**THE REPUBLIC OF CROATIA**

**THE MINISTRY OF HEALTH AND SOCIAL WELFARE**

# UNGASS COUNTRY PROGRESS REPORT

**Reporting period:**
**January 2006 – December 2007**

**January 2008**

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# Croatia

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***Submission date:*** *January 31, 2008*

## I. Table of Contents

## II. Introduction

Having in mind that the indicators have been changed during 2007, and that research planning and implementation was largely based on the indicators as defined for the 2005 round of reporting, a part of the responsibility for incomplete data in this reporting round should be taken by parties deciding to change the indicators in question.

## III. Status at a glance

### The inclusiveness of the stakeholders in the report writing process

All the relevant stakeholders have taken part in compiling this report. Even tough no workshop has been organized to this purpose, the major partners gave their contribution to this report through the everyday work they have done during this reporting period and have helped the M&E Unit when compiling the report through providing extensive consultations and phone interviews, promptly and expertly providing the information needed.

These are:

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MSc Ivanka Mihaljević, Croatian Institute of Transfusion Medicine,

and the following NGOs:

NGO Iskorak – a LGBTIQQ group for promotion and protection of different sexual orientations,

NGO Help – a youth help organization

NGO for improving the quality of life "LET",

NGO Terra,

PRO-REPRO a non-government organization for education in, promotion and protection of reproductive health,

The Croatian Red Cross,

International Organization for Migrations,

Croatian Association for HIV (CAHIV),

## The status of the epidemic

The HIV/AIDS situation has been monitored in Croatia since 1985, when the first AIDS cases were documented here. Between 1985 and 2006, there were 608 documented cases of HIV infection, 258 of which progressed to AIDS. During the same period of time, of the 608 diagnosed HIV 137 patients died.

Four fifths of HIV/AIDS cases are male, who are mostly infected between the age of 25 – 49.

With respect to probable transmission routes 9.2% of all HIV infections occurred through injecting drug use, while the majority of cases are attributed to sex between men, of which there is 41.8% among all HIV cases. Alltogether, 39.7% HIV infections occurred through heterosexual route of transmission and there were 2.6% of all infections occurred in persons receiving blood products whereas 1.6% were cases of mother to child transmission. Finally 5.1% were of unknown mode of transmission.

From laboratory registries, an average of 170 000 persons are tested each year, and around 80 HIV positive tests are registered annually.

## The policy and programmatic response

The Infectious Diseases Epidemiology Department with the Croatian National Institute of Public Health has been following the epidemiologic situation regarding HIV

infections since 1985, when first AIDS patients were registered in Croatia. The Infectious Diseases Epidemiology Department is following the situation using its own information system based on individual reporting. HIV infected persons as well as AIDS cases and deaths are reported and are being entered into the National HIV/AIDS Registry, maintained at the Infectious Diseases Epidemiology Department with the Croatian National Institute of Public Health. Registry data are part of the world information system and two networks of individual HIV infected and AIDS patients reporting maintained by the World Health Organization (EHIDS –European HIV Infection Data Set and ENAADS – European Non-aggregate AIDS Data Set). Reported AIDS cases sent to the WHO are anonymous.

Unlike some European countries with a low level AIDS incidence, Croatia has had all the necessary prerequisites for an early entrance of the HIV epidemic into the country – open borders, citizens travelling abroad, migrant workers, developed tourism industry etc. The Croatian National Programme for HIV/AIDS prevention includes measures of primary, secondary and tertiary prevention. A large proportion of measures for HIV/AIDS prevention are based on health education in the general sense, especially focusing on populations with high risk behaviour, with the goal of changing such behaviour. Due to the low level of HIV/AIDS risk in the Republic of Croatia these measures are predominantly focused on promotion of protective behaviour in general population and adolescent population and on prevention of determined risk behaviour within certain most–at–risk groups. A part of these measures refers to risk reduction among populations such as MSM, IDUs, CSWs, heterosexuals with a high partner change rate, sexual partners of HIV positive persons and others. Protection measures against nosocomial infections as well as blood control and control of immunobiologic preparations are continually conducted in Croatia. The action plan of the Croatian National Programme for HIV/AIDS prevention includes five major areas, described in more detail in chapter IV. - National response to the AIDS epidemic.

