



Republika e Kosovës
Republika Kosova - Republic of Kosovo
Qeveria - Vlada - Government
Ministria e Shëndetësisë - Ministarstvo Zdravstva - Ministry of Health

HIV/AIDS ACTION PLAN

2022 - 2024

2022

1. Executive Summary
2. Introduction
3. Methodology
4. Background Information

HIV Funding landscape

Transitioning from the GF support to domestic funding of HIV response

5. Objectives
6. Implementation, Monitoring and reporting arrangements
7. Budget implications and implementation of action plan
8. References

Annex A – Budget implications and Implementation Plan

Annex B: Detailed description of Specific Objectives and Planned Activities

Abbreviations

AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CCM	Country Coordination Mechanism
CDF	Community Development Fund
CSO	Civil society organizations
CSS	Community systems strengthening
DSHCS	Division of Special Health Care Services
DTG	Dolutegravir (an ARV drug)
ECDC	European Center for Disease Prevention and Control
GDP	Gross Domestic Product
GF	Global Fund
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	Human immunodeficiency virus
HIVST	HIV self-test
HIS	Health Management Information System
HSS	Health Sector Strategy
IBBS	Integrated bio-behavioral surveillance survey
IDB	Integrated Database (for HIV)
KAPHA	Kosovo Association of People Living with HIV/AIDS
KAS	Kosovo Agency of Statistics
KOPF	Kosovo Population Foundation

KP	key populations
LGBTQ	lesbian, gay, bisexual, transgender, queer
LMIC	lower middle income country
M&E	monitoring and evaluation
MICS	Multiple Indicator Cluster survey
MMT	Methadone Substitution Therapy
MOH	Ministry of Health
MSM	men who have sex with men
MTEF	medium term expenditure framework
NASA	National AIDS spending assessment
NEP	needle and syringe exchange program
NHA	National Health account
NIPH	National Institute for Public Health
NRL	national reference laboratory
NSP	National strategic plan
OST	Opioid substitution therapy
PF	Performance Framework
PHC	Primary health care
PIT	provider initiated testing
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child HIV transmission
PSM	procurement supply chain management
PWID	people who inject drugs
RAE	Roma, Askhali and Egyptian communities
CSGD	Center for Social Group Development
SDG	Sustainable Development Goal
SHA	System of health accounts
SHC	secondary health care
SO	Specific objectives (of the NSP)
STI	sexually transmitted infections
SW	sex workers
TG	transgender people
THC	tertiary health care
TPA	transition preparedness assessment
TRP	Technical review panel
TSP	transition and sustainability plan
UIC	unique identification Code
VCT	voluntary counselling and testing
VL	viral load
WHO	World Health Organization

1. Executive Summary

The National Strategic Plan (NSP) to control HIV in Kosovo is a major strategic document for management of HIV program, and constitutes the key instrument to implement the policies of HIV prevention, care and treatment effectively and efficiently. The HIV NSP covering the period 2022-2024 will serve as a guidance to health officials, policy makers, HIV program managers, program partners, including civil society organizations and HIV key communities for planning, implementation and monitoring strategic interventions to reach the goal and specific objectives for ending HIV in the country. The NSP was developed through participatory process engaging a wide spectrum of HIV stakeholders with the technical support from the Global Fund.

The HIV NSP for Kosovo is harmonized with the Sustainable Development Goals – the promise made by UN member states to end the AIDS epidemic as a public health threat by 2030.¹ The cornerstone of this global undertaking is the UNAIDS 90-90-90 approach be achieved by 2020, and 95-95-95 targets, which follows that by 2025, 95% of all people living with HIV will know their HIV status, 95% of people with an HIV diagnosis will receive ART, and 95% of people receiving ART will achieve viral suppression.

Currently, UNAIDS is leading a process for the development of updated HIV targets and estimates of the needed resources for the Global AIDS response up to 2030.² During the process, a greater focus is being placed on integration with other health and non-health services, as well as on removing barriers and the establishment of supportive legal and policy environments, access to justice, gender equality and a society free of stigma and discrimination limiting access or utilization of HIV services.

Overarching Goal of the National HIV Strategy in Kosovo

- Maintain low prevalence of HIV among general population and key populations and improve the quality of life of people affected by HIV in Kosovo.

Vision: A future without new HIV infections, no AIDS-related deaths, and no HIV-associated stigma and discrimination in Kosovo by 2030.

Mission: HIV national strategy will strive that new cases of HIV are prevented, every person living with HIV is diagnosed and linked to care services, PLHIV have high-quality care and treatment and live in an environment that promotes human rights, equality, respect and support for all people regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

Key Principles: Respect for Human Rights; Inclusion; Ownership; Sustainability; Measurement and Accountability; Universal access; Equity and Gender Mainstreaming.

To achieve the Goal, the National HIV program will implement a comprehensive set of people-centered, evidence-based and context-scientific approaches. The NSP for 2022-2024 focuses on the following:

- reduction of new HIV infections through intensified HIV prevention;
- improving HIV diagnosis through increased access to differentiated testing strategies;

¹ https://www.unaids.org/en/AIDS_SDGs

² 2025 AIDS Targets. UNAIDS. https://www.unaids.org/en/topics/2025_target_setting

- increasing access to treatment and care services to optimize health outcomes for PLHIV;
- reducing HIV-related health disparities, stigma and discrimination;
- smooth transitioning from donor-support to domestic funding through increased government political and financial commitment;
- building resilient and sustainable systems for health (RSSH); and
- community systems strengthening, advocacy and research.

National HIV Strategy is organized around 5 Specific Objectives (SOs):

- SO 1:** SPECIFIC OBJECTIVE 1. Reduce the impact of HIV and STI (chlamydia, gonorrhea, syphilis, HPV) in general population and key populations by strengthening HIV prevention interventions, surveillance, diagnostics and control measures³
- SO2:** SPECIFIC OBJECTIVE 2: Improve the health status and quality of life of people living with HIV by providing universal access to ARV treatment and other medical and psycho-social support
- SO3:** SPECIFIC OBJECTIVE 3: Ensure sustainable response to HIV through strengthening coordination, leadership and financial and political commitment of the Government.
- SO4:** SPECIFIC OBJECTIVE 5: Build resilient and sustainable systems for health to facilitate smooth transition
- SO5:** SPECIFIC OBJECTIVE 5: Community Systems Strengthening for HIV, advocacy and research

Planned activities under each specific objective are briefly outlined in the strategic document. Proposed activities to realize specific objectives are detailed in an Annex that also provides information about targets, implementation period and requested budget for each sub-activity.

Expected impact: to be achieved by the end of 2024

- ✓ HIV prevalence among MSM is contained under 5%
- ✓ HIV Prevalence remains 0% among PWIDs
- ✓ HIV prevalence remains 0% among sex workers
- ✓ HIV incidence rate among general population is contained under 0.3 per 100,000 population
- ✓ The AIDS-related mortality is contained under 1 per 100,000 population.

The financing for HIV Action Plan 2022-2024 is done mainly by the Global Fund in the amount of €1,120,525

From the budget of the Ministry of Health for HIV Action Plan, a budget is planned for the support of NGOs that have ferry key populations for the years **2023** and **2024** the budget is estimated to be **143,625.00**.

2. Introduction

The HIV National Strategy and Action Plan for 2022-2024 is developed based on the format approved by the Government and it follows the ECDC and MOH recommendations for development of strategic plans. The Action Plan describes background information about HIV epidemiological situation and key affected populations. The document lists general and specific objectives and planned activities and describes implementation and monitoring arrangements.

The Action Plan was developed based on the epidemiological data, HIV program data and studies that have been conducted in Kosovo as well as global recommendations and targets. The list of all documents reviewed are provided in the section: References.

In the Annex A - specific objectives and activities under each objective are provided in the format of a table. Baseline and target indicators for each SO are given for every year for 2022-2024. Timelines for implementation of planned activities are defined. Annual projected budget needs are determined based

³ Based on ECDC report and MoH recommendation 6.4.2.1. Kosovo Assessment of country capacities in communicable disease surveillance, prevention and control

on the historic prices established at the country level and based on the consensus reached through the national-level consultation process among various stakeholders. The Annex A - also provides information about financing sources; leading and supporting institutions.

In the Annex B – detailed description of Specific Objectives and planned activities is provided.

3. Methodology

The HIV NSP for 2022-2024 was developed as a joint initiative of the Ministry of Health of Kosovo and the Global Fund programs in Kosovo through the technical support from Curatio International Foundation. International experts have worked closely with the local health officials and HIV stakeholders from government institutions as well as from civil society organizations that have been engaged in HIV program implementation in Kosovo.

Development of the NSP involved reviewing national documents, progress reports, research reports and official data provided by the Ministry of Health, or other key responsible agencies working on HIV recording and reporting.

In addition, HIV strategic documents published by WHO, UNAIDS and other organizations were used as a source for evidence-informed global strategies and best practices.

To ensure participatory process, the Ministry of Health issued an order (Nr 326/X/2021; dated 12/10/2021) and established an HIV/TB Technical Working Group (TWG) consisted of 12 persons representing the Ministry of health and other institutions. The local NGO – Community Development Fund, which is the Principal Recipient of the Global Fund HIV&TB programs in Kosovo led the consultation process with civil society and community-based organizations working on HIV-related issues for key constituency groups.

After the Action Plan was finalized, the TWG meetings were organized to define inputs for each activity and to determine annual targets. Final phase of the development of HIV Action Plan was defining budgetary implications and financing sources for implementation of the HIV National Strategy and Action Plan for 2022-2024.

4. Background Information

Kosovo is among the countries with one of the lowest HIV prevalence among the general population and low prevalence among key populations: men who have sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSWs). Between 1986 and 2021, a total of 139 HIV cases were registered. The majority of registered HIV cases (73%) are males. Out of all PLHIV, 88 developed AIDS, and 50 died of AIDS-related diseases. The main mode of transmission was heterosexual, with 68%, while 24% of transmission was among MSM, and only 1% among PWID. The mode of transmission was unknown for a 5% of HIV cases⁴. Mother to Child transmission 2%. It is possible that transmission as a result of men having sex with men is underreported, given the very high stigma around MSM: they may represent a proportion of those who report "heterosexual" sex, or the "unknown" category. In 2021, from January – October, 8 new cases were reported and 7 were among MSM, and one child under 15.

Till 2021, no Spectrum estimates about the scale of HIV epidemics in Kosovo was available, which also explains that Kosovo has never assessed the progress towards 90-90-90 targets. First time ever, in 2021⁵, the UNAIDS provided estimated number of PLHIV in Kosovo and the Spectrum data for the last decade is presented below.

⁴ NIPH Annual Report 2021

⁵ Conducted in March 2021; validated in May 2021. See the GF PF

Table 1 Estimated and registered HIV cases in Kosovo

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Spectrum estimates (version 6.06)	57	60	63	66	69	72	75	79	82	85	89
Reported New HIV cases	0	0	2	0	5	2	7	0	0	3	0
Reported AIDS cases	3	6	2	3	2	1	4	3	8	4	2
PLHIV receiving ARV	10	14	14	15	14	19	25	25	35	36	33
PLHIV on treatment who died	0	3	2	0	0	0	3	0	1	2	0

Considering that HIV data, including vital registration data in Kosovo are not complete and precise, the Spectrum estimates which heavily relies on the country statistics, may not be accurate. Nevertheless, based on the best available data, it can be assumed that only 36 PLHIV out of estimated 85 (42%) in 2019, and 33 out of estimated 89 (33%) in 2020 were on ARV. Thus, Kosovo is lagging behind the UNAIDS Fast-track targets of 90-90-90 set for 2020 year, which means that 90% of all people living with HIV are diagnosed; 90% of diagnosed persons are on ARV, and 90% of PLHIV on ARV are virally suppressed.

The ECDC HIV Surveillance data report⁶ indicates that one of the major problems with the HIV national response may be low HIV testing uptake and low level of case detection. In 2019, the number of HIV tests (including unlinked testing, donor testing, etc.) per 1,000 population did not exceed 1.1, which is the lowest among all countries reporting to ECDC (next lowest indicator was reported by Albania - 4.6 tests per 1,000 population, and Serbia - 12.6/per 1,000 population).

The number of newly registered HIV cases in Kosovo every year remains small. In 2019, out of 7 persons diagnosed with HIV, 3 (43%) were tested for CD4 cell count, and all of them were cases of late diagnosis (<350 cells per MM³ blood)⁶. However, since 2021, all HIV cases have been tested for CD4 count and viral load (VL).

Target populations

Over the last couple of years, it became obvious that men who have sex with men (MSM) have been most affected by HIV population group in Kosovo. Nevertheless, country national program for HIV in 2022-2024 identifies the following key target populations:

- PLHIV
- MSM
- PWID
- female sex workers
- prisoners
- RAE communities.

Key Population Size estimates⁷ produced in 2016 in Kosovo have placed MSM as the largest group of all KPs with the estimated number of MSM population set at 6,814, compared to 5,819 for PWIDs, and 5,037 for FSWs. Four successive rounds of IBBS studies conducted in 2006, 2011, 2014 and 2018, have shown that HIV prevalence among MSM has been on rise from 0% in 2006 and 2011, to 2.3% in 2014 and 2.8% in 2018⁸. No HIV positive cases were detected among PWIDs and FSWs in any rounds of IBBS studies.

HIV Funding landscape

The Government of the Republic of Kosovo is increasing its investments in health sector. The data presented for FY 2019-2020 are actual overall government expenditures in health; and the data for

⁶ HIV/AIDS surveillance in Europe 2019 data. 2020. ECDC. WHO Regional office for Europe. Data submitted by NIPH. <https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2020.pdf>

⁷ Integrated Biological and Behavioural Surveillance among Key Populations in Kosovo, (Round III)

⁸ Integrated Biological and Behavioural Surveillance among Key Populations in Kosovo, (Round IV) 2017-2018

FY2021 presents the approved budget as per the Budget law. The figures for FY2022 and FY2023 are based on the Mid-Term Financial Frameworks (MTEF) for years 2022-2024⁹ issued by Ministry of Finance, which are expected to be adjusted in early 2022.

Table 2 Kosovo Government spending in health ¹⁰

	Current and Previous			Projected		
	2019	2020	2021	2022	2023	2024
Total Government Health Sector Spending	€ 246,321,000	€ 331,227,887	€ 299,519,844	€ 256,085,842	€ 249,589,861	€ 281,700,879
Share of Health spending in Gov. Expenditure (%)	11.8%	11.8%	13.0%	10.0%	9.0%	8.4%

Kosovo is in its early development stage of national health accounts or disease specific health accounts, including that for HIV or TB. Reports for the year 2018 and 2019 have been published in the MOH web-page. However, the reports do not provide HIV and TB disease specific expenditures. Therefore, analysis of government budget expenditures for TB and HIV programs for the period 2019 – 2021 was based on retrospective analysis of government annual expenditure reports across the defined national budget categories (wages and salaries, goods and services and capital investments). In 2021, a national technical assistance was mobilized to assess past and current commitments of the Government of Kosovo in HIV/TB national programs and analyze domestic financial gap.

The Government of the Republic of Kosovo has contributed EUR 6,259,238 to the HIV and TB programs in 2019-2021. The amount exceeds the government commitments of EUR 5,781,871 for 2018-2021 indicated in the GF Grant Agreement. The Government spending for the two programs in 2019-2021 represents an increase of EUR 1,719,238 compared to the previous co-financing requirements in 2016-2018, exceeding the previous requirement of a minimum additional investment of EUR 775,989 indicated in the GF Grant Agreement signed on 01 November 2021.

Current Grant agreement outlines¹¹ that the government is planning to commit EUR 6,463,362 to finance the direct costs of the HIV and TB programs in 2022-2024. This will represent an increase of EUR 681,491 as compared to the previous government commitments in 2016-2018. As indicated in the Global Fund Allocation Letter, a minimum additional investment for the implementation period of transition grant 2022-2024 is EUR 742,517.

It should be noted that the government of Kosovo has overachieved co-financing commitments during 2019-2021, and will continue to be committed to further increase its investments in HIV/TB programs during 2022-2024. Development of a new, costed HIV National Strategic Plan for 2022-2024 provides more up-to-date and accurate budgetary calculations that will further inform public financing needs based on which the Government plans to adjust its co-financing commitments and revised letter of commitment will be submitted to the Global Fund by the end of 2021¹¹.

The government of Kosovo currently covers¹² the costs of the following components of the HIV programme:

- All costs related to HIV treatment including the costs of ART, and associated staffing and facility costs
- All costs related to clinic-based HIV testing and counselling in the public sector,
- Methadone maintenance therapy (MMT) medications and the staffing and operation costs of MMT facilities in five centres and 2 centers in prisons.

⁹ <https://mf.rks-gov.net/desk/inc/media/BF918317-EB51-4D24-A2A0-CD6F685A4EA6.pdf>

¹⁰ Kosovo Funding Landscape. Submitted to the Global Fund 24.08.2021

¹¹ TRP Responses. Prepared by MoH and CDF; submitted to the GF in August 2021

¹² Kosovo Country Proposal to the Global Fund. Transition Funding Request. Ministry of Health of Kosovo. 2020

- The cost of HIV programmes in prisons
- All costs related to blood safety (screening for HIV).

In 2022-2024, The Government of Kosovo and the Global Fund will continue to be the two major financial sources for controlling HIV and TB epidemics in the country, and the share of the government spending will gradually increase to absorb the costs of HIV services covered by the Global Fund. Both disease programs will be fully financed by the Government after the GF grant cycle ends in 2024.

Prior to approval of the new HIV NSP 2022-2024, a preliminary agreement has been achieved that as of 2023 the Government will co-finance 25% of expenditures to implement HIV prevention programs including HIV testing among PWIDs; (1454 PWID reached with HIV prevention packages and 503 PWID tested for HIV), and its share will increase to 50% in 2024 (2909 PWID reached with HIV prevention packages and 1035 PWID tested for HIV). Similar co-financing contribution is planned for HIV prevention program among Female Sex Workers, with 25% of PF targets covered by domestic funding in 2023 (240 SW receiving HIV prevention packages and 199 SW tested for HIV); and 50% of the annual target covered in 2024 (505 SW receiving HIV prevention packages and 423 SW tested for HIV). The government will fully finance the ARV treatment, as well as treatment monitoring, screening for viral hepatitis B and C, TB and other opportunistic infections, including TB prevention among PLHIV. The OST targets are also 100% funded by the government in 2022-2024.

