aidspan

Independent observer of the Global Fund

Global Fund withdrawal on programs and service delivery in Bosnia and Herzegovina

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Contents

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BiH	Bosnia and Herzegovina
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus
IDP	Internally Displaced Persons
KAP	Key Affected Population
MoCA	Ministry of Civil Affairs
MoH	Ministry of Health
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OST	Opiate Substitution Treatment
PLHIV	People Living With HIV/AIDS
PWID	People Who Inject Drugs
STI	Sexually Transmitted Infection
USD	United States Dollar
VCCT	Voluntary Confidential Counselling and Testing

Executive Summary

Bosnia and Herzegovina located in Western Balkan with a population of 3.810 416 people, is a an upper-middle income country[1], although the unofficial unemployment rate is about 40%. BiH has a low prevalence of HIV/AIDS <0.1% and <5% in the general and key affected populations respectively. For these two main reasons, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria withdrew their programs from BIH. BiH is one of the most complex countries in the region. It consists of two entities, Federation of BiH and Republic of Srpska and of Brcko District. The federation of BiH has 10 Cantons. These two entities and District are responsible for their own internal affairs, economic, social and health sectors. This complex structure of BiH is even more complicated especially in the health sector: there is no National Health Budget but instead three sub-national ones. During past years, BiH with support from the Global Fund, was able to provide better social and health services for Persons Living With HIV/AIDS (PLWHIV), Key Affected Populations (KAPs) and to keep a low HIV/AIDS prevalence.

The Global Fund's withdrawal will result in several challenges;

First, there are procurement challenges related to the fragmentation of the health system of the country and its inability to enter the free market via one national mechanism. Thus prices of commodities used in the country are likely to rise. Second, there are delivery challenges partly related to the inexistence of laws for social contracting; consequently, Civil Society Organizations (CSOs) can receive grants from the ministries but cannot be contracted by the health care funds to provide services. Thus, most services implemented by CSOs previously funded by the Global Fund will lack continuous funding. For instance, almost all prevention, promotional and educational activities implemented by CSOs will lack funding as well as the mobile VCT centres and attached services. A third challenge is data collection and surveillance because there is no systematic methodology and quality of data is often inconsistent. The presence of the Global Fund provided a framework and guideline for data collection and surveillance.

In countries transitioning out of the Global Fund support, there is an urgent need to better plan for the void that the Fund will leave. In BiH, treatment and care for persons living with HIV/AIDS will be covered by domestic funds, but prevention and other social services are likely to be cut.

Background

Bosnia and Herzegovina (BiH) is located in the western part of the Balkan Peninsula and covers an area of 51,129 km with a population of 3,810,416. Bosnia and Herzegovina (BiH) is an upper middle income country and transition economy state with GDP per capita of 4.197,8 USD[2] according to the World Bank. The BiH' s economy relies heavily on the export of metallurgic industrial products, as well as on remittances and foreign aid. The unofficial unemployment rate in the country is about 40%.

The BiH experienced a civil war during the 1990s. The peace agreement of 1995 which ended the war resulted in a complex political structure in BiH including: state governments at the Federation of Bosnia and Herzegovina (FBiH), and the Republic of Srpska (RS) or so called Entities, Brcko District (BD). The FBiH has 10 cantonal governments. The Council of Ministers of BiH has exclusive responsibility for foreign, defense, customs, monetary, immigration and asylum policies, as well as air traffic control, payment of international financial obligations, inter-entity transport, and communications and law enforcement. The Governments of the FBiH the RS and the District are each responsible for internal affairs, environmental, economic, social and health, justice and taxation policies; this organization leads in practice to three health care systems.

Moreover, cantonal governments (in the FBiH) are in charge of health (through ten cantonal health ministries, ten health insurance funds and ten public health institutes), as well as education, culture, housing, public services, local land use and social welfare expenditure. There is no national health budget in BiH but rather budgets at entity level (Republic of Srpska), district level (District of Brcko) and in FBiH at Cantonal level (ten cantons). Since 2003, the Ministry of Civil Affairs (MOCA) has been responsible for the overall coordination of the health sector in BiH. This highly decentralized structure of government creates challenges for economic policy coordination and reform, while bureaucratic barriers and segmented market discourage foreign investments.

Total health expenditure in Bosnia and Herzegovina is now estimated to be around 10.9 per cent of GDP[3].

Over the past several years, both entities have initiated wide-ranging reforms in the health sector aimed at increasing financing, strengthening delivery systems and improving the quality of care. However, important health system challenges – such as inequalities in access to care, complexity of the administrative system and institutional fragmentation, shortage of medical personnel, and financial sustainability – contribute to the ongoing need for external financial and technical assistance. Indeed, since 2006, Bosnia and Herzegovina were supported by the Global Fund. The country received in total 40.099.321 USD for a HIV/AIDS and 20.131.148 for TB grant over the years[4].