## UNGASS indicator data in an overview table

| NATIONAL PROGRAMME INDICATORS | | |
|---|---|---|
| **Indicator No.** | **Indicator Name** | **Indicator Relevance** |
| 3 | Blood Safety | Relevant |
| 4 | HIV Treatment: Antiretroviral Therapy - 2006 | Relevant |
| 4 | HIV Treatment: Antiretroviral Therapy - 2007 | Relevant |
| 5 | Prevention of Mother-to-Child Transmission - 2006 | Relevant |
| 5 | Prevention of Mother-to-Child Transmission - 2007 | Relevant |
| 6 | Co-Management of Tuberculosis and HIV Treatment | Relevant |
| 7 | HIV Testing in the General Population | Relevant but no data |
| 8 | HIV Testing in Most-at-Risk Populations - Sex Workers | Relevant but no data |
| 8 | HIV Testing in Most-at-Risk Populations - Men Who have Sex with Men | Relevant but no data |
| 8 | HIV Testing in Most-at-Risk Populations - Injecting Drug Users | Relevant but no data |
| 9 | Most-at-risk Populations: Prevention Programmes - Sex Workers | Relevant but no data |
| 9 | Most-at-risk Populations: Prevention Programmes - Men Who have Sex with Men | Relevant but no data<br>From RDS in Zagreb: 49.1% ever tested on HIV |
| 9 | Most-at-risk Populations: Prevention Programmes - Injecting Drug Users | Relevant but no data |
| 10 | Support for Children Affected by HIV and AIDS | Relevant |
| 11 | Life Skills-based HIV Education in Schools | Relevant |
| **KNOWLEDGE AND BEHAVIOR INDICATORS** | | |
| **Indicator No.** | **Indicator Name** | **Indicator Relevance** |
| 12 | Orphans: School Attendance | Relevant |
| 13 | Young People: Knowledge about HIV Prevention | Relevant |
| 14 | Most-at-risk Populations: Knowledge about HIV Prevention - Sex Workers | Relevant but no data |
| 14 | Most-at-risk Populations: Knowledge about HIV Prevention - Men Who have Sex with Men | Relevant but no data<br>There are data on this from RDS |
| 14 | Most-at-risk Populations: Knowledge about HIV Prevention - Injecting Drug Users | Relevant but no data |
| 15 | Sex Before the Age of 15 | Relevant but no data |
| 16 | Higher-risk Sex | Relevant but no data |
| 17 | Condom Use During Higher-risk Sex | Relevant but no data |
| 18 | Sex Workers: Condom Use | Relevant |
| 19 | Men Who Have Sex with Men: Condom Use | Relevant |
| 20 | Injecting Drug Users: Condom Use | Relevant but no data |
| 21 | Injecting Drug Users: Safe Injecting Practices | Relevant but no data |
| **IMPACT INDICATORS** | | |
| 22 | Reduction in HIV Prevalence - Youth | Not relevant |
| 23 | Most-at-risk Populations: Reduction in HIV Prevalence - Sex Workers | Relevant |
| 23 | Most-at-risk Populations: Reduction in HIV Prevalence - Men Who have Sex with Men | Relevant |
| 23 | Most-at-risk Populations: Reduction in HIV Prevalence - Injecting Drug Users | Relevant |
| 24 | HIV Treatment: Survival After 12 Months on | Relevant |

| | | |
|---|---|---|
| | Antiretroviral Therapy | |

## IV. Overview of the AIDS epidemic

**a)** The HIV/AIDS situation has been monitored in Croatia since 1985, when the first AIDS cases were documented here. Between 1985 and 2006, there were 608 documented cases of HIV infection, 258 of which progressed to AIDS. During the same period of time, of the 553 diagnosed HIV 137 patients died. (Figure 2).

Four fifths of HIV/AIDS cases are male (Figure 3), who are mostly infected between the age of 25 – 49 (Figure 4).