Transitioning from the GF support to domestic funding of HIV response

The government of Kosovo began preparation for transition process in 2017 when that Transition Preparedness Assessment (TPA)¹³ was conducted. Findings and recommendations of the TPA were incorporated into the national Disease Actions Plans (NSP) for TB (2019-2021) and HIV (2018 - 2022). According to the APMG report, a Transition Task Force (TTF) was created in 2018, though it has not been active. Whilst concrete steps have been already taken towards smooth transitioning, considerable efforts remain to be made during 2022-2024 when Kosovo will continue enjoying the financial support from the Global Fund. In July 2021, a fully operationalized Transition Sustainability Plan for 2022-2024 years was developed.

The TSP focused on both, HIV and TB programme sustainability and transitioning from donor funding to fully domestic funding by the end of 2024. The TSP is structured around 8 objectives as outlined below¹⁴:

- Objective 1: Enhance Governance, effectiveness of the national coordination and management of HIV and TB national programs
- Objective 2: Decrease stigma and discrimination among key and vulnerable populations and respond to human rights and gender related barriers to services
- Objective 3: Achieve zero financial dependence on external funding and ensure efficient use of public resources
- Objective 4: Institutionalize a mechanism for contracting out of services delivered by civil society organizations
- Objective 5: Ensure continuous supply of quality and affordable medicines and health supplies
- Objective 6: Safeguard adequate and continuous supply of human resources
- Objective 7: Improve accountability and enhance evidence - based policy planning
- Objective 8: Streamline service delivery ensuring expanded coverage, quality of continued and coordinated services, and contingency planning for emergency situations, including COVID-19.

Key major transition challenges have been related to: amendment of legislation to support social contracting mechanism under which CSO will receive public funds to provide HIV community services targeting key affected populations; strengthening health information system and HIV

¹³ Transition Preparedness Assessment of Kosovo HIV and TB Programs. Prepared through the GF support by Curatio International Foundation. 2017. Kosovo

¹⁴ Transition and Sustainability Plan 2022-2024. MoH. Kosovo. July 2021

integrated data base (IDB). Other transition issues are largely around broader systems strengthening needs in relation to the National HIV Program.

All major transition issues have been addressed in the Transition and Sustainability Plan (TSP) for 2022-2024, and have been incorporated into the HIV National Strategic Plan, largely under the ***Specific Objectives 4*** (*SPECIFIC OBJECTIVE 4: Build resilient and sustainable systems for health to facilitate smooth transition; page 14*) and the ***Specific Objective 5*** (*SPECIFIC OBJECTIVE 5. Community Systems Strengthening for HIV, advocacy and research; page 15*).

Development and endorsement of the TSP, as well as disease specific NSPs for HIV and TB, and corresponding M&E Plans – was one of the strong recommendations of the GF Technical Review Panel (TRP) issued in response to the Country Funding request for joint HIV and TB grant to be implemented in 2022-2024 in Kosovo.

5. Objectives

GENERAL OBJECTIVE: Maintain low prevalence of HIV among general population and key populations and improve the quality of life of people affected by HIV in Kosovo.

SPECIFIC OBJECTIVE 1. Reduce the impact of HIV and STI (chlamydia, gonorrhea, syphilis, HPV) in general population and key populations by strengthening HIV prevention interventions, surveillance, diagnostics and control measures

RESULT 1.1. Prevent HIV transmission and detect HIV cases among MSM population through intensified and differentiated testing strategies, and improved access to prevention services.

Planned activities

- 1.1.1 Provide community HIV services, which include: outreach, peer education, risk reduction counselling and testing, and distribution of prevention packages through drop-in center in Pristina
- 1.1.2 Expand HIV counselling and testing through mobile unit
- 1.1.3 Introduce and scale-up community-based HIV self-testing
- 1.1.4 Introduce and scale-up PrEP among MSM at high risk of HIV acquisition
- 1.1.5 Improve outreach work through intensifying online interventions
- 1.1.6 Ensure access to rapid testing on STI (Syphilis) and Hep B within health facilities and referral to treatment services
- 1.1.7 Organize HIV testing week annually
- 1.1.8 Institutional support for CSGD.

RESULT 1.2. Prevent HIV transmission and detect HIV cases among PWIDs and improve access to harm reduction services, including MMT and NEP

Planned activities:

- 1.2.1 Provide outreach, peer education, risk-reduction counselling and distribution of prevention packages to PWID in seven regions of Kosovo
- 1.2.2 Provide counselling and testing for HIV, HBV and HCV in VCT centres in Pristina, Prizren and Gjilan
- 1.2.3 Expand HIV counselling and testing through mobile unit
- 1.2.4 Ensure uninterrupted access to sterile injection paraphernalia through needle & syringe programs
- 1.2.5 Provide psychosocial support for PWID in Pristina, Prizren and Gjilan
- 1.2.6 Organize HIV testing week annually
- 1.2.7 Institutional support for Labyrinth.

RESULT 1.3. Prevent HIV transmission and detect HIV cases among sex workers through enhanced Behavior Change Communication (BCC), risk reduction interventions and HIV testing uptake

Planned activities:

- 1.3.1 Provide counselling and testing for HIV in VCT centres
- 1.3.2 Expand HIV counselling and testing through mobile unit
- 1.3.3 Intensify outreach, including online outreach, peer education, risk-reduction counselling and distribution of prevention package in seven regions of Kosovo

- 1.3.4 Organize HIV testing week annually
- 1.3.5 Institutional support for KOPF.

RESULT 1.4. Expand availability and accessibility to HIV prevention and harm reduction services for prisoners to prevent HIV transmission in the correctional setting and improve early case detection and progression to HIV care.

Planned activities:

- 1.4.1 Ensure access to voluntary testing and counselling on HIV, HBV and HCV for prisoners in correctional institutions
- 1.4.2 Ensure access to condoms in detention and correctional centers
- 1.4.3 Distribution of IEC materials
- 1.4.4 Improve capacity of prisons' medical staff to manage HIV work in detention and correctional centers
- 1.4.5 Revise prison health policy.

RESULT 1.5. Formal and informal HIV prevention programs for vulnerable youth (aged 15-24)

Planned activities:

- 1.5.1 Conduct the assessment and explore the potential of youth centres in providing non-formal educational activities related to healthy lifestyle
- 1.5.2 Support youth centers to provide non-formal education activities related to HIV/AIDS, STI and drug abuse
- 1.5.3 Establish and support the operation of VCT service at students' Family Medicine Center.

RESULT 1.6. Mother-to-child HIV prevention through HIV testing of pregnant women

Planned activities:

- 1.6.1 Adopt new PMTCT guideline in early 2022
- 1.6.2 Provide capacity building for relevant health staff in HIV testing and counselling /PIT for HIV
- 1.6.3 Provide HIV testing and counselling to pregnant women as a part of prenatal care package.

RESULT 1.7. Awareness raising, HIV and STI prevention for general population

Planned activities:

- 1.7.1 Organize HIV awareness campaigns
- 1.7.2 Organize HIV Testing week on an annual basis
- 1.7.3 Conduct Sentinel surveillance for STIs in Primary health care centers, OBG clinic and dermato-venerology clinic and antenatal care.

RESULT 1.8. Safety of blood transfusion through testing all blood units in a quality assured manner

Planned activities:

- 1.8.1 Ensure universal HIV testing of all blood units
- 1.8.2 Ensure effective endorsement of external quality assurance (EQA) mechanism for blood safety.

RESULT 1.9. Improve HIV case detection and testing uptake by introducing provider initiated testing (PIT) in selected sentinel sites

Planned activities:

- 1.9.1 Expand and strengthen HIV testing capacity in regional hospitals and selected clinical settings (addiction treatment and rehabilitation centers; STI departments, etc.)
- 1.9.2 Implement provider-initiated HIV testing for predefined populations and sentinel sites.

SPECIFIC OBJECTIVE 2. Improve the health status and quality of life of people living with HIV by providing universal access to ARV treatment and other medical and psycho-social support

RESULT 2.1. Provide uninterrupted quality ARV treatment, care and support services to all patient based on the approved treatment protocol

Planned activities:

- 2.1.1 Provide uninterrupted quality ARV treatment and treatment for opportunistic infections and other comorbidities to all patients, including PLHIV in correctional settings
- 2.1.2 Provide TB testing and TB preventive treatment to all HIV+ persons
- 2.1.3 Provide psychological, treatment adherence and social support services to PLHIV
- 2.1.4 Improve institutional capacity (NRL; ID clinics/labs, Pulmonology clinic, etc.) for ARV treatment monitoring and diagnostics of Opportunistic Infections
- 2.1.5 Provide institutional support for KAPHA to deliver HIV community services for people affected by HIV.

SPECIFIC OBJECTIVE 3. Ensure sustainable response to HIV through strengthening coordination, leadership and financial and political commitment of the Government

RESULT 3.1. Enhance governance and effectiveness of the national coordination and management of HIV national program (TSP Objective 1).

Planned Activities:

- 3.1.1 Conduct CCM evolution study and identify national coordinating authority (NCA) for HIV response, define, and approve roles, responsibilities, membership, and positioning of the legally authorized NCA in the government hierarchy that warrants CSO representation (TSP 1.1)
- 3.1.2 Ensure TSP approval by the Government and incorporation and approval of the TSP activities in the National disease specific Action Plans (NSAP) which includes budget and M&E framework (TSP 1.2)
- 3.1.3 Develop and implement the MoH capacity building plan and ensure coordinated support to enhance MoH capacity through training of MoH staff in public financial management, resource tracking, HR management, monitoring & evaluation, etc. (TSP 1.3).

RESULT 3.2 Achieve financial independence on external funding and ensure efficient use of public resources (TSP Objective 3)

Planned activities:

- 3.2.1 Develop resource mobilization plan to increase the budget for MSM coverage and expanded targets be included in the HIV/NSP and the M&E framework (TSP Activity 3.1)
- 3.2.2 Intensify advocacy at higher level of government to leverage and allocate adequate financial resources as prescribed in the resource mobilization plan (TSP Activity 3.2)
- 3.2.3 Ensure allocation of the budget for activities as per approved HIV NSPs and safeguard more efficient resource allocation as prescribed by Optima study (TSP Activity 3.3)
- 3.2.4 Ensure sustainable funding plan for state procurement of ARV drugs and HIV-related health products (TSP Activity 5.1)
- 3.2.5 Regularly monitor actual disbursements and expenditure of public funds for HIV Program by types of services (prevention, outreach, treatment, and care (TSP Activity 3.4)

- 3.2.6 Regularly publish and make accessible the programmatic and financial reports on HIV/AIDS program implementation to all interested parties, including the CSOs, beneficiaries and wider public.

SPECIFIC OBJECTIVE 4: Build resilient and sustainable systems for health to facilitate smooth transition

RESULT 4.1 Institutionalization of a mechanism for contracting out of services delivered by civil society organizations (TSP Objective 4)

Planned activities:

- 4.1.1 Develop, pilot and approve the CSO contracting mechanism for HIV services delivered by CSOs (TSP Activity 4.1)
- 4.1.2 Amendment of the Law on Health to introduce the articles for contracting and licensing CSOs (if applicable) to deliver services in the health sector, including HIV and TB services and provide technical assistance (TSP Activity 4.2)
- 4.1.3 Draft and enforce the relevant secondary legislation defining procedures to ensure CSOs access to public funding to provide health services, including HIV and TB. (TSP Activity 4.4)
- 4.1.4 Determine possible mechanisms for earmarking funds dedicated to contracting CSOs for HIV and TB service delivery (TSP Activity 4.5)
- 4.1.5 Draft/review and approve a standard package of services to be provided by CSOs for both, HIV and TB programs and define cost per client (TSP Activity 4.7)
- 4.1.6 High-level advocacy for mobilization of additional resources for contracting CSOs for HIV and TB services (TSP Activity 4.8)
- 4.1.7 Build CSO and MOH capacity in CSO contracting procedures (TSP Activity 4.9).

RESULT 4.2 Ensure continuous supply of quality and affordable medicines and health products (TSP Objective 5)

Planned activities:

- 4.2.1 Mobilize technical assistance for the review of MoH procurement procedures to enable direct procurement from international procurement platforms (TSP Activity 5.2) beyond the GF funding
- 4.2.2 Build capacity around the stock management and forecasting and procurement of ARV drugs and lab consumables (TSP Activity 5.3).

RESULT 4.3 Ensure adequate, sufficient and continuous human resource capacity for HIV and TB Programs (TSP Objective 6)

Planned activities:

- 4.3.1 Assess human resource (medical, non-medical, CSO staff) development needs (TSP Activity 6.1)
- 4.3.2 Elaborate HIV human resource (medical, non-medical and CSO) development plan based on the HRH assessment (TSP Activity 6.2)
- 4.3.3 Implement HIV HR (medical, non-medical and CSO) development plan through mobilizing resources (TSP Activity 6.3)
- 4.3.4 Develop funding mechanism for the training of medical, non-medical staff, including representatives of CSOs and social workers (TSP Activity 6.4)

- 4.3.5 Jointly with the MOH, Medical Chambers and Ministry of Education develop and implement a plan to review HIV and TB related training modules (including stigma issues) in undergraduate, postgraduate (residency programs) and CME level (TSP Activity 6.5).

RESULT 4.4 Enhance evidence – based and evidence-informed policy making and accountability of HIV national response (TSP Objective 7)

Planned activities:

- 4.4.1 Complete operability assessment of different systems with HIS and elaborate requirements for the development of a bridge data platform/interface (TSP Activity 7.2)
- 4.4.2 Ensure sex-disaggregation and gender equity data (TSP Activity 7.3)
- 4.4.3 Design the HIV expenditure tracking module or sub-account of the national health accounts, if applicable (TSP Activity 7.5)
- 4.4.4 Enhancement of vital statistics (TSP Activity 7.6)
- 4.4.5 Identify funding mechanism and ensure adequate funding of M&E activities (TSP Activity 7.7.)
- 4.4.6 Train staff responsible for the analysis of routine reporting data and its use for decision making (TSP Activity 7.8).

RESULT 4.5 Decrease stigma and discrimination among key and vulnerable populations and respond to human rights and gender related barriers to services (TSP Objective 2)

Planned activities:

- 4.5.1 Based on the findings of the legal mapping report, initiate and advocate for amending the legislation to minimize discriminatory provisions against KP and PLHIV (TSP Activity 2.1)
- 4.5.2 Develop an action plan aimed at reducing the level of stigma and discrimination which will include advocacy and sensitization of policy makers, information campaigns, training of service providers and staff of other government agencies, development of information and training literature (TSP Activity 2.2)
- 4.5.3 Implement an action plan aimed at reducing the level of stigma and discrimination which will include advocacy and sensitization of policy makers, information campaigns, training of service providers and staff of other government agencies, development of information and training literature (TSP Activity 2.3)
- 4.5.4 Implement legal literacy interventions that empower vulnerable and key populations to access justice for human rights violations and promote policy environment for their access to health-care services.

SPECIFIC OBJECTIVE 5. Community Systems Strengthening for HIV, advocacy and research

RESULT 5.1 Community networking and advocacy

Planned activities:

- 5.1.1 Create functioning community networks, linkages and partnerships across HIV and TB community actors
- 5.1.2 Implement advocacy activities to influence healthcare reform processes at the level of MOH, as well as other decision maker bodies and opinion leaders.
- 5.1.3 Support active engagement of HIV stakeholders, including civil society in national policy dialogues about universal health care/health insurance, amendments to the health system laws, etc.
- 5.1.4 Advocacy for improved access to social protection and welfare services for HIV-affected people.
- 5.1.5 Advocacy campaigns targeting different actors of society, including media, and general population.

5.1.6 Provide institutional support for Integra.

RESULT 5.2 Promote and implement HIV research agenda

Planned activities:

- 5.2.1 Define and promote HIV research agenda
- 5.2.2 Mobilize resources and increase public funding for implementation of HIV research agenda in Kosovo
- 5.2.3 Ensure access to up-to-date HIV behavioral and disease prevalence data through IBBSs among KPs
- 5.2.4 Establish a mechanism for community-led monitoring and build community capacity for transition monitoring
- 5.2.5 Conduct an HIV Knowledge, Attitudes and Practices (KAP) survey among healthcare workers, among youth (15-24) and general population
- 5.2.6 Assessment of HIV associated stigma /stigma index survey among PLHIV and healthcare workers
- 5.2.7 Conduct HIV Communities, Human Rights and Gender (CRG) assessment of National HIV response using standard assessment
- 5.2.8 Conduct a research /public perception survey on stigma & discrimination and removing legal related barriers for access to services.

6. Implementation, Monitoring and reporting arrangements

The Ministry of Health and the Country Coordination Mechanism (CCM), chaired by the MoH, will serve as the major coordinating body for HIV national program in 2022-2024. Within Ministry of Health, a Division of Special Health Care Services (DSHCS) is operational that is the key institution dealing with the specific diseases, including HIV/AIDS. At the central level, the oversight of HIV program is the responsibility of the MOH National HIV/AIDS Officers. HIV prevention and Methadone Maintenance Treatment program for prisoners will be led in partnership of the Ministry of Health, and the Ministry of Justice. Separate health institutions will lead the implementation of specific objectives and will be accountable to the MoH to report about the progresses achieved and challenges remaining. HIV care and treatment services is provided by University Clinical Centre (UCCCK) of Kosovo, Clinic for Infectious Diseases in Pristina, that will be responsible to collect and report ARV treatment data, including treatment enrolment, adherence and viral suppression data.

Implementation of Blood Safety program will be key responsibility of the National Center for Blood Transfusion of Kosovo (NCBTK), which is a tertiary-level Public Health Institution where all blood units are tested for HIV, Hep B and Hep C, and syphilis. Testing data and data about the seropositivity will be collected by the NCBTK and submitted to the MOH on an annual basis.