Following a change in the allocation formula, Bosnia and Herzegovina became ineligible for the Global Fund funding (since Round 11) and the last grant ended on 30 September 2016[5].

This case study aims to analyze the impact of Global Fund withdrawal on key affected populations, civil society organizations, and governments in Bosnia and Herzegovina. More specifically, this case study investigates the historical response to HIV/AIDS in BiH (especially treatment, care and prevention), the national and the Global Fund's contribution to this response over the years, and the current situation shortly after the withdrawal of the Global Fund.

Methodology

The study uses qualitative methods with desk review, key informant interviews, and triangulation of collected data. Key informants came from different groups of stakeholders: Persons living with HIV/AIDS (PLHIV), Civil Society Organization (CSO) representatives, HIV/AIDS Coordinators, Country Coordinating Mechanism members, government representative and health care professionals.

We reviewed country-specific reports and data from the Strategy response to HIV/AIDS in BiH 2011-2016, the transition plan for the continuation of HIV/AIDS prevention, treatment and care in BIH 2015-2017, the advocacy plan for HIV/AIDS/STI prevention in BiH 2015-2017 and BiH Country background information 2016.

Picture 1: The administrative map of Bosnia and Hercegovina

History of HIV/AIDS in BIH

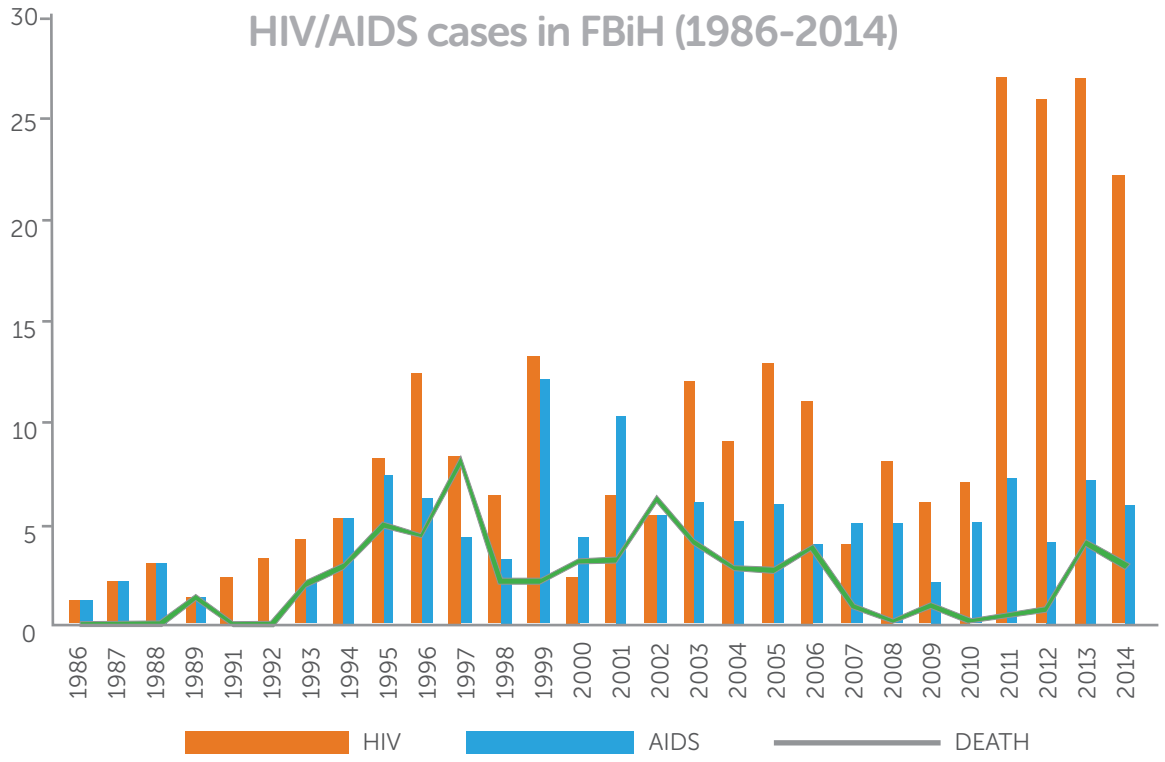
The BiH registered its first case of an HIV/AIDS infection in 1986 and currently 266 HIV/AIDS positive persons know their status. To date, 26 persons (25.2%) developed AIDS, 22 persons have a co-infection HIV/AIDS and Tuberculosis (lung form), while 24 (23.3%) persons developed a co-infection with Hepatitis (B, C or both)[6].