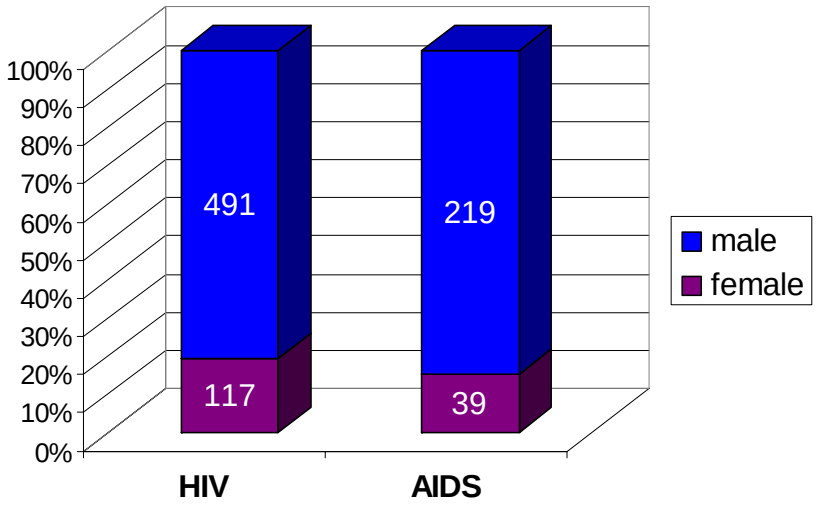


*Figure 1. Gender distribution of HIV and AIDS cases in Croatia*

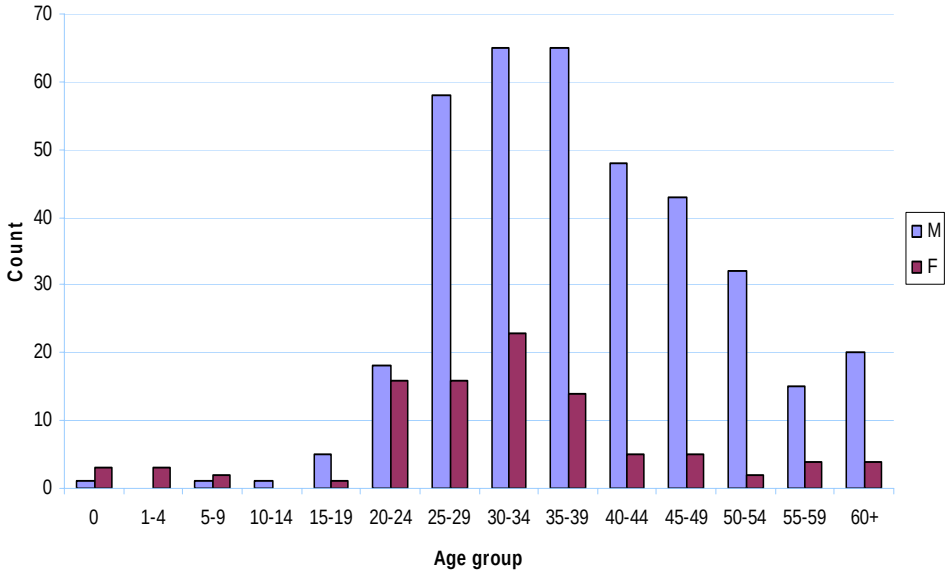

*Figure 2. Age/gender distribution of HIV cases at the time of diagnosis in Croatia*

**b)** With respect to probable transmission routes 9.2% of all HIV infections occurred through injecting drug use, while the majority of cases are attributed to sex between men, of which there is 41.8% among all HIV cases. Alltogether, 39.7% HIV infections occurred through heterosexual route of transmission and there were 2.6% of all infections occurred in persons receiving blood products whereas 1.6% were cases of mother to child transmission. Finally 5.1% were of unknown mode of transmission.