The Community Development Fund - CDF as a Principal Recipient of the GF grants will continue working closely with the government agencies, public health institutions and civil society

organizations to implement HIV prevention interventions targeting injecting drug users, sex workers, MSM population, RAE communities and other vulnerable populations. There are major CSOs that work with specific key populations: Center for Social Group Development will implement HIV prevention activities among MSM; Labyrinth will continue providing services to PWIDs; Kosovo Population Foundation (KOPF) will focus on female sex workers. Local NGO - Kosovo Association of PLHIV (KAPHA) will continue working with PLHIV and affected communities to offer community care and support services. NGO – Integra will work on cross-cutting issues of HIV and human rights and advocacy initiatives for various vulnerable populations.

There is a separate Monitoring and Evaluation Framework document which was developed after the finalization of the HIV National Strategic Plan. The M&E framework provides a set of indicators for priority areas with targets and defined timeframes. A spectrum of data collection and analysis is planned under the National Strategic Plan to routinely track services and program achievements against the targets set within the Action Plan. Systematic and vigorous M&E will guide decision making process to achieve most efficient use of resources.

While the implementing partners will routinely track input and process indicators, the M&E Framework for HIV NSP will largely focus on output, outcome and impact level indicators. Impact level indicators (such as HIV prevalence and incidence, and AIDS-related mortality data) will show to what extent the national HIV program is achieving program goal and strategic objectives.

In addition to routine monitoring, a number of research studies will be conducted (surveys, IBBS among KPs, public perception study, Stigma Index) that will generate valuable data for evidence-informed policy making and programming.

In overall, numerous institutions will be involved in the monitoring and evaluation of the National Action Plan, that will require strengthening technical capacity as well as improved coordination and communication across different tiers of stakeholders. Data sharing and validation will be routinely performed. M&E reports and study reports will become accessible to public.

7. Budget implications and implementation of action plan

The financing for the HIV Action Plan 2022-2024 is done mainly by the Global Fund in the amount of **€1,120,525**

From the budget of the Ministry of Health for HIV Action Plan, a budget is planned for the support of NGOs that have ferry key populations for the years **2023** in the amount of **€50,760** and for the year **2024** in the amount of **€92,866**. The budget is estimated to be a total of **€143,625.00**

U.S. Department of Health and Human Services. 2021. *HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025*. Washington, DC.

<file:///C:/Users/ThinkPad/Downloads/download.htm> An overview of healthcare system in Kosovo
Primary health care in Kosovo: rapid assessment. 2019 WHO European Framework for Action on Integrated Health Services Delivery

Government Strategy for Cooperation with Civil Society 2019-2023, Government of Kosovo, 2019.
http://www.civikos.net/repository/docs/Strategy_eng_291507.pdf

Estimating the costs and cost-effectiveness of HIV self-testing among men who have sex with men, Shrestha et al: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6970935/>

Improving the allocative efficiency of Kosovo's HIV response. Findings from a modeling analysis. 2019 Burnet Institute. Global Fund. Ministry of Health of Kosovo. CDF

Sustainable Development Goals. UNAIDS. https://www.unaids.org/en/AIDS_SDGs

2025 AIDS Targets. UNAIDS. https://www.unaids.org/en/topics/2025_target_setting

WHO Implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection. Module 5: Monitoring and evaluation. Geneva: World Health Organization; 2018 (WHO/CDS/HIV/18.10). Licence: CC BY-NC-SA 3.0 IGO.

European Centre for Disease Prevention and Control. Use of online outreach for HIV prevention among men who have sex with men in the European Union/European Economic Area - An ECDC guide to effective use of digital platforms for HIV prevention. Stockholm: ECDC; 2017.

Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. WHO

Consolidated guidelines on HIV testing services, 2019. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Integrated biological and behavioral surveillance survey among KPs in Kosovo. Research Report. Round IV. 2017-2018. Through financial support from the Global Fund

Roadmap on public financing of Civil society organizations. CDF

Online Outreach & HIV Testing Assessment for MSM in Kosovo, 2019. Prepared by: Dee Adams, Lead Consultant, Phillip Banks, Technical Advisor. CDF. Through financial support from the GF.

FHI 360. Going Online: A budgeting and programming Aid for Virtual HIV interventions. Version 1. Durham (NC): FHI 360; 2021. Available from <https://www.fhi360.org/resource/going-online-accelerate-impact-hiv-programs>

World Health Organization. (2018). Updated recommendations on first-line and second-line antiretroviral regimens and post-exposure prophylaxis and recommendations on early infant diagnosis of HIV: interim guidelines: supplement to the 2016 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. World Health Organization. <https://apps.who.int/iris/handle/10665/277395>. License: CC BY-NC-SA 3.0 IGO

2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo. Statistical Snapshot. UNICEF

2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo. Full report. <https://www.unicef.org/kosovoprogramme/media/1871/file/Kosovo%20MICS%202020.pdf>

UNAIDS. Global AIDS Monitoring 2018 – Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS. Geneva: UNAIDS, 2017. <https://digitallibrary.un.org/record/3801751?ln=en>

National HIV/AIDS Strategic Action Plan for Kosovo. 2018-2022. Developed through financial support from the Global Fund in 2017. Not endorsed by the Government.

Ombudsperson Office of Kosovo. Annual Report 2019. Prishtina, Kosovo 2020

Report with recommendations. Ombudsperson Institution of Kosovo. Case no. 305/2019 regarding the treatment of persons with HIV and AIDS in Kosovo. May 2019.

Programmatic Mapping and Size Estimation of Key populations in Kosovo. 2016

Gexha Bunjaku, D., Deva, E., Gashi, L., Kaçaniku-Gunga, P., Comins, C. A., & Emmanuel, F. (2019). Programmatic Mapping to Estimate Size, Distribution, and Dynamics of Key Populations in Kosovo. *JMIR public health and surveillance*, 5(1), e11194. <https://doi.org/10.2196/11194>

Analysis of Public Financing for Civil Society Organizations Providing HIV Services in Kosovo. A Situational Assessment and Roadmap for Progress; March 2019 APMG Health. Authors: Danielle Parsons, Amir Haxhikadrija, Haley Falkenberry, Dafina Gexha-Bunjaku.

Alban Muriqi and Albert Avdiu, KRCT. HUMAN RIGHTS IN KOSOVO CORRECTIONAL INSTITUTIONS Monitoring Report 2019 - 2020 Human rights monitoring in correctional institutions is supported by: SIGRID RAUSING TRUST <http://krct.org/fajllat/uploads/2020/12/Monitoring-Report-2020-2.pdf>

CDF. Report of the workshop for definition of the packages for KPAR. 2014. Kosovo

Measuring Stigma and Discrimination Towards Key populations at risk for HIV, and PLHIV, Integra, November 2019

Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240031593>

HIV & TB TRANSITION AND SUSTAINABILITY PLAN for Kosovo. 2021-2024. Prepared by the MOH of Kosovo through technical support from the Global Fund. September 2021.

Full Funding request to the Global Fund Covid-19 Response Mechanism (C19RM). April 1 2021 – December 31 2023. CDF. Kosovo. Submitted on June 15, 2021

Alban Krasniqi Report on Legal Mapping related to HIV/AIDS. CDF. Pristina 2020

Transition Preparedness Assessment of Kosovo HIV and TB Programs. Prepared through the GF support by Curatio International Foundation. 2017. Kosovo

Kosovo Funding Landscape. Submitted to the Global Fund 24.08.2021

Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

Performance Framework for the Global Fund Transition Grant 2022-2024. (excel file name QNA_C_CDF_PF_Aug 11_CDF)

Responses of the Ministry of Health of Kosovo to the TRP recommendations issued in response to the Country HIV/TB Transition grant proposal submitted to the GF in 2020.

HIV/AIDS surveillance in Europe 2019 data. 2020. ECDC. WHO Regional office for Europe. Data submitted by Luljeta Gashi. <https://www.ecdc.europa.eu/sites/default/files/documents/hiv-surveillance-report-2020.pdf>

European Commission. COMMISSION STAFF WORKING DOCUMENT. Kosovo 2020 Report. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2020 Communication on EU Enlargement Policy https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-10/kosovo_report_2020.pdf

Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius, Lithuania; Eurasian Harm Reduction Association, 2020.

Establishing community-led monitoring of HIV services. Principles and process. UNAIDS. 2021 https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf

UNAIDS and Stop TB Partnership. Gender Assessment Tools for HIV and TB National responses. http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

Annex B: Detailed description of Specific Objectives and Planned Activities

SPECIFIC OBJECTIVE 1. Reduce the impact of HIV and STI (chlamydia, gonorrhea, syphilis, HPV) in general population and key populations by strengthening HIV prevention interventions, surveillance, diagnostics and control measures.

RESULT 1.1. Prevent HIV transmission and detect HIV cases among MSM population through intensified and differentiated testing strategies, and improved access to prevention services.

Key Population Size estimates¹⁵ produced in 2016 in Kosovo have placed MSM as the largest group of all three KPs with estimated number of MSM population set at 6,814 (vs. 5,819 PWIDs, and 5,037 FSWs). Four successive rounds of IBBS studies conducted in 2006, 2011, 2014 and 2018, have shown that HIV prevalence among MSM has been on rise from 0% in 2006 and 2011, to 2.3% in 2014 and 2.8% in 2018¹⁶. No HIV positive cases were detected among PWIDs and FSWs in any rounds of IBBS studies. According to NIPH report in 2019, seven new cases of HIV were reported; of them 3 were MSM and other four cases among heterosexuals. Considering that MSM are highly stigmatized in Kosovo, it can be assumed that HIV+ persons are reluctant to self-identify themselves as MSM, and the transmission mode among reported HIV cases might be misclassified as heterosexual instead of homosexual. In 2020, due to Covid-19 pandemic, only two cases were detected and one of them was MSM. During January-November 2021, eight new cases were reported and seven were among MSM. These observations suggest that the substantial part of HIV cases are concentrated among MSM population.

Optima Model¹⁷ estimates suggest that for 2018, 71% of all people living with HIV in Kosovo are men who have sex with men, and only 49% of MSM living with HIV are diagnosed. Thus, more than half are not aware of their HIV positive status and might be posing a risk to spread the infection especially considering that condom use at last anal sex remains low (59.9% with paid, and 46.4% with non-paid partners)¹⁸.

Given the increasing trend of HIV among MSM population, the national HIV program will place substantial efforts to implement a comprehensive, patient-centered care model targeting MSM population in Kosovo.

MSM Sex behaviors: Most MSM started sex at a very young age, and a high proportion reported selling sex to elder men. Most MSM whether being on the street, find most sexual partners on the internet and cell phone, which is a big challenge for the HIV prevention programs. Nearly 25% of the MSM reported one paid partner, 12.7% had two and 2.8% had three paid partners in the last week. Condom use was low with both paid and non-paid partners. Condom use at last anal sex was around 60%. Web based MSM reported higher use of both a condom and lubricant in comparison to street based MSM. Only 33% MSM reported always using a condom with paid partners, with a higher proportion of web based MSM using a condom.

In general, the predominant proportion of MSM interviewed identified themselves as bisexual men (56.5%), and nearly 70% reported to have female sex partners. Condom use at last sex with female partners did not exceed 43.1%. This presented an extremely risk environment in Kosovo where men have sex with each other as well as their woman partners.

HIV knowledge and service utilization: The knowledge of HIV AIDS as a disease was high. However, a high proportion only knew of sexual route as a route of HIV transmission and the

¹⁵ Integrated Biological and Behavioural Surveillance among Key Populations in Kosovo, (Round III)

¹⁶ Integrated Biological and Behavioural Surveillance among Key Populations in Kosovo, (Round IV) 2017-2018

¹⁷ Improving the allocative efficiency of Kosovo's HIV response. Findings from a modeling analysis. 2019 Burnet Institute. Global Fund. Ministry of Health of Kosovo. CDF

¹⁸ Integrated Biological and Behavioural Surveillance among Key Populations in Kosovo, (Round IV) 2017-2018 NIPH, CDF

knowledge of other modes of transmission was not known to most. Less than half of the MSM interviewed were connected to HIV prevention programs: 42.1% reported receiving a free condom in the last month, and 41.5% were tested for HIV in the last year.

Structural barriers to expanding MSM-friendly services: Currently, there is only one MSM-focused drop-in center operational in Pristina that is run by local NGO - Center for Social Group Development (CSGD). While stakeholders recognize that improved access, including geographical access to HIV services for MSM population is the key, opening new centres in other cities may not seem viable. In previous years, after the idea of opening a new drop-in centre outside Pristina has emerged, the CDF in close partnership with the CSGD has explored possibility of launching MSM-friendly services in other cities, including Prizren, and attempted to recruit local community members to support this initiative. Eventually, none of the community members was willing to accept the risk of working with MSM in extremely hostile social environment, which may carry substantial risk to the local community. Therefore, expanding access to HIV prevention services for MSM population through opening new drop-in centers in other cities will require deliberate planning and advocacy process of informing and influencing decision makers, increasing HIV awareness, as well as strengthening community systems and identifying MSM health champions within local communities. All these activities will be implemented in 2022-2024 that will set the foundation for expanding MSM services geographically in future.

In the meantime, to improve coverage of MSM population with HIV prevention services, a number of innovative MSM-tailored interventions will be implemented. Diversifying the scope and expanding the scale of HIV services will be achieved through the following strategies:

Improve case detection through intensifying and diversifying HIV testing options: According to the HIV programmatic data 430 MSM were tested in 2019, which is around 6.3% of the estimated number of MSM in Kosovo; in total 1,746 MSM (26%) received defined package of HIV prevention services in 2019 (a 5% increase compared to 2018 data)¹⁹. Poor programme coverage has been attributed to the high level of stigma and discrimination in the operating environment, as well as the limited geographical reach of some MSM programmes (MSM). Increased coverage of MSM with prevention services, including HIV testing will be ensured through the Global Fund funded HIV grant in 2022-2024. The CDF program data suggest that HIV testing services have been already scaled up recently, and during the three-month period (Jan-March) in 2021, in total 298 MSM were tested for HIV (69% of the total number of MSM tested during one year in 2019). This may indicate that reaching ambitious targets on increased coverage is realistic. Out of 298 MSM tested in January-March 2021, 4 persons tested positive (1.3% positivity rate).²⁰

Provide community HIV services: HIV counselling and testing for MSM population through drop-in center in Pristina will continue; condoms and lubricants will be distributed to beneficiaries; risk reduction and behaviour-change communication will be sustained. To improve geographic reach, a peer-driven outreach work will be extended to Prizren, Gjakova, Ferizaj, Mitrovica, and Peja, and other targeted locations where high risk MSM population groups tend to congregate, per the community mapping data.

Expand HIV testing through Mobile Unit: Operation of HIV mobile unit started in November 2019 and it provides testing for all three KPs across 9 municipalities of Kosovo. Since 2021, MSM population has been prioritized and in Jan-June 2021, 37 MSM were tested; of them one person tested positive. Starting from 2022, the Mobile Unit will continue its operation in various testing spots and locations where key population members with a higher risk can be reached.

Introduce and scale-up community-based HIV self-testing: To diversify testing methods and increase testing uptake among MSM, HIV self-testing (HIVST) will be introduced. HIVST can increase access to testing and play key role for those people who are unable or unwilling to seek formal testing services from healthcare institutions, or NGOs. Both, assisted and non-assisted HIVST

¹⁹ Kosovo Country Proposal to the Global Fund. 2020

²⁰ Program data provided by CDF on June 22, 2021

methods will be accessible. Social network-based approaches will be considered for HIVST kit distribution as per recent WHO guidance. Initially, this innovation will be piloted in a small number of locations during 2022, and based on the experience generated, it will be expanded geographically in 2023-2024. Introduction of HIV self-testing will involve formative research among MSM and service providers to define preferred implementation modalities, development of HIV self –testing protocol, and building service providers’ capacity for HIVST. Scale-up strategies (including consideration of expansion to other key populations) will be developed based on the outcomes of HIV self-testing among MSM.

Introduce and scale-up PrEP among MSM at high risk of HIV acquisition: Per the Guiding principles of WHO for PrEP, a public health, human rights and people-centered approach will be adopted while offering PrEP to those at substantial risk of HIV. PrEP activities include: screening individuals for HIV risk to identify potential PrEP candidates; determining eligibility and interest in PrEP; initiating PrEP; achieving adherence, and clinical monitoring of the patients on PrEP. This innovative approach, which will be initially piloted in Prishtina, will involve technical assistance to develop PrEP protocol and providing capacity building to the staff involved.

Improve outreach work through intensifying online interventions: Strengthening online interventions has been identified as being an important strategy for reaching MSM population, particularly younger MSM.^{21;22} The purpose of online outreach is to provide services in digital meeting places where MSM tend to spend time. Protocols for online outreach will be developed through mobilizing technical assistance in 2022. CSGD has developed an online platform that can be uploaded as apps in the smart-phones. The platform aims to assist the outreach, promote and provide on-line consultations for sexual and reproductive health services, including VCT, and provide online psychosocial and legal services to clients.

Online outreach will include education, risk-reduction counselling and provider-based referrals to reliable information sources, as well as to testing and treatment services. Health messages primarily will be delivered via personal profiles on websites, Facebook, or dating applications.

Strengthen coordination across key players: to formalize two-way referral linkages and data exchange, the coordination across CSOs, including KAPHA (the PLHIV CBO), as well as with health institutions (Infectious Diseases Clinic, National Institute of Public Health, etc.) will be strengthened.

Planned activities:

- 1.1.9 Provide community HIV services, which include: outreach, peer education, risk reduction counselling and testing, and distribution of prevention packages through drop-in center in Pristina
- 1.1.10 Expand HIV counselling and testing through mobile unit
- 1.1.11 Introduce and scale-up community-based HIV self-testing
- 1.1.12 Introduce and scale-up PrEP among MSM at high risk of HIV acquisition
- 1.1.13 Improve outreach work through intensifying online interventions
- 1.1.14 Ensure access to rapid testing on STI (Syphilis) and Hep B within health facilities and referral to treatment services
- 1.1.15 Organize HIV testing week annually
- 1.1.16 Institutional support for CSGD

Expected results:

- ✓ Percentage of men reporting the use of a condom the last time that had anal sex with a non-regular partner will increase from 46.4% of 2018 to 85% in 2024

²¹ Assessment of HIV Services Packages for Key Populations in Kosovo, APMG Health, March 2018.