The most-at-risk populations for HIV/AIDS infection in BiH include people who inject drugs (PWID), men who have sex with men (MSM), sex workers and their clients, cross-border migrants and transient population groups, internally displaced persons (IDPs), refugees and prisoners. In addition, the Roma population (an ethnic group) is also at greater risk due to their marginalization. Note that in BiH, possession of drugs and organization of provision of sex services are criminalized. Same-sex relations are not criminalized but the same sex marriage is not allowed.

In the past couple of years, the BiH successfully kept HIV/AIDS infection. The defined goals of the HIV/AIDS prevalence of less than 0,1% in the general population and less than 5% in any of the most-at-risk populations have been reached, thanks to the BiH programme to fight HIV/AIDS and support provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria[7].

A number of documents were produced and adopted by local experts: HIV/AIDS testing protocol, Clinical guidelines and Manual for Diagnostics and Treatment of TB and HIV/AIDS Co-infection. A number of brochures and leaflets were also developed and made available to the KAPs and health care professionals[8].

Graph 1: History of HIV/AIDS in Bosnia and Herzegovina



History of Response to HIV/AIDS in BIH

2002

- The Council of Ministries at the state level established the National Advisory Board (NAB) for HIV/AIDS and the country coordinating machanism (CCM)
- Other partners are the Institute for Public Health Entity, the Clinics for Infectious Diseases, international partners and Civil Society Organizations (CSOs).

2004

- Adoption of the Second Strategy to prevent and combat HIV/AIDS in Bosnia and Herzegovina by the Council of Ministers of BiH.

2005

- Antiretroviral Therapy (ART) funded by the government become available to all patients free of charge.

2006

- The Global Fund to fight HIV/ AIDS, Tuberculosis and Malaria (GFATM) funded two HIV/AIDS-related Projects BIH (Round 5 and Round 9). These funds covered the particularly huge financial gaps, HIV/AIDS prevention and support to the key affected population.

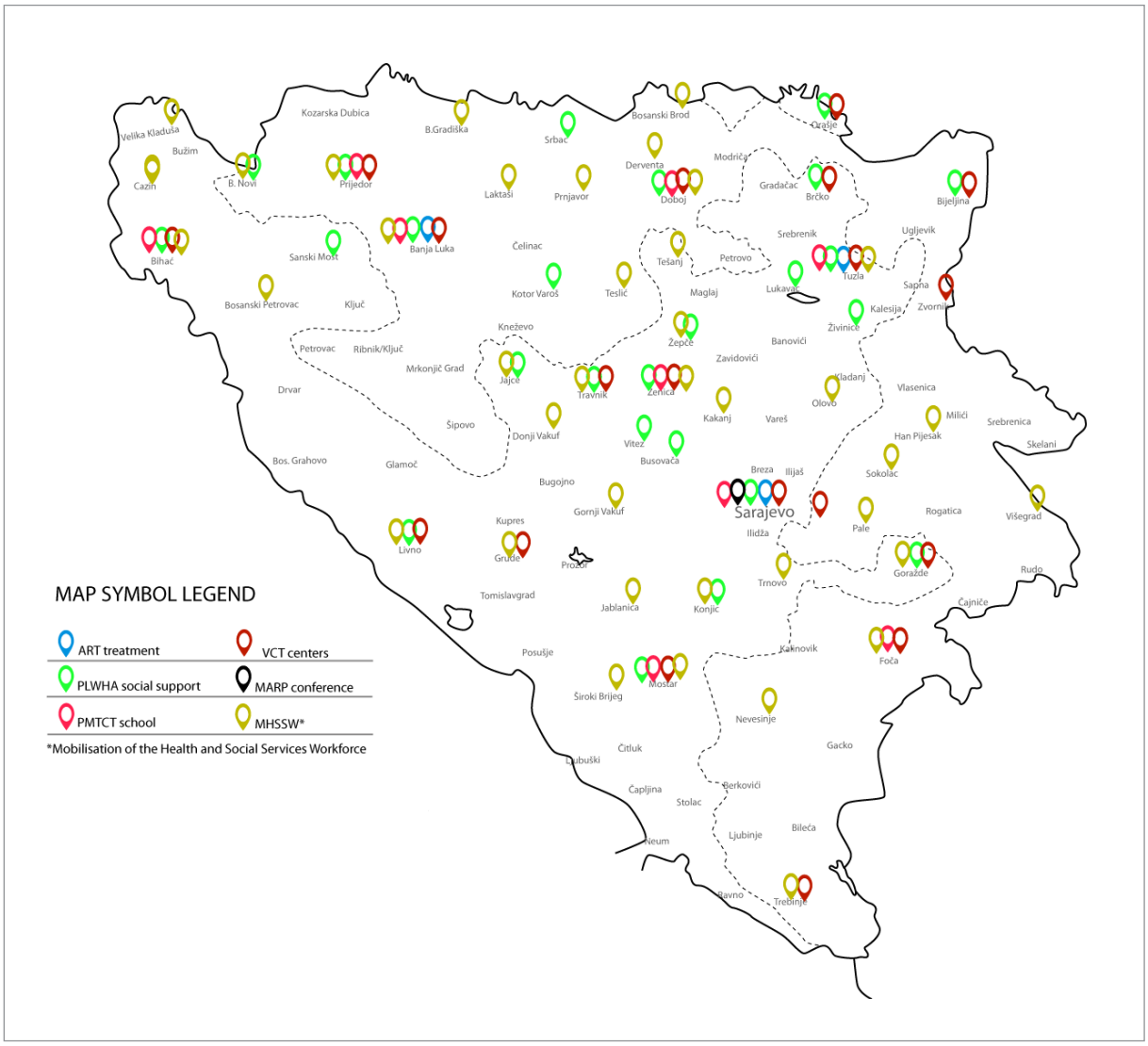
2010

- Confidential and/or anonymus testing of HIV/AIDS is decentralized and available across the country in 20 centers in BiH. The testing is provided free of charge.
- Development of a Strategy"Response to HIV/AIDS in BiH" 2011-2016 and Global Fund supports "Scaling Up Universal Access for Most at Risk Populations in Bosnia and Herzegovina"

2016

- Last grant for HIV/AIDS from GFATM in Bosnia and Herzegovina ended in September 2016

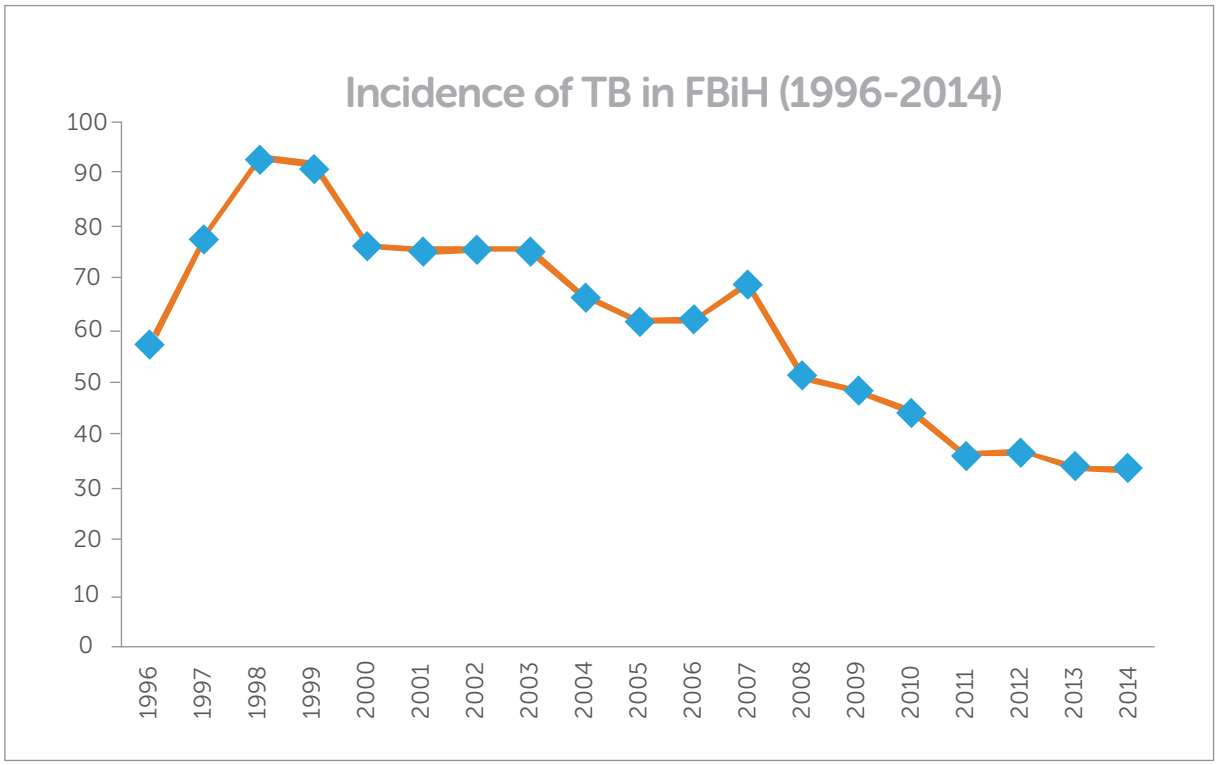
Picture 2: Map of the Health and Social Services Workforce[9]



Despite a history of effective public health program and interventions, TB is still common in BiH. TB re-emerged as a public health problem in the aftermath of the 1992-95 armed conflict and the estimated burden is among the highest in the Balkan region. The estimated incidence rate in 2014 was 42 cases per 100,000 population. The TB-related mortality rate in 2014 was 3.8% and the percentage of Multi-Drug Resistant (MDR) TB, in the total number of new cases, in the same year was 1.6% while the treatment success rate in 2014 was 82%.

The BiH TB-related identified vulnerable populations are internally displaced persons, asylum-seekers, ethnic minorities and other marginalized people (such as persons living in poverty, people who use drugs, prisoners and ex-prisoners). TB cases in BiH present a general declining trend.

Graph 3: Tuberculosis incidence in the Federation of Bosnia and Herzegovina



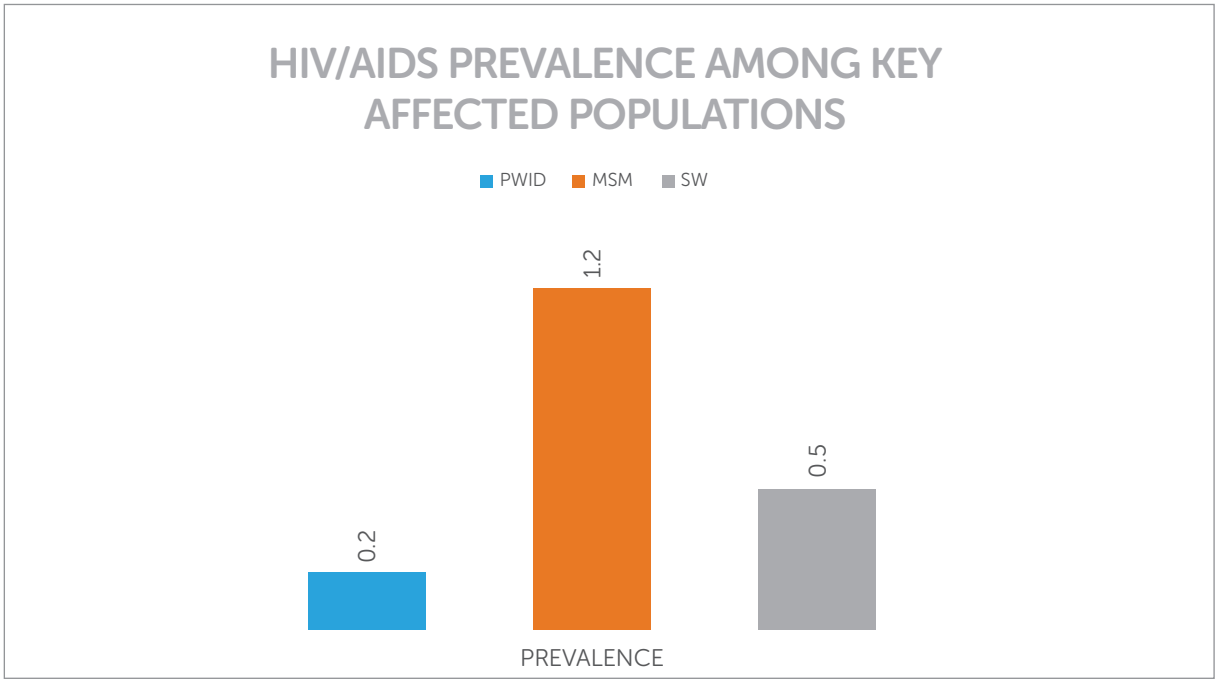
The Global Fund's grants in BiH

Since 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria has funded two projects related to the HIV/AIDS prevention in BIH for about 40 million USD. The first one was entitled the Coordinated National Response to HIV/AIDS and Tuberculosis in a war-torn and highly stigmatized setting' (Phase I, November 2006 – October 2008; and Phase II, November 2008 – October 2011), and the second one was Scaling up Universal Access for Most at Risk Populations in Bosnia and Herzegovina (Phase I: December 2010 - November 2012; Phase II: December 2012 - November 2015). The HIV/AIDS projects in BiH funded by the Global Fund were aligned with the Strategy to Respond to HIV/AIDS in Bosnia and Herzegovina 2011-2016 and have directly addressed the Millennium Development Goal Number Six. The Global Fund financial contribution accounts for approximately 30% to 35% of the overall cost of the HIV/AIDS programme in BiH (2006-2015)[10].

	2013	2014	2015
GDP per capita	4594.75	4651.73	4807.60
Public spending's on health (% of GDP)	7.0%	9.6%	10.2%
Government spending's on HIV/AIDS	12,733,167	12,796,516	12,859,865
GFATM grants for HIV/AIDS	4,156,408	4,257,626	4,061,212

With a HIV/AIDS prevalence of less than 0.1% in the general population and less than 5% among identified key-affected population, BiH falls among the low prevalence countries. During the last five years, about 20-25 new HIV/AIDS infections were registered yearly. The predominant route of transmission in 2015 was heterosexual (45%), followed by homosexual/bisexual (39%) and injection drug use (8%)[11].

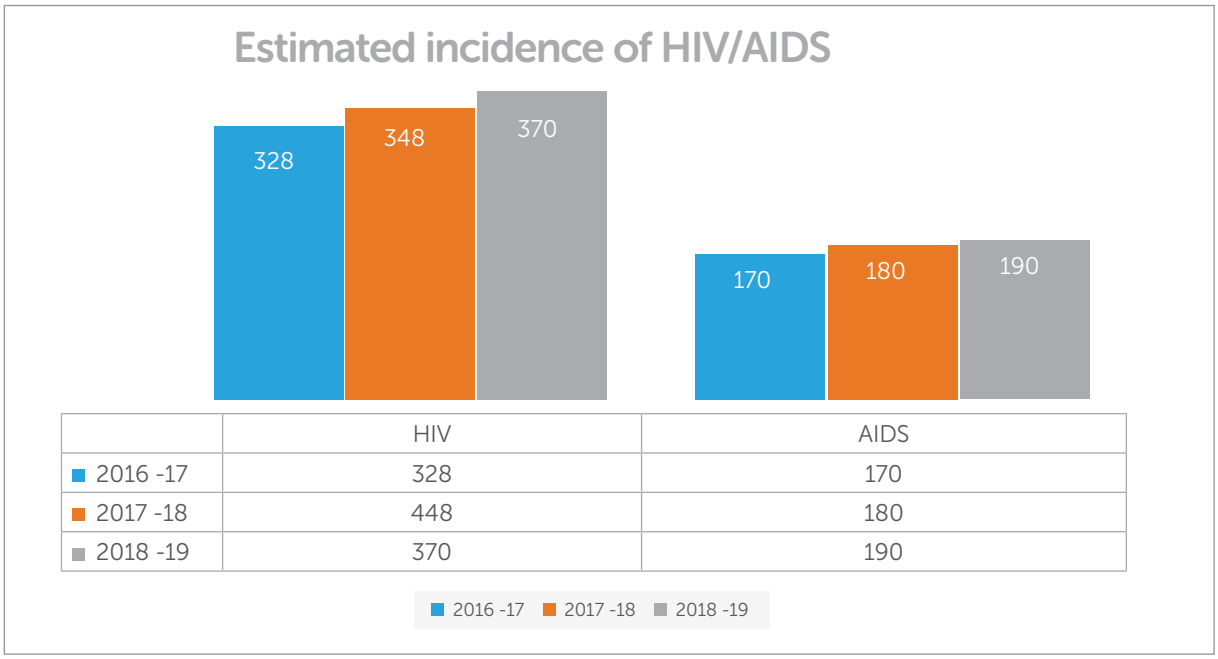
Graph 4: HIV/AIDS prevalence among key-affected population in Bosnia and Herzegovina in year 2012



A Bio-behavioral Surveillance Survey conducted in 2012 among key affected populations revealed a HIV/AIDS prevalence rate of 0.2% among Persons Who Inject Drugs (PWID), 1.2% among Men who have Sex with Men (MSM) and 0.5% among sex workers[12].

The national population size range of key affected population has been estimated as follows: MSM, 6,900 – 9,500 persons; persons who inject drugs, 9,500 – 15,500 persons; and sex workers, 2,500 – 5,500 persons.[13]

Graph 5: Estimated incidence of HIV/AIDS in Bosnia and Herzegovina[14]



	HIV	AIDS
2016 -17	328	170
2017 -18	448	180
2018 -19	370	190

[11] Advocacy Plan for HIV/AIDS/STI prevention in BiH for the period 2015-2017;
[12] Report Estimating population sizes for MSM, PWID and SW in BiH, November 2013;
[13] AIDS Project Management Group, 2014: Size estimation report of MSM, PWID, SW population in BiH;

Global Fund Eligibility

In accordance with the Global Fund's eligibility criteria based on a combination of income level and burden of disease adopted in 2014[15], as an upper-middle income country with a low HIV/AIDS prevalence rate in both the general and high-risk populations, Bosnia and Herzegovina was declared ineligible for Global Fund support[16]. Thus, funding from the Global Fund to BiH ended at the end of September 2016. The Global Fund will only fund the CCM Secretariat, which will be managed by UNDP till 2018.

Effect of the Global Fund's withdrawal

During the years 2006-2016, about 60-70% of the HIV/AIDS response was funded by domestic funds. Preventive services i.e. harm reduction, mobile testing of KAPs, etc. were fully funded by the Global Fund. Therefore, procurement, delivery of preventive and support services and data collection are currently three key challenges in the post-GF period.

Procurement challenges are related to fragmentation of the country's health system and its inability to enter the free market via one, national mechanism. Thus, BiH is likely to face higher prices and challenges in procurement of commodities. The fragmented health system also contributes to the fact that 16% of population living in BiH are without health insurance. The current HIV/AIDS National Strategy for the period 2011-2016 is costed and prioritizes key affected populations. The Development of national strategies was led by the National Advisory Board of CCM under guidance of the BIH Government. Today 20 VCT centers operate within public health institutions. Antiretroviral Therapy (ART) is available to all persons in need and treatment is carried out at the infectious diseases clinics in Banja Luka, Sarajevo and Tuzla. However, the ART resistance test is not available for patients because of lack of equipment and capacity.

In BiH, the CSOs offer prevention and other services to persons living with HIV/AIDS and key affected populations as well as training on stigma and discrimination against PLHIV and KAP to health care workers. In BiH, there is no existing law for social contracting: CSOs can receive grants from the ministries but cannot be contracted by the health care fund for the provision of services. In addition, stigma and discrimination against PLHIV and KAP even among the health care workers is still one of the main obstacles in the country's HIV/AIDS response. The Global Fund helped address these issues by funding CSOs preventive and support activities as well as continuous professional development of the health care workers. These activities will be discontinued without the Global Fund support.

A third challenge is data collection and surveillance because there is no systematic methodology and quality of data is often inconsistent[17]. The presence of the Global Fund provided a framework and guideline for data collection and surveillance.

[14] Transition plan for the Continuation of HIV/AIDS prevention, treatment and care in BiH 2015-2017;
[15] Aidspan. The New Funding Model Allocations: An Aidspan Analysis. Aidspan, November 2014;
[16] GlobalFundEligibilityList2017;http://www.theglobalfund.org/en/fundingmodel/process/eligibility/ Core_EligibleCountries2017_List_en.pdf
[17] Response to HIV/AIDS in BiH 2011-2016 Strategy;

1. BiH programmes and services that will be lose funding after the Global Fund's withdrawal

Most programmes and services implemented by CSOs will lose the source of funding. Almost all prevention, promotional and educational activities implemented by CSOs will lack funding as well as the mobile VCT centres and their community services in community. This situation will also result in lack of activities related to fighting stigma and discrimination, advocacy, promotion of PLHIV and KAP rights, and social support to PLHIV.

The essential programmes and services essentially are:

- Monitoring of the epidemiological and risky behavior indicators usually done through serological studies and behavioral studies;
- Continuous education of Voluntary Confidential Counselling and Testing (VCCT) personnel and of potential stakeholders and partners of the VCCTs;
- Provision of universal coverage of HIV/AIDS prevention programs, of drop-in centers, and counselling services for the key affected populations and PLHIV;
- Informational and educational campaigns on risky behavior and HIV/AIDS prevention;
- Opiate Substitution Treatment (OST) procurement and consequently harm reduction programs;
- Stigma and discrimination and healthy lifestyles advocacy

2. Key fund priorities in the HIV/AIDS fight

Continuation of prevention, care and services for the KAP, including MSM and prisoners. These prevention activities should include harm such as needle exchange programmes, OST therapy, and continuous services of voluntary and confidential counselling (VCT) and HIV/AIDS testing.

Risky behavior prevention, continuous education of all interested parties aiming to raise the level of knowledge and attitude change, and provision of continuous treatment for PLHIV;

Special attention should be devoted to prisons where harm reduction activities have not been adopted as OST therapy has been implemented only in some parts of the country. In order to ensure availability of free treatment for clients on OST, the Naloxone Buprenorphine should be adopted onto the essential list of medication.

3. Populations that will be most affected by the withdrawal of Global Fund

Key affected populations (Men Having Sex with Men, Sex Workers and Injection Drug Users) and PLHIV will be most negatively influenced by the Global Fund's withdrawal from Bosnia and Herzegovina. All other marginalized groups (such are Roma people, migrants and prisoners) will also lose the support and activities which were provided to

them by CSOs. One of the most significant segments of the program is the support to persons living with HIV/AIDS. Considering their lower social status in BiH as well as stigma and discrimination by medical workers and society, social support will hardly be provided to this population.

Medical and non-medical staff are also affected by the loss of education in fighting the stigma and discrimination, PLHIV friendly approach is timely upgrading information and knowledge on HIV/AIDS and ART.

4. Impact of the end of the Global Fund financing on existing beneficiaries

The short answer by majority of the persons living with HIV/AIDS and key affected populations interviewed was "I will lose everything!"

The Global Fund programme provided PLHIV clients with items to improve basic life conditions in their households (thermal isolation, stoves and other household basic appliances etc.). The PLHIV - patients have received packages of food and for their personal hygiene regularly as they could not afford them. In addition, they have been receiving firewood during winter. These patients will lose access to the above mentioned services with the main focus on basic food and hygienic supplies. Note that they will still receive one meal per day in humanitarian public kitchens, but the rest of their needs will not be covered at all. The patients have unsuccessfully contacted social care centres asking for provision of firewood and hygienic supplies.

Most importantly, the persons living with HIV/AIDS stated that the Global Fund program has afforded them a certain dose of dignity because they were treated with full respect even during the humanitarian packages distribution. At no time did they feel degraded or humiliated because of their HIV/AIDS or social situation. They are convinced that such treatment would be impossible to obtain through any other form of institutional support where strong stigma and discrimination still exists toward the PLHIV.

5. Substitutive funds to cover gaps in funding

ART procurement is implemented by health insurance funds in Federation of Bosnia and Herzegovina, The Republic of Srpska and Brčko District and funding of this segment is sustained. The BiH Ministry of Civilian Affairs will continue providing support to the National Advisory Board for fighting HIV/AIDS (permanent member of the Council of Ministers BiH) and CCM (country coordinating mechanism) in the strategic planning, inter-sectorial and political dialogue and advocacy at highest levels in BiH.

However, there are no substitutive funds for HIV/AIDS prevention programs which are mainly dependent on donor funds. The budgets of public health institutions, ministries, health insurance funds, and local governments have no specifically allocated lines for the HIV/AIDS prevention, especially for those programs conducted by Civil Society organizations (CSOs). An emerging idea is to use the health insurance funds and funds of Ministry of Health to cover the activities that will lose the funding.

Also, there are ongoing activities and negotiations for OST funding by Public Health Insurance Funds (in cantons and Republic of Srpska where it has not been the case). But those negotiations are not finalized yet.

6. Advocacy and fund raising activities to cover gaps left by the Global Fund

They are State institutions to take over the responsibility of funding the activities previously funded by the Global Fund. The Public Health Institute introduced the need for HIV/AIDS test procurement by the Health Insurance Fund and the need for funding epidemiological monitoring and research by the Ministry of Health.

The BiH Ministry of Civilian Affairs will continue its participation and leadership of CCM BiH (Country Coordinating Mechanism) and take over responsibility for the basic funding of the CCM.

Currently CSOs and National HIV/AIDS Coordinators are seeking funds for harm reduction programs; CSOs are seeking funding to continue the prevention activities as well as advocacy and social support to PLHIV.

7. The future of CCM in BiH

Opinions vary depending on whether responders were representatives of CSOs and state Institutions.

The representatives of the CSO's and National HIV/AIDS Coordinators strongly believe that the future of CCM in BiH is uncertain. It is possible that the CCM will still exist formally for a certain period of time, but with very limited content in the field of HIV/AIDS after the Global Fund withdrawal.

On the other side, representatives of the institutions (including the Ministry of Civil Affairs) claim that CCM will continue to work in a new, modified composition, with an altered mandate focused on monitoring the Transition Plan implementation for continuation of prevention programs, and treatment in BiH 2015-2017.

The work of CCM in the coming two years will be financially supported by the Global Fund.

Conclusion

It appears that Bosnia and Herzegovina is not fully prepared for the withdrawal of the Global Fund. The country appears to need funding and time to help ensure that an HIV/AIDS responsible transition planning process is in place. For instance, an additional period will afford the time needed to create a social contracting mechanism for the provision of preventive health, social, and educational services. These services are offered by CSOs but there is currently no law to allow them to them to offer some services on behalf of health insurance funds.

Also, it might be important that the Global Fund help increase awareness of other international donors and organizations to the challenges faced by this country and others in a similar situation and help mobilize support. This suggestion is particularly relevant for the European Union since the BiH is one of EU neighboring countries. The European Union may be able to use its political leverage and its funding to help the BiH address gaps in the HIV/AIDS response. Other international donors and charitable foundations can also play a significant role in helping the country in the fight against HIV/AIDS and Tuberculosis.

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