services, especially for vulnerable groups.

However the GFATM and upcoming UNGASS monitoring process from 2008 offer clear opportunities to establish and maintain M&E scheme at national level.

Civil society

Relatively well organized the civil society sector is focus mainly on service provision. No NGO works based on a clear defined agenda and advocacy strategy, and most of them are donor driven.

The HIV prevention services targeting young people and vulnerable groups reflect the service providers' tendency to respond to donor priorities rather than the national needs. Limited and time bounded projects, pilot services are in the portfolio of the civil society representatives from Montenegro.

However there are genuine opportunities for further development and capacity building of the non-governmental sector. On one hand is the explicit interest of the NGOs in further improvements of the situation, as well as the funds allocated through different international donors to capacity building programs.

Recommendations:

Policy makers

- National government including a variety of ministries must link programs and budgets to the National Strategies in order to secure further development of quality services.
- Establish expert commissions that will review and propose changes of the Criminal Code specific related to the criminalization of HIV transmission (art.289) and needle exchange programs (art 301).
- Review and support the development of specific policies to allow the establishment and development of the integrated services for most-at-risk adolescent boys and girls and male and female young people
- Involve representatives of PLHIV and of most-at-risk populations (including young people) into development of specific policies on HIV (e.g. strategy, action plan etc).

GOs and health care system

- Ensure quality of services through provision of trainings for the staff members and through active engagement of the clients in design, implementation, monitoring and evaluation of the services.
- Monitoring and evaluation efforts should be designed to produce balanced, disaggregate and comprehensive information that will enable priority setting and needs analysis that can inform future efforts to establish national objectives and targeted programs.
- Provide reliable information sources for national and international donors in order to secure the cash flow and sustainability for the HIV services.
- Develop standards and protocols for HIV prevention services or interventions targeting most-at-risk adolescent boys and girls and male and female young people, as well as guidelines for implementing these services/interventions;
- Involve representatives of PLHIV and of most-at-risk populations (including young people) into development of specific HIV prevention services/interventions.
- Design and condact anti-discrimination campaign targeting general public as well as specific groups such as medical staff, teachers etc in order to generate the supportive environment for scaling up sustainable HIV service for most affected groups (with particular attention to sex workers, MSMs and IDUs).

NGOs and service providers

- Targeted advocacy strategies, developed on evidences and reliable information, are needed in order to create supportive legal environment for services and to decrease the level of stigma and discrimination lead by the existing national legislation.
- The service providers should actively promote the services for most vulnerable and at-risk groups and should include other partners in the process such as pharmacies, STIs service providers, social services located in municipalities etc
- Support the development of the drug users, sex workers and MSM groups. This will give the advantage of a broader perspective and will help to shape the services based on specific needs.

Donors

- Closer collaboration between UN Agencies, European Union initiatives and other international and bilateral donors is needed in order to align funding strategies in Montenegro that will enable the scale up of quality services for most at risk groups.
- Build capacities of local partners (including governmental institution, civil society groups and service providers) to advocate and introduce effective HIV/AIDS and drug legislation, policies and strategies.
- Donors and national funders should support capacity building for self groups organizations of most at risks and vulnerable groups to enable them to have adequate governance and communications mechanisms.

Researchers

- Assist NGOs and other services providers to build accurate and inexpensive monitoring and evaluation systems as integrated part of their services.

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Appendices

Appendix 1: Terms of Reference of Country Mission in Montenegro

Background:
In June 2005, a new regional initiative ***The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe*** (SEE Collaborative Network) was launched in order to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS in this region. The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programs and projects. It focuses on filling the existing gaps and synergies and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks, and individuals) from nine countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FRY of Macedonia, Kosovo, Montenegro, Romania, Serbia, Slovenia) who share common interests and values related to building relationships, sharing knowledge and learning. The SEE Collaborative Network will contribute to solving specific problems related to the health and rights of at risk and vulnerable population in SEE and will achieve individual and collective results at the regional level through sharing information and best practices, establishing different task forces and committees and developing cross-country projects.

One of the objectives of the project **"HIV prevention among most-at-risk adolescents in Romania"** developed with financial and technical support from UNICEF Romania is to increase the capacity building of Romanian Harm Reduction Network to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV/AIDS prevention, treatment and care services. This objective will be achieved through sharing experiences, lessons learned and best practices at the regional level, through identifying and documenting the needs related with HIV/AIDS and drug use and through promoting the HIV/AIDS prevention and specific treatment services for most at risk adolescents (MARA) priorities in the Balkans.

As part of this project, in June 18-25, 2007, one country mission will be performed in Montenegro.

Objectives:
The main objectives of the country mission are:

- to collect data about most at-risk adolescents (MARA)
- to map the existent services for MARA
- to assess the availability of international and national funds for HIV/AIDS services
- to elaborate a general overview of the situation and the needs of at risk and vulnerable populations from Montenegro.

Key tasks:

- Prepare and facilitate a plenary meeting with main local counterparts is planned to happen during the first day of each country mission. At the meeting will participate representatives of governmental institutions, nongovernmental organizations and international agencies from Montenegro. The meeting will be organized with local support from NGO

"YCC Juventas" (member of SEE Collaborative Network) and UNICEF Country Office in Montenegro.

- Prepare and conduct meetings on the field with stakeholders, representatives of NGOs and beneficiaries (IDUs) in order to collect accurate and relevant data about HIV/AIDS and harm reduction services in Montenegro.
  The information collected will consist of demographic and behavioral data about MARA (IDUs), number and type of YFHS in place at the community level, the coverage of MARA, the response of YFHS to MARA's specific needs (according to their age and gender), number and types of HIV prevention interventions for MARA etc. All this data will create the baseline for the development of the national evidence-based interventions (including advocacy).
- Prepare and deliver the report of country mission in Montenegro. The report will include the results of the mission, as well as recommendations for national/local advocacy strategies (see the template for the report).

Deliverables:

- Agenda for the country mission;
- Materials to be used during the country mission;
- Resource materials collected during the country missions (e.g. national reports, national statistics etc – list of resource materials and copies, if possible)
- Final report of the country mission

Appendix 2: Interviews guidelines

The following description of the methodology (Sections 1-4) provides an outline of the analysis and suggested questions for the Country Mission in Montenegro aiming to assess the HIV/AIDS and harm reduction services for most at risks adolescents (MARA). This outline should be used to structure and guide the content of the final analysis report (up to a maximum of 25 pages). Additional questions or adaptations of the suggested questions may be necessary for specific contexts. See Country Mission Terms of Reference for additional information.

ASSESSMENT - ANALYSIS

The analysis should be undertaken through literature reviews, and most importantly structured interviews with key stakeholders, particularly those from the community sector.

Every attempt should be made to ensure that a wide range of stakeholders participate in the review.

The analysis should include the following:

1. A background to the HIV epidemic and an analysis of the response, particularly focused on treatment, prevention, VCT services for MARA.
2. The list of the available services for vulnerable groups, with special section on service provision for MARA.
3. An analysis of the main obstacles for set up services for MARA.
4. Possible strategies to address those obstacles identified by the participants.

BASELINE INFORMATION

Provide a basic overview of the HIV/AIDS epidemic in the country, including:

- Incidence and prevalence rates for **HIV/AIDS** (including estimated number of HIV infections, estimated and projected number of AIDS cases, rate of growth of the HIV/AIDS epidemic, HIV prevalence among high risk populations: IDUs, sex workers, MSM, women, children, other).
- Legislation in force regarding HIV/AIDS, drug use, and specific sections related to MARA.
- Available funds for HIV/AIDS and drug treatments in the country (national and international donors).

General guiding questions:

TREATMENT: What is the state of treatment access and provision? What are some of the barriers to rolling out/scaling up expanded access to treatment programs? What are the conditions for under-aged people to receive ARV treatment (if any).

PREVENTION: Are prevention messages/IEC strategies tailored to the needs of the different key groups or those most vulnerable to infection[18] readily available

[18] The term "most vulnerable" is used to refer to groups of people that are key to the dynamics of and responses to HIV/AIDS. Examples of these include: People living with HIV, orphans and vulnerable

to them? Which prevention services are available in your country? Which prevention services are available for MARA?

VCT: Is Voluntary Counseling and Testing (VCT) a standard practice? How many VCT centers are there in the country? Who operates these centers? Is prevention education provided at VCT sites? Which prevention tools are available at HIV testing sites? Are there referral systems for treatment access? What are the conditions for MARA?

VULNERABLE GROUPS: Does your country's AIDS Program have statistics on HIV prevalence rates within particular vulnerable groups – MSM, IDUs, sex workers, confined persons, etc? If so, what are the statistics? Are the statistics disaggregated based on age group and gender characteristics?

What are the main obstacles to set up services for MARA? How can the obstacles be overcome?

LEGISLATION – What are the main laws and national regulations in relation to HIV/AIDS and drugs? Do they contain specific measures for MARA?

DONORS – Who are the main donors in the country? What services are ensured by the national and/or local budget?

Thank you for your time!

children, women, youth, sex workers, injection drug users, Men who have sex with men, Migrants, refugees and prisoners.

Appendix 3: Agenda of the mission in Montenegro

Date	Time	Name	Institution
June 25, 2007	**9.30 -10.30**	**Boban Mugosa, Director**	**Public Health Institute**
	10.30-11.45	**Aleksandra Marjanovic, VCT Coordinator**	**Public Health Institute**
	12.00-14.00	**Dragan Lausevic, Head of Epidemiology Department**	**Public Health Institute**
	10.00-11.30	**Branka Kovacevic**	**UNICEF**
	15.00-18.30	**Miso Pejkovic Executive Director** **CAZAS Program Coordinators**	**CAZAS**
June 26, 2007	**10.00-12.00**	**Rajko Strahinja** **Itana Labovic**	**UNDP Montenegro**
	12.30-13.30	**Jelena Darmanovic**	**Red Cross**
	14.00-15.30	**Drusko Raspopovic**	**Municipality of Podgorica**
	16.00-17.30	**Unstructured interviews with 4 pharmacies**	
	18.00	**Outreach CAZAS**	
June 27, 2007	**14.00-16.00**	**Lilijana Jovicevic**	**NGO Protection, Bar (costal city)**
	BACK IN PODGORICA		

Appendix 4: Contact list for mission in Montenegro

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