²² Online Outreach & HIV Testing Assessment for MSM in Kosovo, 2019. Prepared by: Dee Adams, Lead Consultant, Phillip Banks, Technical Advisor. CDF. Through financial support from the GF.

- ✓ Percentage of men who have sex with men reached with HIV prevention programs (defined package of services) will increase from 24.7% in 2020 to 38.16% in 2022, to 44.03% in 2023, and to 50.63% in 2024.
- ✓ Number of men who have sex with men who initiated oral antiretroviral PrEP will increase to 700 by 2024 (200 in 2022; 450 in 2023).
- ✓ Percentage of men who have sex with men who have received an HIV test during a year and know the results will increase from 6.15% in 2020 to 30.23% by 2024 (20.11% in 2022; and 25.68% in 2023).

RESULT 1.2. Prevent HIV transmission and detect HIV cases among PWIDs and improve access to harm reduction services, including MMT and NEP

PWIDs: Programmatic Mapping and Size Estimation of Key populations in Kosovo conducted in 2016 sets the PWIDs population size at 5,819 persons. The study also identified geo-locations where KPs tend to congregate and where likelihood of HIV transmission may be elevated; it also produced a pragmatic typology of KPs and gathering spots²³, which allows HIV program to implement prevention interventions in targeted locations.

PWIDs have been identified one of the priority groups of the national HIV response. Integrated bio-behavioral surveys were conducted among PWIDs in several rounds in 2006, 2011, 2014, and 2018 years. The IBBSs have found no HIV positive cases among survey respondents. Prevalence of syphilis remained low in 2011 and 2014. The HCV infection is prevalent among PWIDs with the highest rate observed in 2011 (37.4%) which declined to 23.8% in 2018.

Table 3 Disease prevalence among PWIDs (IBBS)²⁴

	2006	2011	2014	2018
HIV	0%	0%	0%	0%
Syphilis	0%	2%	1.6%	
Hepatitis C	12.5%	37.4%	26.7%	23.8%

PWID characteristics²⁵:

Drug use behaviors²⁶: Nearly half of the PWIDs surveyed (46.5%) reported injecting once daily with no significant differences between males and females. Streets, Homes and shooting galleries were the most common places where participating PWID injected. Higher proportion of female PWIDs in comparison to their male counterparts also reported to be injecting at a drug dealer's home or apartment.

Less than 20% of PWID reported of sharing their syringes or any other injecting equipment with friends. A fairly high proportion of PWID reported that they always used a sterile needle or syringe for injection.

Nearly 90% of the PWID interviewed informed that they injected at least twice a day, with no significant differences between males and females. A very high proportion (97.6%) reported use of a new/sterile syringe for the last injection. Among those who reported sharing of syringe/needle on last injection, 1.5% used someone else syringe, while 2.6% passed on their syringe to someone else.

Thirty-three percent of the PWID reported experiencing overdose to the point of losing consciousness, while 24% were treated in a hospital/medical center. Nearly half of the PWID (45.9%) informed that they had been ever treated for drug addiction; male drug users were more likely to seek addiction treatment than female counterparts (47.4% vs 35.6%, respectively).

²³ Gexha Bunjaku, D., Deva, E., Gashi, L., Kaçaniku-Gunga, P., Comins, C. A., & Emmanuel, F. (2019). Programmatic Mapping to Estimate Size, Distribution, and Dynamics of Key Populations in Kosovo. *JMIR public health and surveillance*, 5(1), e11194. <https://doi.org/10.2196/11194>

²⁴ Kosovo Country Proposal to the Global Fund. Transition Funding Request. Ministry of Health of Kosovo. 2020

²⁵ Integrated biological and behavioral surveillance survey among KPs in Kosovo. Research Report. Round IV. 2017-2018. Through financial support from the Global Fund

²⁶ Ibid

Sex behaviors²⁷: Unsafe sexual practices still persist among PWID: 77% of interviewed PWID stated that they had not had sex in the last 6 months and the average number of sex partners was around 2. A substantial proportion of PWID reported both regular and casual sex partners, and were also found to be involved in sex work. Six percent of PWID reported having sex with a sex worker in the last 6 months. Condom use remains extremely low as only 14.7% reported always using condoms (even lower among female PWID – 9.5%); 43% rarely or never used a condom. Nearly 10% informed that they sold sex for money which was much higher for female PWID (30.5%). Condom was used half of the time in paid sexual acts.

HIV Knowledge and service utilization²⁸: Almost all PWIDs interviewed heard of HIV and/or AIDS. A very high proportion of PWIDs had the correct knowledge of sexual transmission and sharp instruments as the routes of HIV transmission however very few knew that used syringes (19%) could also spread HIV. About 70% believed that a healthy-looking person can be infected with HIV. There were a few misconceptions noted as well: some PWID thought that HIV can spread through eating or drinking with HIV infected people.

Nearly two-thirds were tested for HIV with more male tested in comparison to females (64% males vs 56% females). Nearly 80% knew of HIV prevention programs and services in their area, while only actually utilized them. Males utilized the services twice more than females, which shows a poor coverage of programs for female PWIDs.

Other vulnerabilities²⁹: Sixty two percent of the PWID informed that they were ever arrested, while 17% were arrested in the last 6 months. A much higher proportion of males were arrested in comparison to females. Of those who got arrested, 11% injected drugs in prison, while 12% informed that they were physically abused in prison.

HIV services targeting PWIDs: HIV services among injecting drug users in Kosovo funded by the Global Fund have been provided by the local NGO – Labyrinth since 2009. The NGO operates drop-in centers in three locations: Prishtina, Prizren and Gjilan. HIV prevention services include the following: needle and syringe exchange, outreach; voluntary counseling and testing for HIV, Hepatitis B and Hepatitis C; opioid substitution therapy, self-help groups, psycho-social support, counseling by family doctor, mental health counseling and check-up for comorbidities. PWIDs who test positive for HIV have been linked to HIV care.

In 2022-2024, access to HIV service will be expanded to 6 municipalities (including RAE community settings): Pristina, Fushe Kosova, Obiliq, Prizren, Gjilan and Ferizaj.

Per the agreed definition,³⁰ a PWID client is considered to be reached when he/she receives all elements of the defined package of services at least once during a year. The defined package includes 3 needles, 3 syringes, 3 alcohol pads, 1 mini-bottle of distilled water, 1 condom and an IEC material (a leaflet which includes specific Covid-19 prevention measures for PWID). In 2020, only 26% of estimated number of PWIDs were reached with HIV services³¹ that is lower than the results achieved in previous years, which is largely due to Covid-19 restrictions.

To improve HIV testing uptake, since November 2019, under the Global Fund grant a Mobile Unit offering HIV counselling and testing to key populations has become operational in 9 municipalities. In 2022-2024 the Mobile Unit will continue outreaching PWIDs to provide counselling and testing service.

The methadone-maintenance treatment (MMT): According to the Ministry of Health of Kosovo, the MMT program will become an integral part of Mental Health Strategic Plan. However, given its importance to HIV prevention among PWID, the HIV NSP briefly provides background information about the MMT.

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

³⁰ CDF. Report of the workshop for definition of the packages for KPAR. 2014. Kosovo

³¹ The Global Fund Transition Grant for Kosovo. Performance Framework submitted. (excel file name QNA_C_CDF_PF_Aug 11_CDF)

As of 2021, the methadone maintenance treatment program in Kosovo has been accessible to PWIDs in five government centers and at the basis of Labyrinth, which was licensed as a private clinic to get a permission for implementing the methadone program. Five state-supported MMT centers are located in Prishtina, Prizren, Peja, Gjakova and Gjilan. In addition, in health system in prisons methadone is dispensed in two prisons- Dubrava and Lipjan. Substitution medication cost for all MMT providing centers has been covered by the government of Kosovo. The Global Fund will continue supporting only the operational cost of Labyrinth (exclusive of methadone drug-related costs).

Given that the GF allocation to Kosovo HIV/TB programs is expected to end by 2024, the Government of Kosovo is planning to gradually absorb the cost of HIV services targeting PWIDs: a preliminary agreement has been reached that as of 2023, the Government will co-finance HIV services to achieve 25% (N=1041 PWIDs) of the total annual target set in the GF Performance Framework for PWIDs; in 2024, 50% of the target will be achieved through domestic funding, and starting from 2025, all services targeting PWIDs will be fully financed by the Government.

Planned activities:

- 1.2.8 Provide outreach, peer education, risk-reduction counselling and distribution of prevention packages to PWID in seven regions of Kosovo
- 1.2.9 Provide counselling and testing for HIV, HBV and HCV in VCT centres in Pristina, Prizren and Gjilan
- 1.2.10 Expand HIV counselling and testing through mobile unit
- 1.2.11 Ensure uninterrupted access to sterile injection paraphernalia through needle & syringe programs
- 1.2.12 Provide psychosocial support for PWID in Pristina, Prizren and Gjilan
- 1.2.13 Organize HIV testing week annually
- 1.2.14 Institutional support for Labyrinth.

PS: Activity - Provide Methadone Maintenance Therapy to PWIDs in civic sector as well as at the prison and detention system – was removed from the HIV NSP to be included in the Mental Health Strategic Plan.

Expected results:

- ✓ Percentage of people who inject drug reporting the use of sterile injecting equipment the last time they injected will remain stable, at least 97.6% by 2024
- ✓ Percentage of people who inject drugs reached with HIV prevention programs (defined package of services) will increase from 26.07% in 2020 to 71% in 2022 and 2023, and to 72.09% in 2024
- ✓ Percentage of individuals receiving Opioid Substitution Therapy (MMT) who received treatment for at least 6 months will increase from 66.67% in 2020 to 83.08% by 2024 (68% in 2022; and 75.2% in 2023)
- ✓ Percentage of people who inject drugs who have received an HIV test during a year and know the results will increase from 8.92% in 2020 to 35.57% by 2024 (33.51% in 2022; and 34.54% in 2023).

RESULT 1.3. Prevent HIV transmission and detect HIV cases among sex workers through enhanced Behavior Change Communication (BCC), risk reduction interventions and HIV testing uptake

Unsafe sex practices, stigma and discrimination, violence, and punitive legal and social environments are key determinants of increased HIV vulnerability of sex workers in Kosovo. There are estimated

5,037 FSWs in the country³². Even though the IBBS surveys conducted among FSWs have never found any HIV positive cases among survey participants, unsafe sex practices intertwined with low HIV testing uptake can be seen as a predictor of how widespread HIV epidemic would become if the infection takes hold in this population.

Characteristics of sex workers:

Sex behaviors: The IBBS among key populations conducted in 2017-2018 in Kosovo has shown that there was a marked heterogeneity seen in the sexual knowledge, behaviors and practices among FSWs in various municipalities as well as by typologies. While the knowledge of HIV and AIDS and its prevention is fairly high, condom use which is the main stay of HIV prevention was moderate. Fifty-six percent FSWs reported that they always used a condom while having sex with a client, but condom use was reported to be much lower with regular or non-paying partners.

HIV Knowledge and service utilization: All FSWs who participated in the study heard of HIV and/or AIDS. Majority of FSWs (79%) knew that a healthy looking person can have HIV; knowledge of sexual transmission as a mode of HIV transmission was reported by 93% of FSWs. However, less than half of interviewed FSWs knew that HIV could be transmitted through blood transfusion; awareness of vertical transmission of HIV was extremely low – 12%, and only slightly more than one third (37%) knew that HIV could be transmitted through sharing sharp instruments/syringes.

Nearly 68% of the FSW interviewed knew of a place where they could get tested for HIV, while 46% had ever been tested for HIV. HIV testing uptake in the last year was alarmingly low (26.1%); of those tested, almost all (97%) knew their HIV test result.

Other vulnerabilities: Among other risks evaluated, 7.9% FSWs reported that they were arrested within the last 6 months of the reporting period. Approximately 8% FSWs reported of sexual violence where they were forced to have sex. FSW reported clients to be the ones who mostly (33.3%) forced them to have sex. Regular partners and pimps/managers were the next most commonly reported (20.8%) abusers; and friends, other sex workers and other random men were also reported (8.3% each).

Table 4 Key behavioral characteristics among FSWs (IBBS-2018)

Sex behavior	
Condom use at last vaginal sex with a client	77.5%
Condom use at last anal sex with a client	69.4%
Condom use at last vaginal sex with non-paying partner	36.7%
Condom use at last anal sex with non-paying partner	24.5%
HIV testing	
Ever been tested for HIV and know the result	45%
HIV testing during last 12 months	26%

The national HIV program will continue targeting female sex workers to offer diverse set of services: counseling and testing for HIV in drop-in centers; HIV testing through outreach and mobile unit; peer-education; psychological support and legal assistance to those in need; distribution of free condoms and print IEC materials. Annual campaign to promote HIV testing – “*HIV-testing week*” will be organized to increase the share of KPs who are tested and know their HIV status.

Since 2009 HIV prevention services targeting FSWs has been supported by the Global Fund and implemented by local NGO – Kosovo Population Foundation (KOPF). Currently the KOPF services are accessible in two cities: Ferizaj and Lipjan - the towns located in center and south of Pristina where a lot of sex work is concentrated at bars and night clubs.³³ Per the agreed definition,³⁴ a FSW is

³² Gexha Bunjak, D., Deva, E., Gashi, L., Kaçaniku-Gunga, P., Comins, C. A., & Emmanuel, F. (2019). Programmatic Mapping to Estimate Size, Distribution, and Dynamics of Key Populations in Kosovo. *JMIR public health and surveillance*, 5(1), e11194. <https://doi.org/10.2196/11194>

³³ Kosovo Country Proposal to the Global Fund. Transition Funding Request. Ministry of Health of Kosovo. 2020

³⁴ CDF. Report of the workshop for definition of the packages for KPAR. 2014. Kosovo

considered to be reached if she receives the defined package of services at least once during a year. The national defined package includes 3 condoms, 1 lubricant, an IEC material (which includes specific Covid-19 prevention measures for SW) and referral to VCT.

In 2020, the coverage of FSWs with HIV services was as low as 4.61% of estimated number of FSWs in Kosovo. In the same year, the HIV testing uptake among FSWs has reduced substantially compared to 2019: from 237 FSWs tested in 2019 to 73 (1.45%) in 2020. This underperformance partially may be due to Covid-19 pandemic in 2020. However historically working with sex workers has been challenging due to criminalization of sex work related aspects: ‘the Criminal Code of Kosovo makes it punishable the facilitating or compelling of the prostitution (article 234) and providing of premises for prostitution (article 235). The Article 234 involves fines and imprisonment from six months to 20 years for anyone who recruits, organizes, assists, holds, hides or controls another person for the purpose of prostitutions.’³⁵ Considering strict regulations, the potential of HIV prevention programs to approach those engaged in sex business (including pimps) has been limited. In 2022-2024, special emphasis will be placed to improve outreach and increase the coverage of FSWs from the 2020 baseline (4.61%) to at least 20% by the end of 2024.

The National HIV program will gradually absorb the cost of HIV services targeting sex workers: a preliminary agreement has been reached that as of 2023, the Government will co-finance HIV services for sex workers to achieve 25% (N=199 SWs) of the total annual target set in the GF Performance Framework; in 2024, 50% (N=423 SWs) of the target will be achieved through domestic funding³¹, and starting from 2025, all services targeting sex workers will be fully financed by the Government.

Planned activities:

- 1.3.6 Provide counselling and testing for HIV in VCT centres
- 1.3.7 Expand HIV counselling and testing through mobile unit
- 1.3.8 Intensify outreach, including online outreach, peer education, risk-reduction counselling and distribution of prevention package in seven regions of Kosovo
- 1.3.9 Organize HIV testing week annually
- 1.3.10 Institutional support for KOPF

Expected results:

- ✓ Percentage of sex workers reporting the use of a condom with their most recent client will increase from 77.5% in 2018 to 80% by 2024
- ✓ Percentage of sex workers reached with HIV prevention programs (defined package of services) will increase from 4.61% in 2020 to 18% in 2022, 19% in 2023 and 20% in 2024.
- ✓ Percentage of sex workers who have received an HIV test during a year and know the results will increase from 1.45% in 2020 to 16.78 by 2024 (14.79% in 2022; and 15.78% in 2023).

RESULT 1.4. Expand availability and accessibility to HIV prevention and harm reduction services for prisoners to prevent HIV transmission in the correctional setting and improve early case detection and progression to HIV care.

Basic package of HIV prevention services for prisoners include information about HIV, HCV and HBV infections; prevention methods and available services provided by prisons’ healthcare staff.³⁶ Print IEC materials are distributed and inmates are referred to voluntary counseling and testing services. Regular medical check-ups are provided to prisoners as per prison regulations. STI diagnosis and treatment service is accessible in prison hospital based on the specific needs. In addition, all prisoners have free access to condoms.³⁶

³⁵ Alban Krasniqi Report on Legal Mapping related to HIV/AIDS. CDF. Pristina 2020

³⁶ National consensus on definition of HIV prevention packages for KPs. 2014. CDF

There are 11 prison establishments in Kosovo with the overall capacity of 2,800 persons. At the end of 2019, the number of prisoners reached 1806.³⁷ The number (and share) of convicted drug users has been on rise. According to the data published by the PHD, in 2017 the number of drug users was 424, which increased to 498 in 2018, and to 609 in 2019 (prison population rate of 83 per 100,000 population). Majority of drug user prisoners are placed in the correction center in Dubrava; however the center lacks adequate infrastructure and human capacity to provide quality treatment services to inmates³⁷. The MMT program in correctional settings is regulated by the Administrative Instruction no. 07/2017. According to Health System in Prison, 34 prisoners receive MMT in 2021. Delay in enrolling drug-user prisoners in MMT was also stressed in the Prisons' monitoring report³⁷ as a challenge. The MOH and Ministry of Justice will work together to revise prison health policy and adopt the protocol which will regulate the prompt enrollment of patients in the MMT services.

Planned activities:

- 1.4.6 Ensure access to voluntary testing and counselling on HIV, HBV and HCV for prisoners in correctional institutions
- 1.4.7 Ensure access to condoms in detention and correctional centers
- 1.4.8 Distribution of IEC materials
- 1.4.9 Improve capacity of prisons' medical staff to manage HIV work in detention and correctional centers
- 1.4.10 Revise prison health policy

Expected results:

- ✓ Percentage of prisoners who have received an HIV test during a year and know the results (targets to be defined)
- ✓ Increased number of prisoners receive HIV prevention or treatment services while incarcerated.
- ✓ Prison health policy is revised

RESULT 1.5. Formal and informal HIV prevention programs for vulnerable youth (aged 15-24).

Targeting adolescents and young people: Despite low HIV prevalence among general population, young people are vulnerable to HIV due to low awareness of HIV, high level of stigma attached to the infection and vulnerable populations. Two rounds of Multiple Indicator Cluster Surveys (MICS) conducted in Kosovo in 2014³⁸ and 2019-2020³⁹ show that no progress has been achieved over the last 5-6 years in terms of HIV awareness among the population in Kosovo. MICS 2019-2020 found that only 1 in every 10 women and men aged 15-24 has correct knowledge about HIV prevention, and this indicator has worsened compared to the 2014 MICS results (10% in 2019 vs 17% in 2014). The level of HIV knowledge was similar for the total population of women and men aged 15-49. Furthermore, HIV awareness was as low as 2% for women and men aged 15-49 living in Roma, Ashkali and Egyptian (RAE) communities. There was a considerable gap across households with different economic status: for instance, comprehensive knowledge among men aged 15-24 living in richest households increases significantly reaching 17% compared to none of the men living in the poorest households. Only one third (32.1%) of women surveyed demonstrated correct knowledge about mother-to-child HIV transmission (MTCT); this indicator was even lower among women living in RAE communities - 16.5%. Similarly, the MTCT knowledge was low among men - 22.9% (vs 15.2% among men living in RAE communities).⁴⁰

³⁷ Alban Muriqi and Albert Avdiu, KRCT. HUMAN RIGHTS IN KOSOVO CORRECTIONAL INSTITUTIONS Monitoring Report 2019 - 2020 Human rights monitoring in correctional institutions is supported by: SIGRID RAUSING TRUST <http://krct.org/fajllat/uploads/2020/12/Monitoring-Report-2020-2.pdf>

³⁸ Multiple Indicator Cluster Survey 2014-2015 Kosovo. Oct 2014; revised May 201

³⁹ 2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo. Statistical Snapshot. UNICEF

⁴⁰ 2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo. Full report. P.202 <https://www.unicef.org/kosovoprogramme/media/1871/file/Kosovo%20MICS%202020.pdf>

Besides, approximately 80% of the general population of Kosovo, and around 90% of those living in Roma, Ashkali and Egyptian communities express discriminatory attitudes towards people living with HIV. The result was similarly high among young men and women aged 15-24.³⁹

As regards health inequalities, the situation of the Roma and Ashkali communities remains a source of concern given their very low immunization levels and particular difficulties in accessing healthcare due to their difficult socio-economic conditions. The distribution of information on public services and the incidence of discrimination have not improved.⁴¹

The latest MICS did not ask respondents the questions about safe sex and condom use, and/or HIV testing; however, the 2014 MICS data found that the rates of condom use during last sex, and HIV testing were extremely low, particularly among women.

Some of the most important prerequisites for HIV prevention is accurate knowledge about HIV transmission ways. Sound knowledge about HIV/AIDS is necessary (although often insufficient) for adopting behaviors that reduce the risk of HIV transmission.⁴² The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to ensure access to HIV information to raise awareness among young people and adolescents and equip them with the tools and skills to protect themselves. Considering the above mentioned, the Government of Kosovo will start focusing on in-school adolescents and young people and initiate formal and non-formal health education interventions among youth (15-24) through disbursing small-grants to youth-friendly centers. For this purpose, existing potentials of the Kosovo Youth Center's Network (KYCN)⁴³ will be explored through the assessment and consultation meetings. The KYCN was established in December 2013, and unites 20 youth centers from different cities of the country. Suitable models for integrating health education component into the KYCN work will be designed in partnership with Youth Centers and formative researches among youth. Capacity building interventions will be warranted to enable the youth CSOs/community groups to deliver health education to youth; train peer educators; establish referral system to HIV prevention and other health services as appropriate; and to manage social mobilization among youth and organize public events. Special focus will be placed to outreach to most vulnerable youth from ethnic minorities (Roma, Ashkali, and Egyptian). The Youth Network will collaborate with the Ministry of Interior to target youth in conflict with laws, and pilot a small scale diversion program for delinquent youth.

Given the high stigma attached to key population groups, availability of HIV testing and counseling service, which has not been associated with KPs, might minimize service barriers that deter young people from seeking HIV prevention service. Therefore, additional HIV VCT capacity will be established at the Family Medicine Center, which is placed in the Student Center/Campus. In 2020 the Cneter was converted to Covid-19 screening Center; and from 2022 it will serve as a breast cancer screening center. Therefore, it would be beneficial if people visiting the Center will have an access to youth-friendly HIV and STI counseling and testing services.

Implementation of youth prevention interventions will be closely monitored and based on the observations, the strategy will be refined during the next cycle of HIV national program review.

Planned activities:

- 1.5.1 Conduct the assessment and explore the potential of youth centres in providing non-formal educational activities related to healthy lifestyle
- 1.5.2 Support youth centers to provide non-formal education activities related to HIV/AIDS, STI and drug abuse
- 1.5.3 Establish and support the operation of VCT service at students' Family Medicine Center

⁴¹ European Commission, Kosovo Report 2021; https://ec.europa.eu/neighbourhood-enlargement/kosovo-report-2021_en

⁴² UNAIDS. Global AIDS Monitoring 2018 – Indicators for monitoring the 2016 United Nations Political Declaration on

Ending AIDS. Geneva: UNAIDS, 2017. <https://digitallibrary.un.org/record/3801751?ln=en>

⁴³ Kosovo Youth Centers' Network; <http://orgs.tigweb.org/kosovo-youth-centers-network>

Expected results:

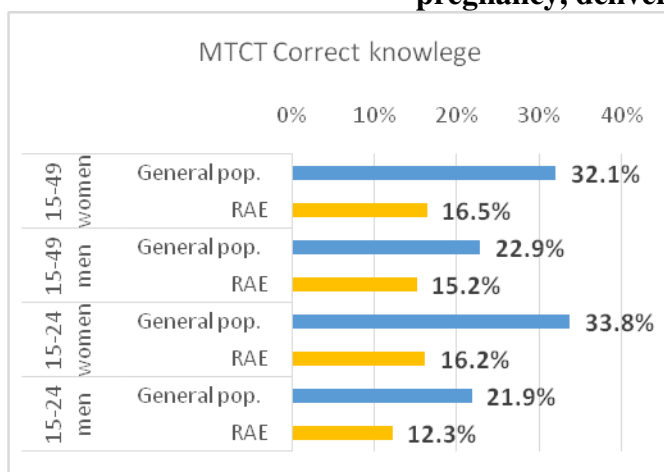
- ✓ Young people have access to non-formal education and HIV testing services

RESULT 1.6. Mother-to-child HIV prevention through HIV testing of pregnant women.

Prevention mother-to-child HIV transmission: HIV testing of pregnant women is voluntary and only two HIV positive cases of MTCT/vertical transmission have been registered in Kosovo since 1986⁴⁴. One case of HIV among the child under 15 was also registered in 2021. The 2014 WHO mission for HIV program review in Kosovo, states that: “*The last detected pediatric HIV positive case was diagnosed just before the death of patient which indicates lack of access to HIV testing for pregnant women and missed opportunity to provide PMTCT interventions.*”⁴⁵ Per the recommendation of the Transition Readiness Assessment⁴⁶ conducted in 2017, launching HIV screening program among pregnant women was proposed. However, initiating universal PMTCT program is delayed given the low HIV prevalence among general population in Kosovo and no data about HIV testing among pregnant women is accessible.

The knowledge of mother-to-child HIV transmission is very low among both, men and women aged 15-49. Furthermore, the level of knowledge among RAE communities remains far below that among general population (see Figure 1). The MICS 2019 in Kosovo does not provide data about HIV testing among pregnant women, and the latest available published data says⁴⁷ that only 3.6% of women who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth and received counseling on HIV; and only 2.1% of women reported having HIV tests and receiving test results.

Figure 1 Correct knowledge of all three means of mother-to-child HIV transmission (during pregnancy, delivery, breastfeeding)⁴⁸



Pregnant women in Kosovo undergoing caesarean section are requested HIV status disclosure and compulsory HIV testing, which does not necessarily intend to have known patient's HIV status for providing most appropriate treatment to patients.⁴⁹ The same issue was highlighted in the latest report

⁴⁴ National HIV/AIDS Strategic Action Plan for Kosovo. 2018-2022. Developed through financial support from the Global Fund in 2017. Not endorsed by the Government.

⁴⁵ Review of the HIV Programme in Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999)) WHO Technical Assistance for concept note development under Cooperative Agreement with the Global Fund

⁴⁶ Transition Readiness Assessment of HIV and TB programs in Kosovo. 2017 Prepared by Curatio International Foundation through the Global Fund support.

⁴⁷ Multiple Indicator Cluster Survey 2014-2015 Kosovo. Oct 2014; revised May 2015

⁴⁸ 2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo. Full report. <https://www.unicef.org/kosovoprogramme/media/1871/file/Kosovo%20MICS%202020.pdf>

⁴⁹ Kosovo HIV/AIDS and Tuberculosis Programme Transition from Donor Support. Transition Preparedness Assessment. The Global Fund programme in Kosovo. Curatio International Foundation. March 2017

prepared by the Ombudsperson Office regarding HIV/AIDS in 2019⁵⁰. The report says that all pregnant women who undergo caesarean section, are requested to get tested for HIV before the surgery, and ‘this is done to protect the medical staff... rather than preventing mother-to-child transmission of infection’.⁵⁰

Per the WHO consolidated guideline (2021)⁵¹ all pregnant women, including in low HIV-burden countries, should be tested for HIV, syphilis and HBsAg at least once and as early as possible in the pregnancy. Therefore, all pregnant women in 2022-2024 should be offered HIV counseling and testing as a part of prenatal care package. There were over 26,000 births in Kosovo in 2020, and this number will be used as a baseline to project the number of testing among pregnant women in 2022-2023.

The PMTCT Protocol was adopted in 2011 in Kosovo.⁵² Ministry of Health is currently developing new PMTCT guideline in accordance with WHO consolidated guideline 2021. Antenatal sites offering testing to pregnant women will establish consequent linkages to PMTCT treatment and care services for those who test positive for HIV infection.

Planned activities:

- 1.6.1 Adopt new PMTCT guideline in early 2022
- 1.6.2 Provide capacity building for relevant health staff in HIV testing and counselling /PIT for HIV
- 1.6.3 Provide HIV testing and counselling to pregnant women as a part of prenatal care package.

Expected results:

- ✓ Increasing number (and percentage) of pregnant women receive HIV testing during pregnancy 30% 2022; 40% 2023; and 50% in 2024.
- ✓ PMTCT guideline is implemented

RESULT 1.7. Awareness raising, HIV and STI prevention for general population.

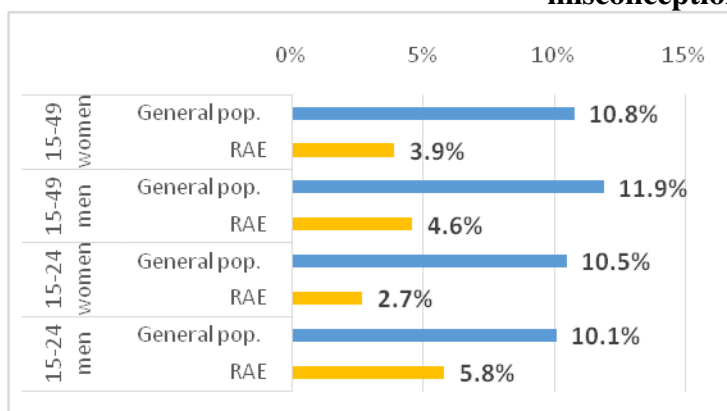
Periodic HIV awareness raising campaigns will be organized to increase the knowledge of HIV/AIDS among general public. The MICS 2019 revealed that HIV awareness is extremely low in Kosovo. Only around one woman or men, out of 10 persons living in Kosovo knows HIV transmission ways and reject major misconceptions. The knowledge is even lower among RAE communities.

⁵⁰ Report with recommendations. Ombudsperson Institution of Kosovo. Case no. 305/2019 regarding the treatment of persons with HIV and AIDS in Kosovo. May 2019.

⁵¹ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. p 34; p 58. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240031593>

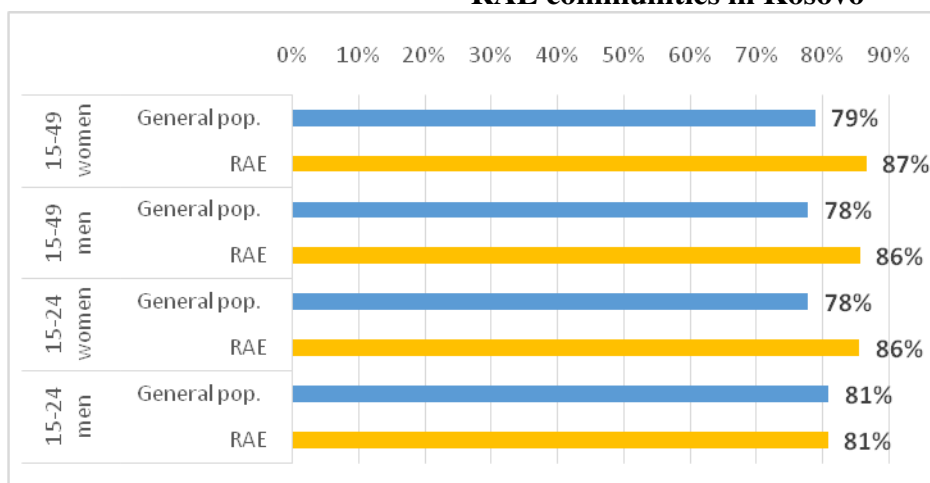
⁵²Review of the HIV Programme in Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999)) *WHO Technical Assistance for concept note development under Cooperative Agreement with the Global Fund*

Figure 2 Comprehensive knowledge of HIV (knows transmission ways and reject major misconceptions)⁵³



It is also well-acknowledged that incorrect knowledge related to HIV transmission is significantly associated with higher stigma towards HIV infected persons, which is also proved through the MICS conducted in Kosovo in 2019-2020. While HIV knowledge was lower among RAE communities compared to general population in Kosovo, the discriminatory attitudes towards PLHIV is higher among RAE communities (see Figure 1). Nevertheless, it is obvious that the discriminatory attitudes were prevalent among all respondents regardless of age, gender and ethnicity.

Figure 3 Discriminatory attitudes towards HIV infected persons among general population and RAE communities in Kosovo



HIV-associated stigma and discriminatory attitudes creates substantial barriers to HIV prevention work and contribute to increased HIV vulnerability, low testing rates and under-diagnosis of HIV infection. Therefore, efforts will be made to target general population, with special focus placed on RAE communities, to provide HIV education messages. Public awareness raising campaigns will take place several times every year: on December 1 – World AIDS Day; and during HIV testing weeks (twice a year). HIV awareness raising campaigns will be organized that will involve educational sessions, distribution of IEC materials, referrals to HIV counseling and testing services. Testing week is a Europe-wide campaign that encourages public health institutions and civil society organizations throughout the WHO European region to unite for one week, twice a year, to scale up voluntary testing for HIV and other STIs and viral hepatitis. The primary goal of European Testing week is to make more people aware of their HIV status and reduce late diagnosis.⁵⁴ Testing Weeks will be implemented among various populations groups, including key HIV-affected populations – MSM, PWIDs, FSWs as well as among the general population. In addition, sentinel surveillance for STIs will be conducted at

⁵³ 2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo.

Full report. <https://www.unicef.org/kosovoprogramme/media/1871/file/Kosovo%20MICS%202020.pdf>

⁵⁴ <https://www.euro.who.int/en/media-centre/events/events/2021/05/spring-european-testing-week-2021>

various health care institutions: Primary Healthcare Centers; OBG clinics; dermatovenerology clinic and antenatal care centers.

To measure the effectiveness of HIV education and prevention interventions among general population and young people, the NSP proposes to conduct the KAP survey among these population groups (under SO5).

Planned activities:

- 1.7.1 Organize HIV awareness campaigns
- 1.7.2 Organize HIV Testing week on an annual basis
- 1.7.3 Conduct Sentinel surveillance for STIs in Primary health care centers, OBG clinic and dermato-venerology clinic and antenatal care

Expected results:

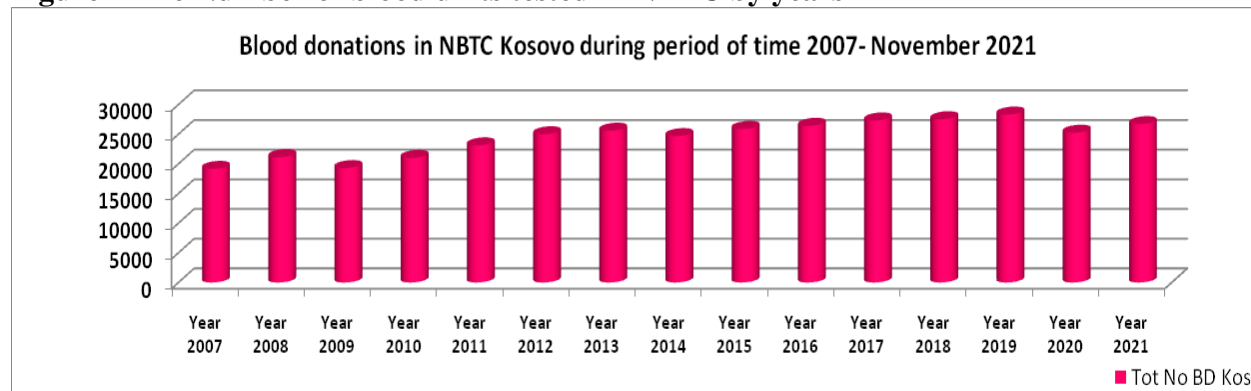
- ✓ Around 500 persons from general population receive HIV counselling and testing during HIV testing week.
- ✓ Sentinel Surveillance for STIs at various health institutions conducted and reports are accessible

RESULT 1.8. Safety of blood transfusion through testing all blood units in a quality assured manner.

The Blood Safety in Kosovo is regulated under the LAW NO. 06/L-042 FOR BLOOD AND BLOOD COMPONENTS.⁵⁵ The National Center for Blood Transfusion of Kosovo (NCBTK), is a tertiary-level Public Health Institution where all blood units are tested for HIV, Hep B and Hep C, and syphilis. The number of tested blood donors on an annual basis ranges from approximately 26000 – 29000 units. The majority of blood units are collected through volunteer donors. Then blood units for transfusion are processed and distributed to all public or private clinics based on the needs. The NCBTK also implements educational and scientific activities. In case of positive results on any blood-borne infections, the NCBTK is obliged to immediately report the case to the National Institute of Public Health.

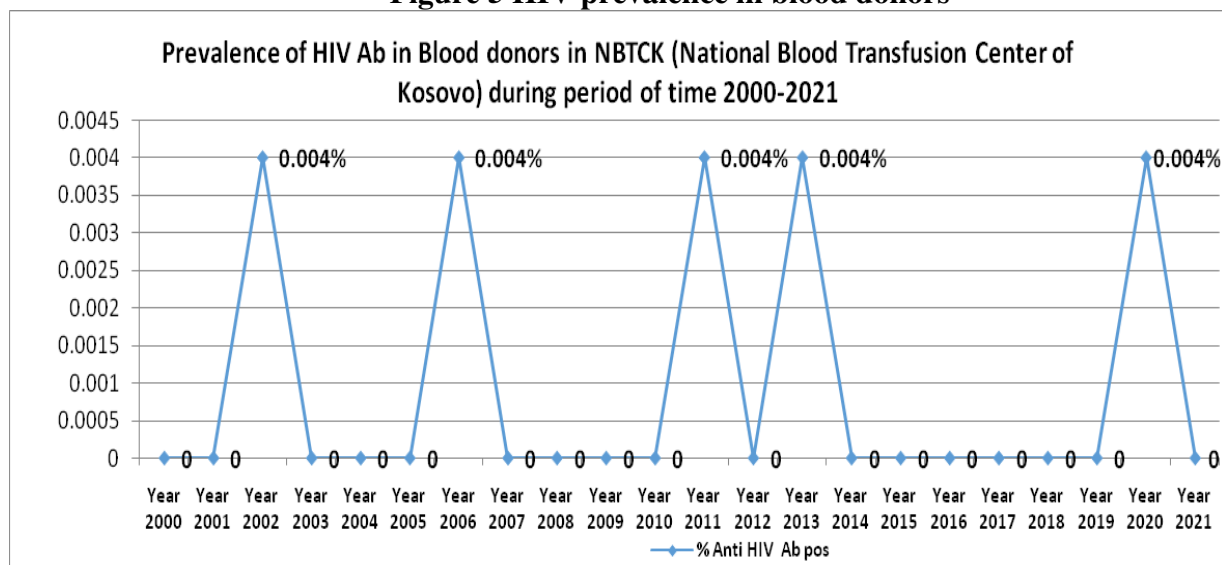
In addition to serologic testing for HIV, HBV, HCV and Syphilis, the NCBTK in 2021 has started NAT testing (HIV, HBV and HCV). Implementing alternative NAT testing doubles the safety of blood products.

Figure 4 The Number of blood units tested in NCBTK by years



⁵⁵ LAW NO. 06/L-042 FOR BLOOD AND BLOOD COMPONENTS <https://gzk.rks.gov.net/ActDocumentDetail.aspx?ActID=17768>

Figure 5 HIV prevalence in blood donors



NBTCK (National Blood Transfusion Center of Kosovo)

It is crucial that all donated blood units be screened for HIV in a quality-assured manner, which involves at least two major components: (i) the use of documented and standardized procedures for screening of every blood unit; and (ii) establishment of (international or national) external Quality Assessment Scheme for HIV screening in which external assessment of the laboratory's performance is conducted using samples of known, but undisclosed, content to assess its quality and accuracy. Establishment of external quality assurance scheme for safe blood program was a strong recommendation of the TPA⁵⁶ in 2017 and corresponding activities were included in the HIV National Strategic Plan for 2018-2022. However, implementation of these activities was delayed. An Ombudsperson assessment regarding national standards for HIV care and human rights of PLHIV has uncovered some problematic areas of HIV national response, and the absence of external quality assurance system for blood products was one of them.

During 2022-2024, the Government of Kosovo will continue screening of all blood units on HIV, syphilis, HBV and HCV, as well as NAT testing (HIV, HBV, HCV and syphilis). In addition, both, internal and external quality assurance mechanisms will be institutionalized to ensure that all, 100% of blood units are tested in a quality assured manner producing accurate test results and guaranteeing the safety of blood and its products.

Planned activities:

- 1.8.1 Ensure universal HIV testing of all blood units
- 1.8.2 Ensure effective endorsement of external quality assurance (EQA) mechanism for blood safety

Expected results:

- ✓ External quality assurance system for screening of blood units is established by the end of 2022
- ✓ All 100% of blood units are tested for HIV in a quality assured manner.

RESULT 1.9. Improve HIV case detection and testing uptake by introducing provider initiated testing (PIT) in selected sentinel sites.

HIV testing sites are limited in the country and testing uptake among general population needs to be scaled up. Initiation of PIT was recommended by the WHO mission during the HIV program review in 2014, as well as by the experts' of TPA experts' team in early 2017. Strengthening VCT capacity in the country, expanding testing availability and scaling up HIV testing to various population groups at

⁵⁶ Transition Preparedness Assessment of Kosovo HIV and TB Programs, Curatio International Foundation, 2017

least for few years will help the country generate stronger epidemiological data about HIV burden in Kosovo, based on which future HIV/AIDS strategies can be adjusted.

Provider Initiated testing will complement other HIV testing strategies among KAPs, such as, client initiated testing, VCT in drop-in centers, HIV self-tests, and testing through mobile units. To ensure optimization of PIT strategy, a National HIV testing guideline, which includes the PIT, will be revised and protocol will be developed that will define clinical settings and selection criteria for clients who will be offered pre-test counseling and testing for HIV. Per the WHO Consolidated Guideline⁵¹ in low HIV-burden countries HIV testing should be offered for adults, adolescents or children who present in clinical settings with signs and symptoms or medical conditions that could indicate HIV infection, including TB, viral hepatitis and sexually transmitted infections.

Planned activities:

- 1.9.1 Expand and strengthen HIV testing capacity in regional hospitals and selected clinical settings (addiction treatment and rehabilitation centers; STI departments, etc.)
- 1.9.2 Implement provider-initiated HIV testing for predefined populations and sentinel sites.

Expected results:

- ✓ HIV Testing capacity is expanded and strengthened in regional hospitals
- ✓ 500 persons tested for HIV through provider-initiated testing every year.

SPECIFIC OBJECTIVE 2. Improve the health status and quality of life of people living with HIV by providing universal access to ARV treatment and other medical and psycho-social support.

RESULT 2.1. Provide uninterrupted quality ARV treatment, care and support services to all patient based on the approved treatment protocol.

ARV treatment has become accessible in Kosovo since 2005. ARV drugs are on the essential drug list and the cost of ARV drugs are covered from the MOH; all other treatment related costs for all patients are covered by the government. ARV treatment is provided by University Clinical Centre (UCCCK) of Kosovo, Clinic for Infectious Diseases in Pristina.

Up-to-date treatment regimens and ARV drug supply: The MOH runs ARV procurement process through the PPM and logistical support of the UNICEF office in Kosovo, and an uninterrupted supply of ARV drugs has been already ensured. After the WHO recommendation was released about the use of the HIV drug – dolutegravir (DTG) as the preferred first-line and second-line treatment for all populations, Kosovo included the DTG in the list of essential medicines in 2019. In December 2020, the MOH approved the National HIV treatment and case management guideline based on updated WHO consolidated guideline. Currently there are numbers of PLHIV who receive DTG as the first line drug, though the roll-out was delayed pending the approval of the national guideline due to Covid-19 pandemic.

The ultimate goal of HIV treatment is to achieve viral suppression which is important for people with HIV to stay healthy, have improved quality of life, and live longer; and at the same time virally suppressed persons have effectively no risk of passing HIV to others.⁵⁷ Thus, regular monitoring of CD4 count and viral load for all patients on ARV is critical component of successful treatment. The 2021 WHO consolidated guideline reaffirms that viral load is recommended as the preferred monitoring approach to diagnose and confirm treatment failure⁵⁸.

The National HIV Reference Laboratory at the National Institute for Public Health (NIPH) performs CD4 and VL testing. Since 2021, the CD4 and VL have been performed routinely for all patients who initiate treatment, and at least once a year for registered patients. According to the MOH guideline,

⁵⁷ HIV Care Continuum. CDC. USA <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

⁵⁸ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240031593>

CD4 and VL testing is repeated at six-month period for patients on ARV; if the patient adheres to ARV and CD4 is >350, then repeated testing is conducted once a year. In addition, to upgrade the capacity of the NRL, 4 modular Gene Xpert machines were procured. The MOH will continue to procure CD4 count and VL kits to ensure availability of testing in compliance with the guideline.

There were challenges in ARV treatment in Kosovo – absence of paediatric AIDS treatment for HIV positive children, which has already been addressed in 2020: the paediatric ARV drugs were procured by the MOH and currently they are available at the Infectious Disease Clinic.⁵⁹

Improved HIV care continuum: During 2022-2024 more emphasis will be placed to improve the HIV care continuum - a public health model that addresses every stage that PLHIV go through from diagnosis to achieving and maintaining viral suppression. Given that there were no HIV estimates available for Kosovo till 2021, monitoring the progress across every step of HIV care continuum was not possible in the country. Starting from 2022, baseline data will be established and closely monitored to move towards 90-90-90 by the end of 2024. Based on the Spectrum estimates and the targets to be achieved, the number of PLHIV on ARV will be projected for 2022-2024 years (see Table 6 HIV care continuum cascade – 2020 baseline and 2024 targets).

Table 5 Spectrum Estimates – number of people living with HIV in Kosovo by years

Estimated number of PLHIV in Kosovo (Spectrum)	2020 y.	2021 y.	2022 y.	2023 y.	2024 y.	2025 y.
	89	92	96	101	106	110

Scale-up ARV therapy: The OPTIMA study⁶⁰ states that the opportunities exist to further slow progression of HIV spread in Kosovo by prioritizing targeted interventions. HIV modeling shows that two major strategies - intensifying the MSM-focused interventions, and scaling-up ARV treatment have the potential to avert around 71 new HIV infections and 11 AIDS-related deaths by 2022. Therefore, improved linkage to HIV-care and retention in ARV treatment is one of the top priorities of the national HIV response. Currently, only small proportion of estimated number of PLHIV is enrolled in ARV treatment. There is an anecdotal evidence that some PLHIV, fearing stigmatizing and discriminatory attitudes from the local society, have chosen to go to neighboring countries, particularly to Albania, Northern Macedonia and Serbia, for seeking ARV treatment. However, there is no valid data about the number of patients receiving ARV therapy abroad. Nevertheless, it is obvious that coverage of PLHIV remains extremely low and should be improved. It is expected that the number of PLHIV receiving treatment in Kosovo should increase by 2.5 times from 33 in 2020 to 86 in 2024.

The UNAIDS fast-track targets of 90-90-90 were expected to be realized by the end of 2020 and countries were expected to move towards achieving 95-95-95 by the end of 2025. However, being realistic, the National HIV program in Kosovo will strive to realize 90-90-90 targets by the end of 2024:

- 90% - at least 95 persons living with HIV will be diagnosed out of estimated 106 persons
- 90% - eighty-six persons out of 95 PLHIV diagnosed will be on ARV treatment, and
- 90% - seventy-seven patients out of 86 persons on ARV will achieve and maintain viral suppression.

Table 6 HIV care continuum cascade – 2020 baseline and 2024 targets

	Baseline			Target	
	2020 y.			2024 y.	
Estimated number of PLHIV in Kosovo (Spectrum)	89			106	
<i>HIV care continuum cascade</i>	N	%		N	%
Number (and percentage) of PLHIV diagnosed	39	44%		95	90%

⁵⁹ Kosovo Country Proposal to the Global Fund. Transition Funding Request. Ministry of Health of Kosovo. 2020

⁶⁰ Improving the allocative efficiency of Kosovo's HIV response. Findings from a modeling analysis. 2019 Burnet Institute. Global Fund. Ministry of Health of Kosovo. CDF

Number (and percentage) of PLHIV on ARV (end of reporting year)	33	85%		86	90%
Number (and percentage) of virally suppressed patients on ARV	29	88%		77	90%

Quality of treatment services: Beyond the increased ARV coverage, special focus will be placed on enhancing treatment services through endorsing clinical protocols per the WHO guidelines, including that for pediatric cases. Free treatment for OIs & comorbidities per the approved national guidelines will be ensured.

Capacity of HIV/AIDS human resources: Capacity building training for medical personnel on adopted clinical protocols will be provided; trainings of laboratory staff on modern technologies for HIV testing are also envisioned. CD4 count and Viral Load testing will be performed according to the National and/or WHO and European AIDS Clinical Society (EACS) Guidelines for HIV treatment; patients tracking system will be strengthened to observe treatment outcome and achieve favorable HIV care continuum/treatment cascade.

HIV and TB: Special efforts will be made to improve management of HIV and TB among PLHIV. Per the WHO guideline⁶¹ people living with HIV will be systematically screened for TB at each visit to health facility. Considering various factors, including patients age, their health status and presence of comorbidities, different tools are recommended for systematic screening, such as: the WHO-recommended four-symptom screen, chest X-ray, C-reactive protein tests, or the WHO-recommended rapid diagnostic tests. Adults and adolescents living with HIV who are unlikely to have active TB will receive TB preventive treatment as part of a comprehensive package of HIV care. TB preventive treatment will also be given to those receiving ARV therapy.

Strengthening functional linkages across service providers: Close partnership among healthcare institutions and civil society organizations will play key role in supporting linkage to care and treatment adherence. Local NGO - Kosovo Association of PLHIV (KAPHA) will continue working with PLHIV and affected communities to offer community care services that are responsive to individual needs of beneficiaries. One common gap in successful ARV treatment and retention is the lack of understanding about the personal and public health benefits of entering treatment immediately and achieving and maintaining viral suppression. Therefore, KAPHA will implement patients' education interventions among PLHIV. In addition, it will provide psycho-social support and benefit packages to HIV-affected people, and support PLHIV to begin, reengage, maintain in care and improve long-term health outcome.

Partnerships across service providers (such as HIV specialty care, primary healthcare, private clinics and laboratories, community organizations, prisons, etc.) will strengthen, which can leverage existing resources and allow for seamless transitions between every step of the HIV care continuum - from diagnosis to achieving viral suppression.

Planned activities:

- 2.1.1 Provide uninterrupted quality ARV treatment and treatment for opportunistic infections and other comorbidities to all patients, including PLHIV in correctional settings
- 2.1.2 Provide TB testing and TB preventive treatment to all HIV+ persons
- 2.1.3 Provide psychological, treatment adherence and social support services to PLHIV
- 2.1.4 Improve institutional capacity (NRL; ID clinics/labs, Pulmonology clinic, etc.) for ARV treatment monitoring and diagnostics of Opportunistic Infections
- 2.1.5 Provide institutional support for KAPHA to deliver HIV community services for people affected by HIV.

⁶¹ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/). <https://www.who.int/publications/i/item/9789240031593>

Expected results:

- ✓ By the end of 2024, 90% of all HIV diagnosed persons in Kosovo are linked to care and receive ARV therapy
- ✓ By the end of 2024, 90% of patients on ARV are virally suppressed
- ✓ By the end of 2024, 100% of all HIV diagnosed persons are tested for TB and receive TB preventive therapy

SPECIFIC OBJECTIVE 3. Ensure sustainable response to HIV through strengthening coordination, leadership and financial and political commitment of the Government.

RESULT 3.1. Enhance governance and effectiveness of the national coordination and management of HIV national program (TSP Objective 1).

Approval and implementation of the Transition and Sustainability Plan: As a follow up of TPA in 2017, and in response to the TRP recommendations⁶², a Transition and Sustainability Plan (TSP) for 2022-2024 was developed in September 2021. The TSP was costed and submitted to the MOH for approval. The TSP interventions have been incorporated within the HIV National Strategic Plan 2022-2024 under the Specific Objectives 3-5. During 2022-2024 implementation of the TSP will be closely monitored. Whilst concrete steps have been taken towards transition, it remains critical that the country develops a fully operationalized transition work-plan to ensure that the transition process is effectively managed⁶³.

HIV National Strategic Plan: As a part of the TSP, a National HIV Strategic Plan for 2022-2024 along with the Monitoring and Evaluation Framework was developed in 2021 that will guide HIV work in Kosovo.

Sustainability of Coordination function: The Country Coordination Mechanism (CCM), chaired by the MoH, is seen as the major coordinating body for the GF funded HIV and TB programme. As in many transitioned countries, there is a risk of CCM abolition after the cease of the GF funding. At present, there are no clear plans how this transition will take place. Concerns are also raised by stakeholders on extent to which the new/reorganized coordination body will ensure engagement of CSOs, and people affected by diseases⁶⁴. Notably, this issue, highlighted in the TPA⁶⁵ has not been yet addressed.

Provided that GF funding will end in three years, the CCM evolution exercise should be performed to define the future institutional set-up of coordination mechanism for HIV and TB national response - national coordinating authority (NCA) in the government hierarchy. It is important that NCA followed the CCM governance model principles and ensures civil society and communities' engagement.

Further enhancement of MoH capacity for oversight, management and M&E of HIV and TB response: The Community Development Fund - CDF has been a Principal Recipient of the GF grants and will remain as the PR for the Transition Grant in 2022-2024. No changes in the implementation arrangements will be introduced at the stage of the transition grant making. However, after the Global Fund funding ends, the MOH needs to fully takeover the oversight and management, as well as M&E function for HIV response.

Currently, the HIV and TB programs have been operating distinctly and systems to manage TB and HIV are administratively separate. Within Ministry of Health, a Division of Special Health Care Services (DSHCS) is operational that is the key institution dealing with the specific diseases, including HIV/AIDS and TB. The oversight of HIV and TB control is the responsibility of the MOH National TB and HIV/AIDS Officers, both being a part of the DSHCS. However, DSHCS lacks sufficient staff,

⁶² Responses of the Ministry of Health of Kosovo to the TRP recommendations issued in response to the Country HIV/TB Transition grant proposal submitted to the GF in 2020.

⁶³ HIV & TB TRANSITION AND SUSTAINABILITY PLAN for Kosovo. 2021-2024. Prepared by the MOH of Kosovo through technical support from the Global Fund. September 2021.

⁶⁴ Kosovo Funding Request for the allocation period 2020-2022

⁶⁵ Transition Preparedness Assessment of Kosovo HIV and TB Programs, Curatio International Foundation, 2017

and the capacity should be further enhanced to ensure effective management and oversight of both disease programs after seizing of GF funding⁶⁵. The CDF currently fulfill some of the key functions that should be transitioned to the MOH, including oversight, technical guidance monitoring, evaluation, and reporting.⁶⁶

To achieve stated objective, there is a need for: i) finding ways for sustainability of the national coordination mechanism; ii) endorsement, implementation and regular monitoring of activities planned under the TSP; and iii) building the capacity of DSHCS in the management of National HIV and TB responses.

Planned Activities:

- 3.1.1 Conduct CCM evolution study and identify national coordinating authority (NCA) for HIV response, define, and approve roles, responsibilities, membership, and positioning of the legally authorized NCA in the government hierarchy that warrants CSO representation (TSP 1.1)
- 3.1.2 Ensure TSP approval by the Government and incorporation and approval of the TSP activities in the National disease specific Action Plans (NSAP) which includes budget and M&E framework (TSP 1.2)
- 3.1.3 Develop and implement the MoH capacity building plan and ensure coordinated support to enhance MoH capacity through training of MoH staff in public financial management, resource tracking, HR management, monitoring & evaluation, etc. (TSP 1.3)

RESULT 3.2 Achieve financial independence on external funding and ensure efficient use of public resources (TSP Objective 3).

Current level of HIV and TB program financing is suboptimal: The entire health sector in Kosovo is subject to limited funding, and access is limited to some basic health services for the general population due to extreme poverty, and the most vulnerable populations are disproportionately affected.⁶⁷ In general, HIV response is not on government's top-priority list for funding due to the low prevalence and other competing priorities in health sector. Public funding for HIV may become even more challenging if the Covid-19 pandemic continues placing an unpredictable financial burden on the healthcare system of Kosovo. The current domestic funding of HIV response prioritizes mostly treatment (fully covering the costs related to ARV therapy, treatment of opportunistic infections, and some public health interventions (such as blood safety program). Therefore, current level of state funding is not sufficient to achieve the NSP-defined objectives and targets, and without substantial increase in the government's financial commitment for HIV, full replacement of the Global Fund funding, and filling the current and estimated funding gaps cannot be guaranteed.

Changes in high-level political positions may cause significant changes in priority setting for MOH funding, which may have a negative impact on HIV and TB responses. There is a need to intensify advocacy efforts to safeguard increased resource allocation for health in coming years as well as in annual disease budgets. Along with increased funding of treatment component, emphasis should also be placed on prevention, outreach and care through social contracting, M&E, strategic human resource planning and capacity development activities.

Issues to be addressed: In order to ensure full public funding for national disease programs, the government will: i) develop resource mobilization plan; ii) intensify advocacy at higher level of the government to leverage more resources and allow gradual replacement of external funding of the HIV program, as well as will guarantee more efficient resource allocation to achieve technical and allocative efficiency gains; ii) ensure funding availability as prescribed by National HIV Strategic

⁶⁶ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁶⁷ Full Funding request to the Global Fund Covid-19 Response Mechanism (C19RM). April 1 2021 – December 31 2023. CDF. Kosovo. Submitted on June 15, 2021

Action Plan for 2022-2024; iii) gradually increase public funding for prevention, treatment, care and social support interventions including for effective implementation of advocacy strategy as well as for implementation of the action plan aimed at reducing the level of stigma and discrimination. In 2022-2024, when the Global Fund will continue supporting some of the most critical HIV interventions, the Government will start gradually absorbing the cost related to HIV prevention work targeting KPs. The targets set by the GF Performance Framework (PF) for MSM, including PrEP and HIV testing will remain fully funded by the GF until 2024. Starting from 2023, the Government will start co-financing HIV prevention programs for PWIDs and SWs, including HIV testing with the 25% cost-sharing in 2023 which will increase to 50% in 2024. Starting from 2025, the Government of Kosovo will cover all costs related to HIV response, including HIV prevention work among KPs being implemented by civil-society organizations.

Table 7 Gradual absorption of the budget for HIV prevention targeting PWIDs and sex workers in 2023-2024 ⁶⁸

	Co-financing/ State share	PWIDs		Sex workers	
		Program coverage (N)	Tested for HIV (N)	Program coverage (N)	Tested for HIV (N)
2023 year	25%	1454	503	240	199
2024 year	50%	2909	1035	505	423

The government will fund 100% of ART targets during the grant cycle, as well as treatment monitoring, screening for viral hepatitis, TB and other opportunistic infections, including TB prevention among PLHIV. The OST targets are also 100% funded by the government during the entire grant cycle (excluding non-methadone related costs incurred by the NGO – Labyrinth).

Planned activities:

- 3.2.1 Develop resource mobilization plan to increase the budget for MSM coverage and expanded targets be included in the HIV/NSP and the M&E framework (TSP Activity 3.1)
- 3.2.2 Intensify advocacy at higher level of government to leverage and allocate adequate financial resources as prescribed in the resource mobilization plan (TSP Activity 3.2)
- 3.2.3 Ensure allocation of the budget for activities as per approved HIV NSPs and safeguard more efficient resource allocation as prescribed by Optima study (TSP Activity 3.3)
- 3.2.4 Ensure sustainable funding plan for state procurement of ARV drugs and HIV-related health products (TSP Activity 5.1)
- 3.2.5 Regularly monitor actual disbursements and expenditure of public funds for HIV Program by types of services (prevention, outreach, treatment, and care (TSP Activity 3.4)
- 3.2.6 Regularly publish and make accessible the programmatic and financial reports on HIV/AIDS program implementation to all interested parties, including the CSOs, beneficiaries and wider public.⁶⁹

SPECIFIC OBJECTIVE 4: Build resilient and sustainable systems for health to facilitate smooth transition.

RESULT 4.1 Institutionalization of a mechanism for contracting out of services delivered by civil society organizations (TSP Objective 4).

⁶⁸ The Global Fund Transition Grant for Kosovo. Performance Framework submitted. (excel file name QNA_C_CDF_PF_Aug 11_CDF)

⁶⁹ TPA 2017. Activity 7.3

HIV prevention programs for KP are predominantly externally funded. HIV prevention programs for key populations – including targeted community-based testing, advocacy activities and interventions to address stigma and discrimination, as well as innovative HIV prevention strategies – PrEP among MSM, and promotion of HIV self-testing - are currently funded by the Global Fund and delivered by CSOs. The lack of actual domestic resource allocation along with appropriate legal and regulatory environment allowing contracting CSOs to deliver HIV services, represents a major sustainability risk for HIV program.

Shortcomings of the CSO funding regulation: In 2019 the Government of Kosovo developed its second strategy for cooperation with civil society.⁷⁰ The strategy has four strategic objectives, inclusive of increasing accountability and transparency in public funding of CSOs and developing practices and procedures for public financing of CSOs. The strategy has an accompanying Action Plan for the years 2019-2021, which includes activities related to improving the legislation regulating the standards and procedures for the provision of public services by CSOs. The Regulation 04/2017 on the criteria, standards and procedures for public financing of CSOs⁷¹ provides a unified legal framework and guides the distribution of public funding to CSOs across all government institutions and agencies, and promotes a granting mechanism based on the public call for interest to support CSO activities on health.. The latter is based on subsidies mechanism.

The current legal framework has been assessed to be poorly suited for the provision of services needed for prevention of HIV, including uninterrupted distribution of commodities. The social contracting situational assessment for HIV⁷², identified the following key shortcomings: i) Grant funding being small and active only for the limited term, hinders uninterrupted provision of services and access to commodities and raises risks of service continuity; ii) The regulation allows for the transfer of public funds to CSOs but does not specifically regulate the outsourcing of desired services in an outcome-based manner.

The government is committed to support CSO engagement in health. In April 2018, the MoH utilized a new process governed by the Regulation 04/2017 for the first time to disburse grants to 36 CSOs operating in the health sector.⁷³ However funds initially allocated for this activity have been partially made available resulting in providing of small size grants for a limited time to winner CSOs. Funding of the grant scheme does not define specific allocations for HIV and TB programs to ensure continuity of the GF-supported services delivered by CSOs. There is a need for the development of alternative funding mechanism that will enable attainment of strategic objectives of the national HIV and TB response. More specifically, the new legal and regulatory framework is required which will permit contracting out of services provided by CSOs.

CSO contracting mechanism should be substantiated by relevant changes in legislation: Introduction of the CSO contracting mechanism requires revision of the health law and development of respective regulations. The Health Law does not acknowledge the option of contracting CSOs to provide health related services on behalf of the MoH. Neither the law envisions licensing of non-governmental organization as providers of services in the health sector.⁷⁴

The Administrative Instruction (AI) in the “Activity, structure and functions of health services for HIV/AIDS” in article 6.1 sets the licensing as a main requirement for funding HIV/AIDS service providers. The AI was formally approved in 2019, and the MOH has shown an interest in building on the experience of the Ministry of Labor and Social Welfare (MOLSW) and explore the approach where only licensed CSOs will be funded by the MOH for provision of services. In 2019, the MOH approved Administrative Instruction No.01/2019, on the Activity, Structure and Function of Health

⁷⁰ Government Strategy for Cooperation with Civil Society 2019-2023, Government of Kosovo, 2019.

http://www.civikos.net/repository/docs/Strategy_eng_291507.pdf

⁷¹ <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=14831>

⁷² Analysis of Public Financing for Civil Society Organizations Providing HIV Services in Kosovo, APMG Health, March 2019. None of the applicants or selected projects were dedicated to HIV services.

⁷³ Ibid

⁷⁴ Arben Isufi, Legal analysis of Social Contracting, Community Development Fund

Services for HIV/AIDS. In the past two years, only one organization - Labyrinth was licensed as a private clinic to provide services based on the Law on Private Health Institutions; however, this has financial implications, since it requires engagement of at least two specialists and four nurses and infrastructure requirements⁷⁵.

Contrary to the Health law, the Law on Social and Family Services⁷⁶ demands CSO licensing as one of the requirements for obtaining financial support. CSO licensing in the social sector is operational since 2015 however, out of estimated 300 CSOs that provide social and family-based services only 45 have been licensed.⁷⁴ Licensing results in health and social sector raise concerns to which extent the CSO licensing should be promoted in the health sector.

To minimize CSO access barriers to public funding, it is advisable to study possible impact of CSO licensing, elaborate licensing requirements with the aim to minimize access barriers towards public financing of the new, less mature, and less experienced CSOs.

Update and costing of KP specific standard service packages: Each key population receive prevention service packages tailored to the specific needs of each key population. These service packages have been assessed to be in line with WHO Consolidated Guidelines back in 2018.⁷⁷ However, there is a need to fine-tune these packages. The new evidence based innovative approaches to be introduced for reaching target KP groups, such as for example, strengthening online outreach techniques, Introducing PrEP and HIVST, are not yet reflected in HIV standard service packages. Furthermore, CSO contracting mechanism will require establishment of unit costs of standard HIV service package for each key population group, that will be critically instrumental for budget forecasting.

To achieve continuity of the services provided by CSOs and improve the scope and the quality of HIV preventions services, a set of interventions will be implemented to address the challenges described above.

Planned activities:

- 4.1.8 Develop, pilot and approve the CSO contracting mechanism for HIV services delivered by CSOs (TSP Activity 4.1)
- 4.1.9 Amendment of the Law on Health to introduce the articles for contracting and licensing CSOs (if applicable) to deliver services in the health sector, including HIV and TB services and provide technical assistance (TSP Activity 4.2)
- 4.1.10 Draft and enforce the relevant secondary legislation defining procedures to ensure CSOs access to public funding to provide health services, including HIV and TB. (TSP Activity 4.4)
- 4.1.11 Determine possible mechanisms for earmarking funds dedicated to contracting CSOs for HIV and TB service delivery (TSP Activity 4.5)
- 4.1.12 Draft/review and approve a standard package of services to be provided by CSOs for both, HIV and TB programs and define cost per client (TSP Activity 4.7)
- 4.1.13 High-level advocacy for mobilization of additional resources for contracting CSOs for HIV and TB services (TSP Activity 4.8)
- 4.1.14 Build CSO and MOH capacity in CSO contracting procedures (TSP Activity 4.9)

RESULT 4.2 Ensure continuous supply of quality and affordable medicines and health products (TSP Objective 5).

Procurement and supply management (PSM) system: The Government of Kosovo declared its commitment to start absorbing HIV and TB drugs and health products related expenses starting from

⁷⁵ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁷⁶ Law No. 04/L-081 On Social and Family Services, Government of Kosovo

⁷⁷ Assessment of HIV Services Packages for Key Populations in Kosovo, APMG Health, March 2018.

2017. ARV drugs for HIV have been procured by the MOH through the UNICEF PPM. No stock-outs have been observed since then.

A recent assessment by the Local Fund Agent (LFA) of the capacity of the MOH identified key weaknesses in the PSM⁷⁸ that will be addressed in 2022-2024. To ensure long-term sustainability, substantial efforts should be taken to strengthen the national procurement and supply chain management system in Kosovo, that will include: i) selection of health products and equipment; ii) forecasting and supply planning; iii) procurement processes and outcomes; iv) warehouse and distribution systems; v) quality monitoring and product use; and vi) Logistics Management Information Systems (LMIS). Corresponding capacity building activities around for relevant staff on stock management, forecasting and the use of international procurement mechanisms will be implemented.

Planned activities:

- 4.2.3 Mobilize technical assistance for the review of MoH procurement procedures to enable direct procurement from international procurement platforms (TSP Activity 5.2) beyond the GF funding
- 4.2.4 Build capacity around the stock management and forecasting and procurement of ARV drugs and lab consumables (TSP Activity 5.3)

RESULT 4.3 Ensure adequate, sufficient and continuous human resource capacity for HIV and TB Programs (TSP Objective 6).

Human Resource for Health (HRH): Geographical imbalance, aging of medical staff, and lack of motivation due to low salary are common features of healthcare system in Kosovo. Increased migration of specialized doctors, family physicians and nurses to other countries hampers integration of TB & HIV services into the primary health care system.⁷⁹ Migration is also evident in non-governmental sectors, where educated and experience staff of CSOs leave the job and the country⁸⁰. In the absence of Human Resource for Health (HRH) strategy⁸¹, HRH decisions are at large influenced by restrictive budget policies and ad-hoc political decisions.

Insufficient integration of HIV and TB training modules into the formal education programs: Global Fund and other donor supported trainings for health personnel are not fully integrated in the formal education system at undergraduate and post-graduate levels to ensure sustainability. These systemic weaknesses put the transition of HIV program after the GF support at high risk, if they are not addressed accordingly and in a timely manner. Substantial portion of training for HIV program management, M&E, modern technologies for laboratory diagnostics, or HIV-related research is fully funded by the GF grant. Providing refresher training for medical staff involved in ART has been identified.⁸²

Capacity building of non-medical human resources are fully financed through external sources: non-medical personnel, including CSO training fully relies on the GF support. No national mechanism exists to safeguard further training of these personnel. The latter puts sustainability and quality of CSO provided services at risk.

Institutional and organizational capacity of CSOs: Many CSOs still lack the institutional and organizational capacity to sustain their own programs and services. While the Global Fund grants have been supporting capacity building of CSOs, this has mainly focused on training staff, many of whom subsequently left the organizations.⁸² In this regard, more attention is needed for establishing and/or

⁷⁸ Capacity Assessment of the Ministry of Health, Kosovo; July 2019. Prishtina: Price Waterhouse Coopers, 2019

⁷⁹ GLC/Europe Mission for Monitoring of the Implementation of the National M/XDR-Tb Response Plan, 2016

⁸⁰ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁸¹ Transition Preparedness Assessment of Kosovo HIV and TB Programs, Curatio International Foundation, 2017

⁸² Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

strengthening CSO capacity development systems in terms of management, financial management, M&E, human resource management, strategic planning, etc.

Issues to be addressed: To ensure continuous supply of human resources the following activities should be implemented: i) develop and approve HIV HR plan; ii) initiate a dialogue with the Kosovo Medical Chambers to integrate HIV training modules in Continuous Medical education (CME) programs to allow continuous production of qualified human resources; iii) ensure allocation of adequate public funding for CME courses to warrant improved access of health workforce to professional development opportunities; iv) develop strategy and mechanism for building CSO capacity.

Planned activities:

- 4.3.6 Assess human resource (medical, non-medical, CSO staff) development needs (TSP Activity 6.1)
- 4.3.7 Elaborate HIV human resource (medical, non-medical and CSO) development plan based on the HRH assessment (TSP Activity 6.2)
- 4.3.8 Implement HIV HR (medical, non-medical and CSO) development plan through mobilizing resources (TSP Activity 6.3)
- 4.3.9 Develop funding mechanism for the training of medical, non-medical staff, including representatives of CSOs and social workers (TSP Activity 6.4)
- 4.3.10 Jointly with the MOH, Medical Chambers and Ministry of Education develop and implement a plan to review HIV and TB related training modules (including stigma issues) in undergraduate, postgraduate (residency programs) and CME level (TSP Activity 6.5).

RESULT 4.4 Enhance evidence – based and evidence-informed policy making and accountability of HIV national response (TSP Objective 7).

Kosovo's National Health Management Information System (HIS) is still under development and HIV and TB data management systems not yet integrated: HIV and TB data systems are fragmented, managed, and operated by various implementing partners and organizations. Development of an integrated electronic HIS, which started in 2014, has not resulted in a full functioning system yet.⁸² The HIS is currently operational at PHC level, and the development of other modules (SHC, THC, LMIS, Financing module, HR module, etc.) is envisioned. The new government prioritizes the development of functional HIS during the four-year mandate, however detailed plan is not yet available. Several donors such as Lux Development and the WB, have shown commitment to support this process. While full operationalization of the national HIS will take some time, issue of interoperability of the HIV Integrated Database (HIV-IDB) based on clients' unique identification codes (UIC) with the national HIS is still challenging and is dependent of future HIS developments. It is key to ensure that HIV-IDB is handed over to the MOH and/or the National Institute for Public Health respectfully, before the GF support ends.

The HIV-IDB should be strengthened to enable disaggregation by age and gender, including by transgender people as well as disaggregation prevention and treatment cascade data by risk groups. The development and institutionalization of an electronic HIV-IDB is a specific recommendation of the Transition Preparedness Assessment. The development of HIV recording and reporting national requirements (defining variables, determining information flow, preparing forms, agreeing responsible agencies, reporting timelines, data validation and dissemination mechanisms, etc.) and the creation of Standard Operating Procedures (SOPs) to support the HIV-IDB effective functioning is also recommended by the TPA⁴⁶.

Data quality and reliability: The current vital registration system managed by the Kosovo Agency of Statistics (KAS) has insufficient quality and coverage. Stakeholders report that vital registration data is

incomplete and AIDS-associated deaths may be underreported. The paper forms for notification of mortality are often not well recorded or lost in the system.⁸³

Second generation surveillance and operational research predominantly externally funded: Second-generation surveillance, operational research and other M&E activities remain predominantly externally funded. Predicted budgetary constraints may force the Government to prioritize service provision and procurement of ART and other products in coming years over the costs which yet can be funded from external sources. Nevertheless, preparation of the budgetary proposal for HIV disease surveillance and M&E activities will aid the Government to factor these costs in the 2023-2025 MTEF.

Absence of HIV expenditure tracking: The establishment of disease-specific sub-accounts within a national health account system was a recommendation of the TPA, which was envisioned in the previous HIV National Strategic Plan.⁸⁴ The MOH with the WHO technical support has established a national health account working group with participation from the MOH and the Ministry of Finance; however this objective has not yet been materialized.

The national health accounts report aims to summarize all health expenditure, including public, private health expenditure and all donations during 2020, and their placement in the relevant software created by the WHO, to reflect as clearly as possible the financing of the health sector . in place.

The analysis of health financing in Kosovo, despite the ongoing problems in creating relevant professional capacities for this process, has continued with the preparation and drafting of the 2020 national health accounts report, with this methodology:

For the drafting of this Report, various data sources were used, such as the Reports of the Department of Budget and Finance of the Ministry of Health, Reports of donations from the Department of European Integration and Policy Coordination of the Ministry of Health, Reports of the Treasury of the Ministry of Finance for the budgets of the MoH, FSSH, SHSKUK and Municipalities; The Macroeconomic Reports of the Ministry of Finance, the data of the Statistics Agency of Kosovo, the data of health expenditures of other departments, the data of the Central Bank of Kosovo, etc.

Endorsing HIV NSP and M&E Plan: Previous HIV NSP and M&E plan were not formally endorsed due to the complex issues surrounding approval process. In 2018, a new leadership of the MOH adopted a new format, and the NSP for HIV was revised accordingly; however, approval process for the NSP and M&E plan was delayed.

Limited data analysis and evidence-based planning capacity: The LFA notes that there are several evaluations assessing various aspects related to HIV programs. However, no effective mechanism is put in place to regularly follow-up on the assessment recommendations. The system for supervision of program implementation is in place, but reports are not systematically produced. When reports are prepared, feedback is not provided to supervised entity⁸⁵. The latter may indicate weak data analysis and evidence-based planning capacity at the Ministry of Health. The MOH of Kosovo does not have a dedicated M&E officer to monitor program progress; though the Institute of Public Health is well equipped with M&E professionals. Limited public funding and unclear stewardship within the MOH are additional bottlenecks for effective implementation of M&E and evidence-based planning functions. Maintaining the effective operation of the M&E system after external funding ends is at a high risk if the government fails to further enhance its surveillance and HIS systems, track program expenditures regularly, build adequate analytical capacity at national and local levels and carry out research that informs future policy, planning and implementation.

Issues to be addressed: Planning of the national HIV response will be shorthanded if the country fails to assure adequate funding for HIV related M&E and research, including that for the 2nd generation surveillance studies. MOH should regularly and effectively track a comprehensive set of HIV related

⁸³ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁸⁴ National HIV/AIDS Strategic Action Plan, 2018-2022, MoH Republic of Kosovo

⁸⁵ Programmatic and M&E Risk assessment, LFA, 2019

indicators by KPs, treatment adherence, etc., as well as financial expenditures to enable evidence-informed policy development. It is expected that under the GF transition grant, the government will accelerate the work for finalization of HIS and build the foundation for subsequent integration of HIV&TB databases into the national HIS system. The HIV NSP and M&E framework with budget once approved by the MOH, will mobilize necessary resources to support M&E activities, HIV surveillance and research. With the financial support of the GF grant the evidence-based policy-making and planning will be promoted through capacity building of relevant staff at MOH.

Planned activities:

- 4.4.7 Complete operability assessment of different systems with HIS and elaborate requirements for the development of a bridge data platform/interface (TSP Activity 7.2)
- 4.4.8 Ensure sex-disaggregation and gender equity data (TSP Activity 7.3)
- 4.4.9 Design the HIV expenditure tracking module or sub-account of the national health accounts, if applicable (TSP Activity 7.5)
- 4.4.10 Enhancement of vital statistics (TSP Activity 7.6)
- 4.4.11 Identify funding mechanism and ensure adequate funding of M&E activities (TSP Activity 7.7.)
- 4.4.12 Train staff responsible for the analysis of routine reporting data and its use for decision making (TSP Activity 7.8).

RESULT 4.5 Decrease stigma and discrimination among key and vulnerable populations and respond to human rights and gender related barriers to services (TSP Objective 2).

Legal and regulatory environment not in line with international standards on human rights, stigma, and discrimination: The report on legal mapping of HIV⁸⁶ indicated that current legislation is not harmonized with the international human rights standards. Particularly the Criminal Law promotes criminalization of HIV/AIDS related aspects, particularly affecting sex workers. The report also emphasizes inconsistent adoption of the sub-legal acts. While several laws require issuing of the specific data protection sub-legal acts, such acts are either not enforced or not available in the official sources defined by the law.⁸⁶

High level of stigma and discrimination is persisting: High levels of stigma and discrimination that affects Key Population (KP) and People Living with HIV (PLHIV) is persistent. An assessment report on measurement of stigma and discrimination towards KP at risk of HIV and PLHIV⁸⁷ concluded that KP and PLHIV are widely stigmatized across all professions with higher levels of stigma are found at the frontline of health personnel, police, and social workers.⁸⁸

An assessment of HIV service packages for key populations found that the ‘criminalization of sex work, and drug use, homophobia, transphobia, violence, and social marginalization, undermine access to services.’⁸⁹ There is a high level of involvement of organized crime syndicates in sex work, which significantly hampers effective programming among sex workers. There is institutionalized discrimination against key populations, including restrictions on funding of needle-syringe exchanges, and funding of programmes benefiting sex workers. While no legal prohibition exists for funding MSM programmes, prevailing attitudes towards Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI) makes it difficult to secure public commitments to this population.⁹⁰

The same report notes that women in key populations face specific challenges and barriers, including gender-based violence. An assessment of stigma and discrimination towards key populations and

⁸⁶ Alban Krasniqi, Report on legal mapping related to HIV/AIDS, 2020, CDF, Pristina

⁸⁷ Measuring stigma and Discrimination towards key populations at risk of HIV and PLHIV, 2019, The Global Fund, CDF

⁸⁸ Report on Legal Mapping Related to HIV, Kosovo, 2020

⁸⁹ Assessment of HIV Service Packages for Key Populations in Kosovo, APMG Health, March 2018

⁹⁰ Kosovo Funding Request for the allocation period 2020-2022

PLHIV reports that “stigma and discrimination are among the foremost barriers to access health, social and legal services,”⁹¹ and provides evidence that such stigma is widespread in both the public health and the public order system. Without addressing these barriers, it would be impossible to expand the coverage and attain desired results.

Program Advocacy Group (PAG) – a group of experts on human rights issues within the CCM can play a crucial role in leading the HR-related advocacy initiatives that are tailored and targeted to specific needs of vulnerable populations. The PAG can, on one hand facilitate the dialogue and debate between all stakeholders, and on the other hand, mobilize resources and conduct various joint advocacy activities.

Issues to be addressed: To reduce stigma and discrimination, the priority will be given to the i) enhancement of legal environment; ii) development and implementation of an action plan aimed at reducing the level of stigma, discrimination, and violence, which will include advocacy and sensitization of policy makers, information campaigns, training of service providers and staff of other government agencies, development of information and training literature.

Planned activities:

- 4.5.5 Based on the findings of the legal mapping report, initiate and advocate for amending the legislation to minimize discriminatory provisions against KP and PLHIV (TSP Activity 2.1)
- 4.5.6 Develop an action plan aimed at reducing the level of stigma and discrimination which will include advocacy and sensitization of policy makers, information campaigns, training of service providers and staff of other government agencies, development of information and training literature (TSP Activity 2.2)
- 4.5.7 Implement an action plan aimed at reducing the level of stigma and discrimination which will include advocacy and sensitization of policy makers, information campaigns, training of service providers and staff of other government agencies, development of information and training literature (TSP Activity 2.3)
- 4.5.8 Implement legal literacy interventions that empower vulnerable and key populations to access justice for human rights violations and promote policy environment for their access to health-care services.

SPECIFIC OBJECTIVE 5. Community Systems Strengthening for HIV, advocacy and research.

It has become increasingly clear that community support for health and social welfare, particularly in the field of HIV response, has unique advantages in its close connections with vulnerable and hard-to-reach communities, its ability to understand and articulate the needs of communities, and mobilize the resources community members and constituency groups can bring to policymaking and service delivery. A number of activities aiming at strengthening HIV community systems have been envisioned in the Transition and Sustainability Plan⁹² and integrated into the National HIV Strategic Plan. These interventions include:

- ✓ sustainability of the CCM to ensure CSO and community representation and meaningful engagement in HIV policymaking and service delivery (SO3; Result 3.1);
- ✓ implementation of social contracting mechanism to sustain HIV community services delivered by civil society organizations (SO4; Result 4.1);
- ✓ strengthening human resources for health, including that for CSOs and capacity building interventions (SO4: Result 4.3);

⁹¹ Measuring Stigma and Discrimination Towards Key populations at risk for HIV, and PLHIV, Integra, November 2019.

⁹² HIV & TB TRANSITION AND SUSTAINABILITY PLAN for Kosovo. 2021-2024. Prepared by the MOH of Kosovo through technical support from the Global Fund. September 2021.

- ✓ providing funding for institutional support to civil society organizations (CSGD, Labyrinth, KOPF; KAPHA and Integra) involved in HIV service delivery (SO1; Result 1.1-1.3; SO2; Result 2.1; SO5; Result 5.1).

Therefore, under the Specific Objective 5, the interventions, that have not been covered under the SO1 – SO4 have been envisioned.

RESULT 5.1 Community networking and advocacy.

Create functioning community networks, linkages and partnerships: to enable effective delivery of activities and services, informal and/or formal partnerships between communities, community actors and other stakeholders will be strengthened. Special emphasis will be placed to integrated advocacy initiatives for sustainability of both, HIV and TB national response. The need of cooperation is even more critical during the transition period when many activities proposed under the RSSH component of the HIV NSP are equally relevant to both disease programs. Well-functioning community networks will allow stakeholders to work in complementary and mutually reinforcing ways that would maximize the impact through limited available resources. Advocacy interventions need to be implemented within healthcare system, as well as at other levels towards decision makers and opinion leaders. The budget for some cross-cutting activities may be also split between the two (HIV and TB) national programs.

Promoting universal healthcare (UHC) in Kosovo and integration of NTP into the UHC: The latest, European Commission Report on Kosovo⁹³ states that Kosovo does not provide universal health insurance, and for economic reasons, an estimated 18% of the population do not seek medical services in the event of illness. It might be a source of concern that some representatives of KPs and patients with AIDS-associated symptoms may be undiagnosed, and underserved communities can miss out on access to HIV prevention and care services.

The same report highlights that 'Kosovo has yet to introduce a universal health coverage scheme and amend the Law on health insurance. It has not started to collect health premiums. The public health information system is still not functional and implementation of the communication strategy in support of the Law on health insurance has been further delayed.'⁹³

The national HIV program acknowledges that the ultimate goal of healthcare reform in Kosovo should be prompt introduction of universal health care coverage, which then should be followed by integrating diseases specific vertical programs, including HIV and TB programs, into universal healthcare. Thus, advocacy initiatives to influence health reform and promote UHC will be implemented as a joint endeavor of HIV and TB community actors.

Advocacy for improved access to social protection and welfare services for HIV-affected communities: High level of poverty, unemployment and stigma associated with HIV altogether make HIV key populations economically and socially vulnerable. To respond to health determinants, HIV community actors will intensify advocacy with the government, the MOH, other decision makers and opinion leaders to define social protection and welfare service package, especially regarding people living with or affected by HIV. Resources should be mobilized to support people with out-of-pocket (non- medical) expenses incurred to access services, accompany sick people to hospital, provide nutritional support for people on ARV and support family-centered treatment adherence.

Planned activities:

- 5.1.7 Create functioning community networks, linkages and partnerships across HIV and TB community actors
- 5.1.8 Implement advocacy activities to influence healthcare reform processes at the level of MOH, as well as other decision maker bodies and opinion leaders.

⁹³ European Commission. COMMISSION STAFF WORKING DOCUMENT. Kosovo 2020 Report. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2020 Communication on EU Enlargement Policy https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-10/kosovo_report_2020.pdf

- 5.1.9 Support active engagement of HIV stakeholders, including civil society in national policy dialogues about universal health care/health insurance, amendments to the health system laws, etc.
- 5.1.10 Advocacy for improved access to social protection and welfare services for HIV-affected people.
- 5.1.11 Advocacy campaigns targeting different actors of society, including media, and general population.
- 5.1.12 Provide institutional support for Integra.

Expected results

- ✓ HIV and TB community networks and partnerships are strengthened and functional
- ✓ Health reform is fostered and universal health coverage policy dialogues have been advanced
- ✓ Policy dialogue is intensified for defining and financing social protection and welfare service package for HIV-affected persons.

RESULT 5.2 Promote and implement HIV research agenda.

Defining and promoting HIV Research agenda: The National HIV program will identify needs and gaps in HIV program through intensified research. Financial support from the Government will increase incrementally to support basic and operational research at the national level. Periodic review of HIV-research agenda will take place to respond to emerging needs, to map collaboration between research institutions and civil society organizations, and identify new areas for cooperation. Adequate research ethics mechanism will be in place within key institutions, including academia and partner organizations that carry out national research agenda.

Ensure access to up-to-date HIV behavioral and disease prevalence data through IBBSs: Integrated Biological and Behavioral Surveillance studies among Key populations in Kosovo have been completed in four rounds through the financial support from the Global Fund. These studies are instrumental as they provide valuable information about the population size estimates as well as dynamics and behavioral trends for each KP. Findings of IBBSs guide HIV programming and allows reallocation of budget based on the emerged needs to ensure allocative efficiency. Next round of IBBSs will be financed by the Global Fund through the Prioritized Above Allocation Request. The Government of Kosovo will start investing in IBBS studies after the GF funding ends in 2025.

Community-led monitoring: When the GF financial assistance to support HIV and TB responses started declining in many countries, recommendations for establishing community-led monitoring (CLM) were emerged. Communities affected by disease are best positioned to provide feedback on the availability and accessibility, as well as the quality of services.⁹⁴ Community actors will collect, collate and analyze quantitative and qualitative data to monitor the transition process and fulfillment of the Government 's commitments to sustain and further scale-up comprehensive HIV national response. There have been some efforts from various agencies, (i.e. European Harm Reduction Association – EHRA) to develop and pilot-test transition monitoring tool⁹⁵ that can be used in all countries in transition, including Kosovo. Technical assistance and mentorship will be needed to build the capacity of community members to complete the transition monitoring exercise. Transition monitoring findings will inform decision making and future advocacy strategies.

Other HIV-related research may include: KAP studies; HIV stigma index; Communities, Human Rights and Gender (CRG) assessment of National HIV response using standard assessment tool;⁹⁶ etc.

⁹⁴ Establishing community-led monitoring of HIV services. Principles and process. UNAIDS. 2021

https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf

⁹⁵ Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius, Lithuania; Eurasian Harm Reduction Association, 2020.

⁹⁶ UNAIDS and Stop TB Partnership. Gender Assessment Tools for HIV and TB National responses. http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

Planned activities:

- 5.2.9 Define and promote HIV research agenda
- 5.2.10 Mobilize resources and increase public funding for implementation of HIV research agenda in Kosovo
- 5.2.11 Ensure access to up-to-date HIV behavioral and disease prevalence data through IBBSs among KPs
- 5.2.12 Establish a mechanism for community-led monitoring and build community capacity for transition monitoring
- 5.2.13 Conduct an HIV Knowledge, Attitudes and Practices (KAP) survey among healthcare workers, among youth (15-24) and general population
- 5.2.14 Assessment of HIV associated stigma /stigma index survey among PLHIV and healthcare workers
- 5.2.15 Conduct HIV Communities, Human Rights and Gender (CRG) assessment of National HIV response using standard assessment
- 5.2.16 Conduct a research /public perception survey on stigma & discrimination and removing legal related barriers for access to services.