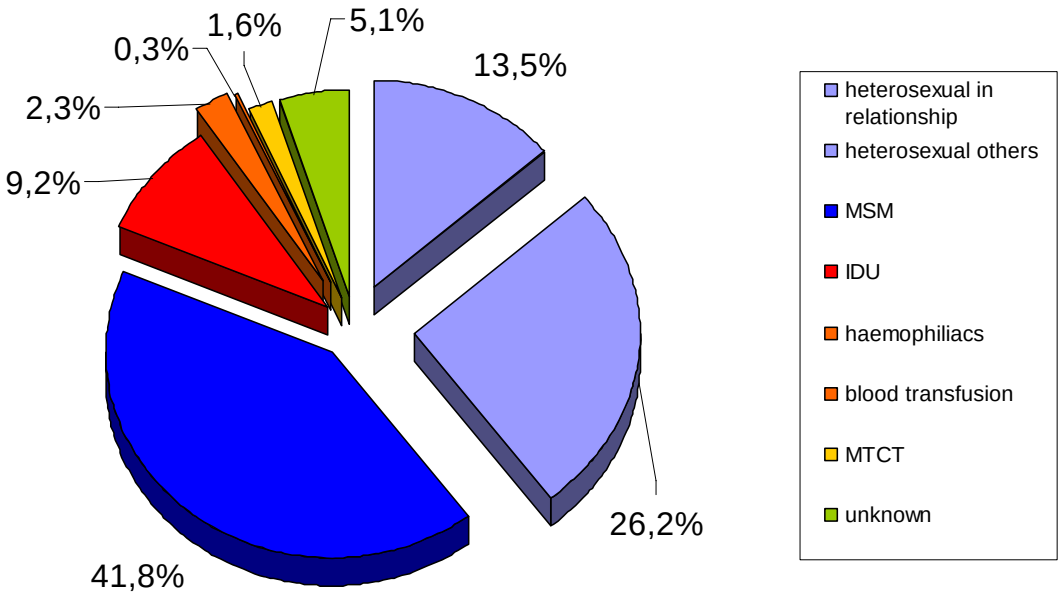


*Figure 3. Probable transmission routes*

**c)** From laboratory registries, an average of 170 000 persons are tested each year, and around 80 HIV positive tests are registered annually.

**Ad a)** The incidence of AIDS cases in Croatia increased yearly until 1994, when it began to stabilize and stayed so till 1999. Between 1994 and 1999, there was a mean of 16 diagnosed cases per year. With the introduction of the highly active anti-retroviral therapy, the number of AIDS cases and deaths from AIDS showed a slight decrease, while the number of HIV positive persons increased. This increase can partially be explained by increased reporting due to improved diagnostic measures, especially within MARPs. The annual AIDS incidence is decreasing at a value less than 4 per 1 million inhabitants, and HIV infection incidence is at 10-14 per 1 million inhabitants. These

values place Croatia in the category of countries considered to have a low HIV/AIDS incidence.

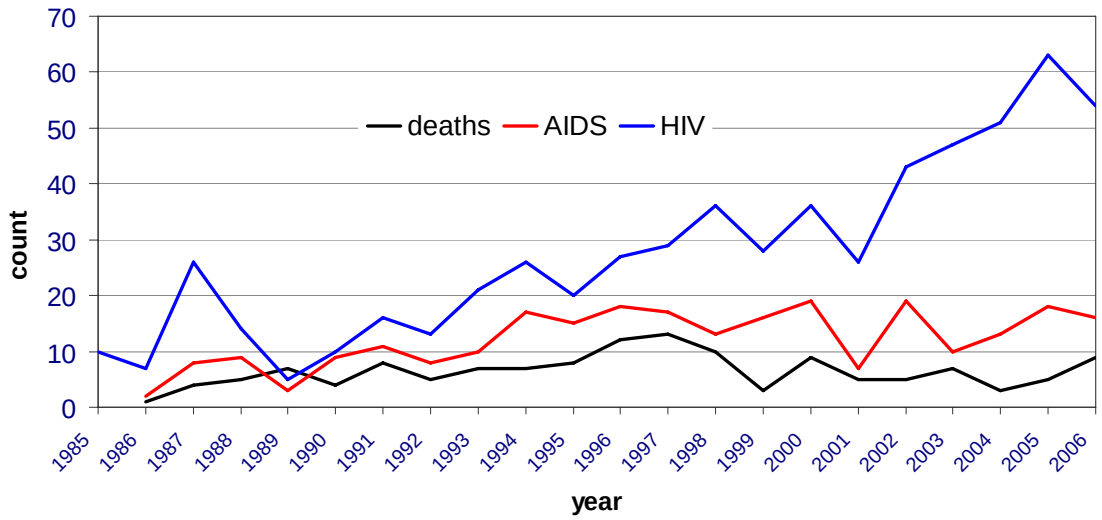


*Figure 4. Annual number of persons in the Republic of Croatia with diagnosed HIV infection, AIDS and the number of deaths of persons infected by HIV; for the period 1985-2006*

Incidence, prevalence and dominant modes of transmission of HIV vary by region in Croatia. AIDS patients and the HIV infected persons are found in all parts of the country. The incidence and prevalence, of both HIV and AIDS, is somewhat higher in the coastal areas, though the total number of AIDS cases is the highest in the capital, Zagreb. Among the infected in Zagreb, HIV is transmitted most frequently through MSM contact. Epidemiologic data shows that this is the case of virus transmission among the domestic MSM population. In the most southern coastal parts of the country, there is a somewhat higher proportion of transmission via MSM contact. In the coastal regions (Primorje and Dalmatia) transmission via heterosexual contact is dominant. In these regions, the infection is often transmitted by men infected abroad during contact with promiscuous persons and sex workers. This infection is then conferred to regular sexual partners, usually wives and girlfriends, living in the country. In Istria, transmission via intravenous drug use and needle sharing is dominant, though other routes of transmission present in this area.

**Ad b)** Most of the infected patients acquired the infection abroad. The fraction of HIV-infected individuals who have acquired the infection abroad versus domestically

varies by risk group. Almost all HIV-infected heterosexual men in Croatia, for example, have acquired the HIV infection outside the country working as migrant workers, mostly sailors.

In Croatia, AIDS is being registered almost exclusively within MARPs and is seen predominantly among men who have sex with men (42.7%). HIV-infected heterosexuals (39.7%) are almost always men who have spent extended periods of time abroad and their steady female partners in Croatia. Among those infected via heterosexual transmission, there are no adolescents. Eight children in Croatia have contracted HIV from their mothers, and three have progressed to AIDS.

Intravenous drug users (IDUs) comprise 8.4% of total AIDS cases in Croatia and 9.2% of the total HIV infected population. HIV infection among drug users is monitored on an annual basis, with an average of 800 persons tested annually. Among IDUs, the HIV prevalence is around 1%. The percentage of HIV infected IDUs has not increased over the last 15 years.

**Ad c)** Voluntary donation, low prevalence of HIV infection, and mandatory blood product testing has kept the rate of infection via receipt of blood and blood products low. In Croatia, all donated blood has been tested on for HIV since 1987, and additional prevention measures are employed when taking blood from higher-risk donors (Figure 5). According to the National HIV/AIDS Health Protection Programme, only blood from donors in Croatia is used, a principle known as "self containment". This principle is likewise followed with other blood products. If import of blood derivatives is necessary, a set of procedures exist to ensure the safety of the blood products. Approval by the Croatian Agency for Medicinal Products and Medical Devices is required.

A number of cases have been reported in Croatia in which HIV has been transmitted through blood or blood products. Since 1985, 13 patients with hemophilia have contracted HIV and 8 have developed AIDS. All patients with hemophilia received imported blood derivatives. Since 1992, there were no new registered HIV infected patients from this group. There were also two registered non-hemophiliac cases of HIV infection after transfusion of blood from within the country (one in 2003 and the one in 2004).

From laboratory registries, an average of 170 000 persons are tested each year, and around 80 HIV positive tests are registered annually. The system of monitoring HIV infected persons through laboratory registries provides a valuable indicator of trend movements, but as with all the information systems used to collect data from laboratories, it is subject to over-reporting (testing in another laboratory, testing of earlier reported cases). Based on individual reports in 2006 there were altogether 54 new HIV infected persons.

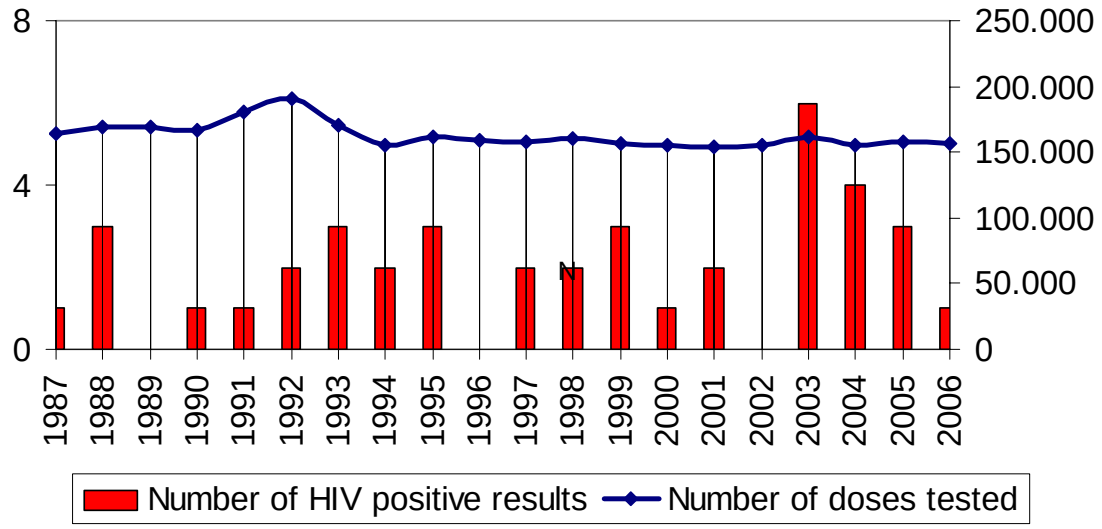


*Figure 5. Number of HIV positive tests among voluntary blood donors in Croatia*

## V. National response to the AIDS epidemic

The Croatian National Programme for HIV/AIDS prevention includes measures of primary, secondary and tertiary prevention. A large proportion of measures for HIV/AIDS prevention are based on health education in the general sense, especially focusing on populations with high risk behaviour, with the goal of changing such behaviour. Due to the low level of HIV/AIDS risk in the Republic of Croatia these measures are predominantly focused on promotion of protective behaviour in general population and adolescent population and on prevention of determined risk behaviour within certain most–at–risk groups. A part of these measures refers to risk reduction among populations such as MSM, IDUs, CSWs, promiscuous persons, sexual partners of HIV positive persons and others. Protection measures against nosocomial infections as well as blood control and control of immunobiologic preparations are continually conducted in Croatia and these measures should be conducted further on. Respecting and promoting human rights of HIV infected persons is also of exceptional importance. HIV infected people have a right to privacy, normal education, health care, housing and non-discriminating relations in all aspects of their life. The public should be introduced to the importance of overcoming prejudice, ignorance and discrimination prevention in the fight against AIDS.

The action plan of the Croatian National Programme for HIV/AIDS prevention includes: first, strengthening of national forces for the surveillance of the infection development, analysis of the epidemiologic situation and monitoring of risk behaviour as well as development and implementation of efficient programs for HIV prevention and conducting and evaluating these programs through monitoring normative activities, monitoring the epidemiologic situation in Croatia and the world and improving cooperation and coordination; second, increasing the number of voluntary counselling and testing so as to enable a timely counselling and prevention of the progress of the disease by introducing new models of voluntary testing, counselling and referral; third, providing optimal care to the HIV infected, development of preventive services for the HIV infected and fight against their stigmatization and discrimination by implementing the diagnostics procedure, therapy and treatment regarding the HIV infection, providing

care for the HIV infected and by implementation of promotional activities; fourth, application of standard protection measures with the goal of minimizing risks of HIV transmission and other causative agents transmitted by blood through conducting standard protection measures in health organizations, educational organizations, institutions of social care, sports and other organizations and through blood safety, safety of immunobiologic preparations, tissues and replacement organs; and fifth reducing the infection transmission among particular populations through prevention of HIV spreading among high risk populations (MSM, IDU, heterosexual men and women of risky behaviour, migrant-workers) and the prevention of HIV spreading among adolescents and grown-up population.

## Treatment and care

The system of care in Croatia is a centralized one, hence all of the HIV infected patients are treated at the HIV/AIDS center at University Hospital for Infectious Diseases UHID. There were relatively few patients in care up to 1995. Most of them were hospitalized with major opportunistic diseases and the median survival after being diagnosed with AIDS was 15.8 months in the period 1985-1998.

Among a range of opportunistic infections that have been diagnosed the two most frequent were tuberculosis and *Pneumocystis jiroveci* pneumonia (PCP). Only very few patients received PCP prophylaxis or zidovudine therapy before 1992; out of altogether 36 AIDS patients in care before 1992 only 2 patients used zidovudine and 3 PCP prophylaxes.

Protease inhibitors became reimbursed by the Croatian National Health Insurance in April 1998; regardless of this, 12 patients had already used them in 1997 but unfortunately, had to pay for the protease inhibitor before April 1998, which sometimes contributed to the interruption or suboptimal antiretroviral treatment. When compared to the period 1986-1996, survival following the first AIDS-defining illness markedly improved in the period 1997-2000 (adjusted Hazard Ratio for patients surviving more than 6 months: 0.11). Over time, the number of patients taking HAART has increased and in August 2006 there were 277 patients receiving it. In 2006 there were 73 persons with advanced HIV infection (CD4 count less than 200 cells/$mm^3$) receiving HAART and

in 2007 this number was 85. During this reporting period out of 39 patients who started HAART in 2006 one patient has died.

The process of registration and approval of antiretrovirals is slow. In September 2006 the following antiretrovirals are on the Croatian National Insurance Drug List: zidovudine, lamivudine, zidovudine plus lamivudine, stavudine, didanosine, abacavir, nevirapine, efavirenz, indinavir, ritonavir, nelfinavir and lopinavir/ritonavir. All antiretrovirals on the Drug List are provided free of charge. Presently tenofovir and the newly developed fixed combinations of antiretrovirals (Truvada™ and Kivexa™) are not available in Croatia. Fosamprenavir and atazanavir, and drugs used as salvage regiments such as enfuvirtide, tipranavir and darunavir were also not registered in Croatia in 2006.

Among the 277 patients taking antiretrovirals the following combinations are used more frequently: zidovudine plus lamivudine plus efavirenz (22.4%), zidovudine plus lamivudine plus lopinavir/ritonavir (14%), zidovudine plus lamivudine plus nevirapine (11.2%) and abacavir plus lamivudin plus efavirenz (11.2%). The average monthly cost of antiretrovirals for one patient is approximately 800 USD.

An Outpatient Centre for HIV/AIDS which was opened at UHID in June 2005, the integral part of which is also psychosocial support. HIV infected patients need no referral from primary care physicians, which is usually required for other diseases, to enter care at UHID. Antiretrovirals are also given to patients at UHID from the hospital pharmacy. There is a close collaboration of VCT centers and other hospitals with UHID. A small renal dialysis unit for HIV infected patients was opened at UHID in 2005.

**Reduction in HIV prevalence**

Since we are dealing with a low-prevalence epidemic in Croatia, we are concentrating on one major impact indicator, that is, the reduction in HIV prevalence among most-at-risk populations. These groups, in Croatia include MSM (men who have sex with men), commercial sex workers, sex workers' clients and IDU (iv drug users) and mobile populations.

The highest prevalence among most-at-risk groups is to be found within the MSM (men who have sex with men) population, amounting to 3.3%, the next most-at-risk group are commercial sex workers, where data shows a prevalence of 1.5%. HIV

prevalence within the group of clients of sex workers is somewhat lower compared to the two previously mentioned groups, amounting to 0.6%, whereas the same prevalence (0.6%) is to be found among IDU (iv drug users) and mobile populations were found to have the lowest prevalence (0.2%). The prevalence in those having more than 2 partners in the last 12 months was found to be 1.2% and those with a history of STI 0.8%.

| Group | Prevalence; Confidence interval for prevalence (%) |
|---|---|
| Intravenous drug users (IDU) | 0.6; 0 – 1.5 |
| Clients of commercial sex workers | 0.6; 0 – 1.5 |
| Men who have sex with men (MSM) | 3.3; 0.9 – 5.7 |
| Migrant workers | 0.2; 0 – 0.6 |
| Commercial sex workers (CSW) | 1.5; 0 – 4.4 |
| >2 partners in the last 12 months | 1.2; 0.3 – 2.1 |
| History of STI | 0.8; 0 – 1.9 |

**Knowledge and behaviour change**

As far as the knowledge of young people is concerned, a survey was conducted during 2006 among young persons of the age of 14 (13.50-14.49) years, those attending secondary schools grade I (aged 14, 50-15, 49) and grade III aged 17 (16.50-17.49) living in Croatia.

To meet the survey objectives of providing reliable estimates at Croatia level a sample of 1000 respondents was desired 500 respondents at each age.

In order to ensure high efficiency of the sample design, the secondary schools were systematically selected with a probability proportional to the total number of students in secondary schools. During the first stage, a sample of 20 secondary schools was selected. In order to ensure a good representativity the sample of secondary schools was stratified by type of school in three groups (1. grammar school, 2. four year schools, 3. three year schools).

At the second stage of selection, one class of first graders and one class of third graders in secondary schools were randomly selected using a simple random sampling approach.

Questionnaire contained several questions relevant to knowledge, attitudes and behaviour on sexually transmitted infections and HIV/AIDS as they are defined in the UNGASS youth knowledge indicator which were as follows:

1. Can the risk of HIV transmission be reduced by having sex with one uninfected partner who has no other partners?
2. Can a person reduce the risk of getting HIV by using a condom every time they have sex?
3. Can a healthy looking person have HIV?
4. Cana person get HIV from mosquito bites?
5. Can a person get HIV by sharing food with someone who is infected?

The results showed that the least number of correct answer were given to all questions (19,92%), followed by question number four to which 40,04% of the respondents gave a correct answer. To question number one 64,45% gave correct answers, to question number two 72,27% and to question number five 74,22% while most correct answers were given to question number three (90,53%).

Having in mind that since the end of the Global fund project the number of high schools who provide life skills–based HIV education has dropped to 15 out of a total 320 high schools in the country, when in comparison, in 2006 the number of schools which provided such education was 248, a major challenge is to strengthen the continuation of this activity in the future.

Knowledge about HIV prevention is a major element for reduction of HIV prevalence among most-at-risk groups. However, no data is as yet available concerning the percentage of most-at-risk groups who both because our knowledge surveys have been conducted at an earlier stage and were not in concordance with questions proposed for the definition of this UNGASS indicator.

The only available data that gives us an idea of knowledge about HIV prevention among these most-at-risk-groups are behaviours that reduce HIV transmission among the IDU and MSM population, where it was shown that 32.13% of IDUs have adopted

behaviours that reduce HIV transmission, including safe sexual practices (condom use) and avoiding sharing injection equipment. Data which could help see the overall picture regarding knowledge about HIV prevention is data on condom use of CSW and MSM populations (see knowledge and behaviour indicators). Data on knowledge of HIV are available from the respondent-driven sampling survey among MSM carried out in 2006. 70.5% of respondents knew that HIV cannot be transmitted by mosquito bite; 98.3% knew that consistent and correct use of condoms can protect against HIV; 97.2% knew that a healthy looking person can be HIV infected. Only 44.8% knew that gonorrhoea can be transmitted by oral sex.

As far as the knowledge about HIV prevention is concerned, no such survey has been conducted for CSW in this reporting period and data for IDU are still being processed at the moment of compiling this report.

Regarding MSM population there is data available from an RDS study conducted in 2006, which shows that only 53.3% of the respondents in a sample totalling 360, report using a condom the last time they had anal sex with a male partner.

**HIV testing**

The HIV testing policy in Croatia is, due to the low level epidemic present, a non-mandatory one. This means that there is no mandatory testing prescribed neither for general population, nor for most-at-risk populations. During the Global fund project (2003-2006) 10 VCT centres (including one for the prison system) have been established through which voluntary and free-of-.charge services of counselling and testing are offered to the clients. The services of these centres are meant to target most-at-risk populations in Croatia (MSM, IDU, CSW, migrants, prisoners).

For this reporting period no surveys have been conducted which would provide the data as asked through the UNGASS indicators regarding testing, except for the MSM population for which there are data obtained through an RDs study conducted among the MSM population in Zagreb. The results showed that 51.9% MSM reported ever having an HIV test. Also, 52.5% of MSM knew the HIV status of his current or last steady partner.

## Best practices

Croatia has received a GFTAM grant for the period 1. Dec. 2003 – 30. Nov. 2006 with the following key objectives of this project also identified in the national action plan:

1. Maintain the universal access to treatment and improve the psycho-social support to PLWHA.
2. To increase the level of protected behaviors among young people, through school based peer education prevention program.
3. To increase access to VCT services, particularly for members of vulnerable groups
4. To implement targeted interventions for people under increased risks.
5. To strengthen the HIV surveillance system

Prior to the Global Fund project there were only two voluntary counselling and testing (VCT) sites in Croatia. These testing sites were at the University Hospital for Infectious Diseases (UHID) in Zagreb and at the Clinical Centre Rijeka. HIV testing, albeit with limited counselling, has also been performed at Transfusion centres throughout Croatia. Anonymous testing was not widely available before the Global Fund project. However, all citizens of Croatia are entitled to Health Care Insurance and HIV testing was free of charge if proof of insurance was presented. The Global Fund project enabled us to open altogether 10 VCT sites during 2004 and 2005. Positive HIV screening tests are sent to the Reference Laboratory at UHID in Zagreb where confirmatory testing is performed.

The support of the GFTAM project resulted in the establishment of an Outpatient Centre for HIV/AIDS which was opened at UHID in June 2005, the integral part of which is also psychosocial support. HIV infected patients need no referral from primary care physicians, which is usually required for other diseases, to enter care at UHID. Antiretrovirals are also given to patients at UHID from the hospital pharmacy. There is a close collaboration of VCT centres and other hospitals with UHID. In addition, a small renal dialysis unit for HIV infected patients was opened at UHID in 2005.

Multisectoral cooperation has significantly improved thanks to the Global fund project, notably resulting in involvement of civil society in the policymaking process through civil society representatives' active role in the NAC.

Another important achievement one must mention are studies conducted during the period 2003-2006 which were published as a supplement 2 to Collegium Antropologicum volume 30 in 2006. