#sos_project 2.0

Alliance for Public Health

Guide

FOR CONTINGENCY PLANNING FOR KEY POPULATION HIV SERVICES during COVID-19 and Other Emergencies

2022

for

SERBIA

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Acknowledgments

We would like to thank the Alliance for Public Health for giving the country an opportunity to participate in this project, thus contribute to building more resilient, flexible, and results-oriented healthcare systems. The immense dedication of Ms. Nadiya Yanhol and the team to support its full realization, despite the hardship they have been faced with during this period, is only to be admired. I gratefully acknowledge the civil society organizations in Serbia involved in HIV response, for their persistent contribution to assessments like the one presented, sharing the vision that no circumstances will have a critical influence on the right to health of the people.

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Abbreviations

ART	Antiretroviral therapy
CSOs	Civil society organizations
EACS	European AIDS Clinical Society
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
MSM	Men who have sex with men
OST	Opioid substitution therapy
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PLHIV	People living with HIV
PWID	People who inject drugs
STI	Sexually transmitted infections
SWs	Sex workers
TB	Tuberculosis
WHO	World Health Organization

Background

Key Populations	Population Size Estimate	Estimated PLHIV	There were an estimated 3600 PLHIV in Serbia in 2021, while 3300 in 2020.
PWID	14.600[1]	90-90-90 Progress	Enrollment in treatment and viral suppression slightly increased in 2020 while diagnosed HIV infections remain stable before and during COVID-19 outbreak.
SW	3.901[2]	Overview of Global Fund Eligibility	Serbia is eligible for GF support to its national HIV response.[3] National and regional GF grant is ongoing.
MSM	40.000[4]		
Transgender People			

Key Features of Key Population Response and Enabling Environment Prior to COVID-19

The majority of services targeting most at risk populations are CSO-led services in Serbia. There is an increase of support from state authorities to these services, but still there is room for improvements, especially regarding the support from the local authorities and private sector.

HIV/AIDS situation in the country

Cumulatively, 4,195 people were living with HIV from 1984 to the end of 2020. Of them, 2,070 people suffered from AIDS (50% of all registered persons with HIV). A total of 121 new HIV cases were registered in 2020 making an incidence rate of 1.75 per 100,000 inhabitants, while new 210 cases were registered in 2019 making the incidence rate of 3.01 per 100.000. From 2010 to 2019, the number of new HIV cases has been increasing every year except in 2021 when the number decreased due to low detection and reporting of cases that can be attributable to COVID-19 pandemic.[5]

1 *Report on estimation of PDU (2014) – minus OST clients*

2 *National estimates from 2009 (http://bmjopen.bmj.com/content/3/5/e002203).*

3 *https://data.theglobalfund.org/location/SER/eligibility*

4 *Revised national estimates from 2009 (http://bmjopen.bmj.com/content/3/5/e002203) by national experts' team in 2018.*

5 *Institute of Public Health of Serbia. Report on Communicable diseases in Serbia for 2020. Belgrade; Institute of Public Health of Serbia, 2022*
https://www.batut.org.rs/download/izvestaji/Godisnji%20izvestaj%200%20zaraznim%20bolestima%202019.pdf

At the end of 2020, 2890 persons lived with HIV in the Republic of Serbia. Estimated prevalence of HIV infection in the population aged 15 and over at the end in 2020, in our country by UNAIDS, as in previous years, it is less than 0.1%.[6]

Homosexual contact is the main mode of transmission in 2020 and 2019. In 2020, 80% of all new cases (97) were registered among men who are having sex with men (MSM). Overall, this population group has the highest HIV prevalence in the country at 6% in capital city, Belgrade, making it a concentrated epidemic among MSM.[7] The second most frequent mode of HIV transmission is through unprotected heterosexual contact (11 persons, 9% of all registered cases in 2020), similar as in 2019. HIV incidence among people who inject drugs (PWID) continues to decrease (zero person in 2020 compared to two persons, or 1%, in 2019 respectively).

COVID-19 in Serbia

From the beginning of the COVID 19 epidemic in Serbia in March 2020, as of the end of January 2022, there were 1.6 million registered cases with a mortality rate of 0.85%.[8] At the same time, the COVID vaccine uptake was 48.2% of the total population.[9] In early July 2021, one-third of the key populations at risk of HIV were infected with SARS-COV2 virus, while 7.1% were hospitalized.[10] Among the same populations, 52% of respondents were vaccinated, higher than in the general population.[11]

HIV Prevention

Conventional forms of prevention are available in Serbia, as well as biomedical prevention in the form of pre-exposure prophylaxis – PrEP, as well as post-exposure prophylaxis - PEP. Coverage with HIV prevention programmes implemented by CSOs has slightly increased among the MSM population, from 6.6 in 2019 to 15.8% in 2020 of the estimated size of the MSM population in Serbia. Coverage VCCT among CSW's increased from 2% in 2019 to 13% in 2020. Coverage with prevention programmes for PWUD continues to be low, with increase in HIV testing coverage ranging from 1.4% in 2019 to 5% in 2020 ***(figure 1)***.

6 *UNAIDS Country data: Serbia, 2020", UNAIDS.* ***https://www.unaids.org/en/regionscountries/countries/serbia***

7 *Research among populations at increased risk of HIV 2021, unpublished results of the Institute of Public Health of Serbia "Dr Milan Jovanović Batut. Belgrade*

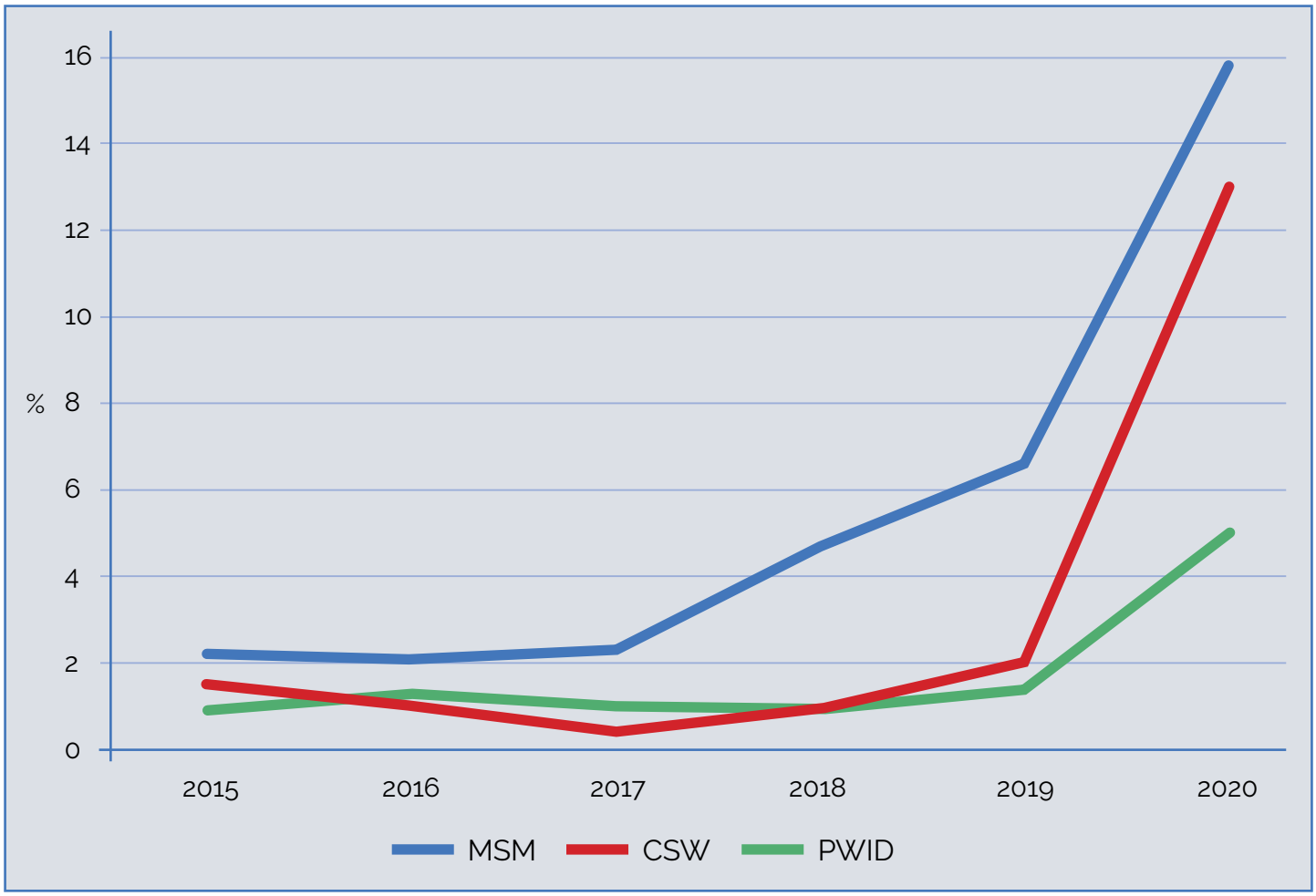
8 ***www.covid19.rs***

9 ***https://ourworldindata.org/covid-vaccinations***

10 *Milosavljevic Z, Stosic M. Rapid assessment of the impact of Covid-19 on the socio-economic living conditions of persons at increased risk of HIV – Report). 2021.*

11 *Ibid*

FIGURE 1. Coverage of the estimated MSM population, CSW population and PWID with VCCT on HIV in the period 2015 –2020



Regular procurement of quality assured needles and syringes, condoms and lubricants is implemented, while stock-outs of needles and syringes and condoms and lubricants were reported by the CSOs. Relatively few people are familiar with the use of PrEP, and availability is limited. PrEP is mainly procured on the black market.[12] Although planned by the National HIV Strategy, there were no guidelines for PrEP in place in the country and no progress in ensuring the financing of PEP and PrEP by the National Health Insurance Fund.[13] Data related to «prevention therapy» (TasP) are given in the previous section where the number of people who receive ARV therapy and in undetectable status is presented-see the ***(figure 2)***[14]

12 *Milosavljevic 2021*

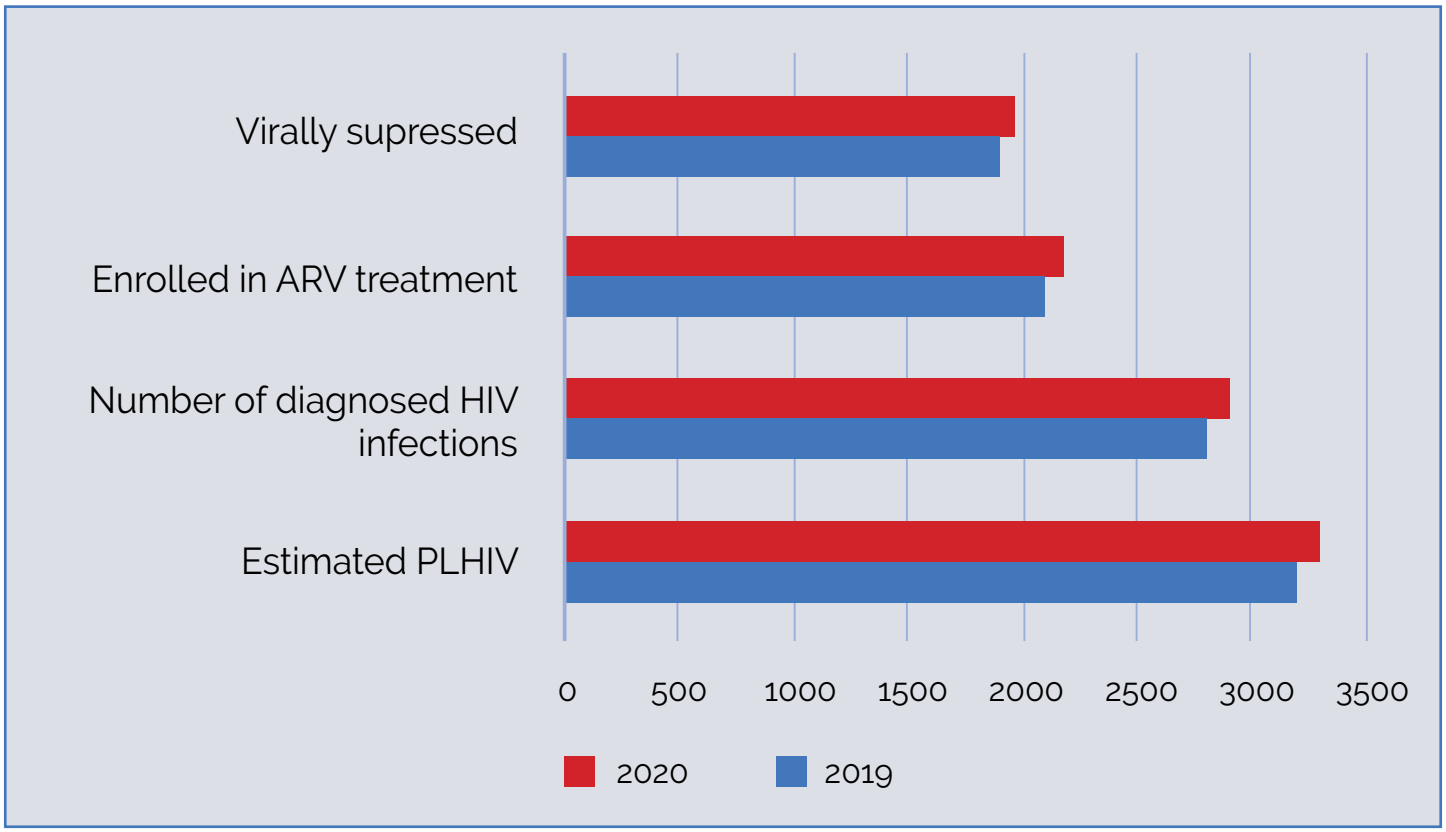
13 *Stosic M. Republic of Serbia: Benchmarking sustainability of the HIV Response among Key Populations in the Context of Transition from Global Fund's support to domestic funding. Eurasian Harm reduction association. 2021*

14 *Stosic M, Simic D. Evaluation of HIV preventive Programs in the Republic of Serbia 2020.*

HIV Testing and Linkage to Care

According to UNAIDS, there were an estimated 3,300 people living with HIV in Serbia in 2020, with 2,904 people aware of their HIV status (88%). Of these, 2,178 people were on antiretroviral therapy (ART) (75%) and, of those, 1,960 have achieved viral suppression (90%), which is 68% of the total estimated number of PLHIV ***(Figure 2)***.[15]

FIGURE 2. HIV testing and treatment cascade in Serbia in 2019 and 2020



Looking at the cascade of HIV testing and treatment, there is still a need for greater coverage of testing, especially of those at risk of HIV, and to increase the number of people diagnosed with HIV. Also, the coverage of ART for those diagnosed with HIV is unsatisfactory, especially bearing in mind that ART is available to all who have been diagnosed with HIV and that treatment costs are covered by the Republic Health Insurance Fund (RHIF).

Programmatic data of the Public Health Institute of Serbia and the Ministry of Health of the Republic of Serbia shows higher coverage of VCCT among key population even during the first year of COVID-19 outbreak, exclusively due to implementation of GF grant in Serbia that started 2019 and been fully implemented in 2020.

15 Ibid

The prevalence of HIV in the general population is low and, according to UNAIDS estimates, is less than 0.1%.[16] According to available data, late diagnosis of HIV is an issue in Serbia. Thus, in 2019, HIV was diagnosed at a late stage, i.e. when the initial CD4 cell count is below 350/mm3, in 60.0% of individuals and in an advanced stage, when the initial CD4 cell count is below 200/mm3, in 38% of individuals for whom CD4 count data were available at the time of diagnosis.[17] Late diagnosis of HIV results in a poorer response to ART and death. Hence, it is extremely important to diagnose HIV as early as possible. In that sense, the Strategy for Prevention and Control of HIV Infection and AIDS in the Republic of Serbia, for the period 2018-2025, recognises the importance of voluntary confidential counselling and testing (VCCT) for HIV as an intervention that enables early diagnosis of HIV, as well as the importance of HIV prevention programmes for key populations at risk of HIV, especially VCCT community intervention. According to the answers of the largest number of respondents (73.3%), the COVID-19 epidemic did not affect the services of voluntary confidential counselling and testing. Counselling and testing services during the first year and after the COVID-19 epidemic in Serbia were used by 70% of respondents from the MSM population.[18]

HIV treatment and care

HIV treatment and care is decentralised in 4 regional clinical centers. Increased coverage of PLHIV enrolled in treatment is noticed in Serbia, rising from 59% in 2019 to 68% in 2020 and share of PLHIV who are virally supressed remain the same (59% in 2019 and 2020 respectively. Progress was made concerning drugs, supplies and equipment due to increased access to newly registered ARV drugs. However, in all HIV/AIDS clinics, reduced hospital capacities for HIV treatment and care was notices due to COVID-19 pandemic. The prices of ARV in Serbia are still very high and comprises significant and therefore, portion of the overall budget for HIV/AIDS.[19] There was no national treatment protocol for HIV/AIDS before COVID-19 outbreak and there was no additional treatment protocol for HIV/AIDS treatment during COVID-19.[20]

16 *Joint United Nations Programme on HIV/AIDS (UNAIDS). Country factsheets: Serbia, 2020. Geneva; UNAIDS.* ***https://www.unaids.org/en/regionscountries/countries/serbia (accessed 24 January 2022)***

17 *Ibid*

18 *Ibid*

19 *Report. Access to antiretroviral therapy in Balkan Peninsula. SOS Project Consortium. 2020.*

20 *Ibid*

Coinfection and Comorbidities (TB, HCV, mental health)

The number of diagnosed co-infections is low, due to low coverage of testing. Based on the latest data, three people with TB/HIV co-infection was diagnosed in 2019 and in 2020. Number of TB patients tested for HIV was 23 (7.3%) in 2020, lower than 63 people tested in 2019 (11%). Both in 2019 and 2020, 5 people infected with HIV and hepatitis C co-infection was diagnosed and reported. Carriers of HBsAg were registered in 10 people newly diagnosed with HIV in 2019 and in 5 individuals in 2020. Syphilis was reported in 43 newly diagnosed HIV positive MSM in 2019 while in 27 MSM in 2020.

Based on the analysis performed during COVID-19 outbreak in June 2021, depression is the leading comorbidity with 15.9% of the total examined; the level of use of alcohol and psychoactive substances is extremely high (50.9%) and 52.5% of respondents are socially isolated and do not have the support of family, neighbours, and friends.[21]

General Care (SRHR, nutrition)

Low socioeconomic status of key populations is noticed in Serbia. Most study respondents (57%) have monthly income below the average for Serbia. More than one-fifth of respondents (23.8%) do not have health insurance, while 20.4% do not have a health card. The highest percentage of respondents (82%) living with HIV assessed that the availability of health services was poorer during the COVID-19 epidemic. According to the answers of the largest number of respondents (73.3%), the COVID-19 epidemic did not affect the services of voluntary confidential counseling and testing. The highest percentage of respondents (82%) living with HIV assessed that the availability of health services was poorer during the COVID-19 epidemic due to the staff reduction and limited access to health care facilities in longer period of time. There was no change in the availability of antiretroviral therapy during the COVID-19 epidemic.[22]

21 Ibid

22 Ibid

Enabling Environment and Resilient and Sustainable Health Systems

Although in the circumstances of limited health budgets overall, increasing funding of HIV prevention programmes in key populations at risk is noted in Serbia due the increased Government investments and the donation of the Global Fund, through social contracting of CSOs service providers in 2020 and 2021.[23] In addition, political commitment is achieved by the local self-governments to invest money in HIV prevention in the forthcoming years.

Due to overburden of health service providers related to diagnosis, treatment and follow-up engaged in COVID outbreak prevention and control, access to services were reduced. Based on the above-mentioned study, the largest percentage of respondents (82%) living with HIV answered that the availability of health services was poorer during the COVID-19 epidemic. Respondents in the largest percentage (82%) answered that receiving antiretroviral therapy during the COVID-19 epidemic remained unchanged. At the same time, 10.2% of respondents answered that they had difficulties in obtaining therapy.[24]

There is still lack of Government funding for PrEP. In addition, stock outs in terms of procurement of commodities and insufficient quality were noted as well as in the last few years, although availability of funding. Revision of existing regulations to implement innovative prevention and support services with respect for human rights related to HIV have been implemented during COVID 19 outbreak. Although the number of legislative acts adopted does not express the status of human rights related to HIV in the country, analysis of the legislation in Serbia indicates that there are ways to protect the interests of vulnerable people; qualitative studies performed in Serbia have demonstrated that this is not used properly by them.[25]

23 *Law on the Budget of the Republic of Serbia for 2019, 2020, 2021.*
https://www.paragraf.rs/propisi/zakon-o-budzetu-republike-srbije-za-2021-godinu.html
http://www.parlament.gov.rs/upload/archive/files/cir/pdf/zakoni/2019/BUDZET%202020.pdf
http://www.parlament.gov.rs/upload/archive/files/cir/pdf/zakoni/2018/budzet%202019.pdf

24 *Ibid*

25 *Ibid*

Annex 1. Action planning for Key Population HIV Services during COVID-19 and Other Emergencies in Serbia

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
HIV Prevention	**1.** Coverage with HIV prevention programs has slightly increased before and during COVID -19 pandemic among the MSM due to GF funding	Ensure continuation of essential level of HIV prevention programs among key population including peer support from national resources	Ministry of Health (MoH), CSOs, donations
	2. Coverage VCCT among CSW's increased due to GF funding		
	3. Coverage with prevention programs for PWUD was low during the COVID-19 epidemic despite GF funding		
	4. Regular procurement of quality assured needles and syringes, condoms and lubricants is implemented event during the outbreak, while stock-outs of needles and syringes and condoms and lubricants were reported during COVID-19 pandemic	Ensure regular procurement of quality assured needles and syringes Ensure prevention of stock-outs of commodities (needles and syringes, condoms and lumbricants)	Ministry of Health, CSOs
	5. Relatively few people are familiar with the use of PrEP, and access and availability is limited.	Ensure access to PrEP by increasing availability of clinicians for PrEP prescribing	Ministry of Health, Infectious Diseases Clinics
	6. Guideline for PrEP use is not developed	Development and introduction of new guidelines for PrEP	Government Commitee for HIV/AIDS and TB, Ministry of Health, NHIF

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
	7. PrEP was mainly procured on the black market before and during COVID-19 pandemic	Expanding the therapeutic indications for ARV to be used as PrEP	Government Committee for HIV/AIDS and TB, Ministry of Health, NHIF, Agency for Medicines and Medical Devices
	8. TasP is not fully achieved before and during COVID-19 pandemic	Ensure regular procurement of PrEP by National Health Insurance Fund (NHIF)	
	9. PEP is available	Ensure access to PEP by increasing availability of clinicians for PEP prescribing	Ministry of Health, Infectious Diseases Clinics
HIV Testing and Linkage to Care	**1.** Programmatic data of the Public Health Institute of Serbia and the Ministry of Health of the Republic of Serbia shows higher coverage of VCCT among key population even during the first year of COVID-19 outbreak, exclusively due to implementation of GF grant in Serbia that started 2019 and been fully implemented in 2020.	Ensure essential level of testing among key populations from national resources	Ministry of Health, Public Health Institutes, CSO
	2. The coverage of ART for those diagnosed with HIV was unsatisfactory during the COVID-19 epidemic	Ensure enrollment in treatment for all diagnosed with HIV	Ministry of Health, Public Health Institutes, CSOs
	3. Late diagnosis of HIV is an issue in Serbia before and during COVID-19 pandemic	Ensure early case detection by providing continuous VCCT services	Ministry of Health, Public Health Institutes, CSOs
HIV Care and Treatment	**1.** Reduced hospital capacities for HIV treatment and care due to COVID-19 pandemic.	Preserve hospital capacities for HIV treatment and care during the infectious disease outbreaks	Ministry of Health, Infectious Diseases Clinics
	2. Progress was made concerning drugs, supplies and equipment due to increased access to newly registered ARV drugs		

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
	3. The costs of ARV drugs were high before and during COVID-19 pandemic	Reduce the costs of ARV drugs to increase budget for prevention	MoH, NHIF, Government HIV/AIDS and TB Commitee, Farma Companies
	4. There is no national treatment protocol for HIV/AIDS before COVID-19 outbreak and there was no additional treatment protocol for HIV/AIDS treatment during COVID-19	Develop National treatment protocol for HIV/AIDS and additional treatment protocol for HIV/AIDS treatment during COVID-19 and other outbreaks	MoH, NHIF, Government HIV/AIDS and TB Commitee
Coinfection and Comorbidities (TB, HCV, mental health)	**1.** Low detection of coinfections (TB, hepatitis B and C and other sexual transmited diseases-STDs was reported during COVID-19 pandemic	Ensure regular TB, HBV; HCV and STDs screening among key populations	MoH, NHIF, Government HIV/AIDS and TB Committee, Public Health Institutes
	2. Concentated epidemic of syphilis among MSM was ongoing		
	3. High proportion of depression among key population was reported during COVID-19 pandemic	Ensure availability of mental health services for key populations in emergency situations Develop programs for e-health services	MoH, NHIF, Government HIV/AIDS and TB Commitee, CSOs
	4. High level of substance abuse and alcohol was reported during COVID-19 pandemic		
	5. Majority of people among key population were socially isolated during COVID-19 pandemic and did not have the support of family, neighbours, and friends.	Empower key population to use available social services, peer support Develop programs for e-social services	Government, CSOs

Intervention Being Assessed	Assessment of the situation	Action planning (recommendations)	Performers
General Care	**1.** Low socioeconomic status of key populations was reported during COVID-19 pandemic	Ensure subsidies for key population for essential goods	Government, MoH, Ministry of Social Affairs
	2. Low coverage by health insurance was was reported during COVID-19 pandemic	Empower key population to explore legal possibilities to obtain health insurance	Government, MoH, Ministry of Social Affairs, CSOs
	3. Low availability of health services was reported during the COVID-19 epidemic in remote places.	Ensure availability of general health services for key populations in emergency situations	Government, MoH
	4. For some PLHIV, there were some difficulties to obtain ARV therapy	Increasing availability of clinicians for ARV prescribing Networking with CSOs and other peers	Ministry of Health, Infectious Diseases Clinics, CSOs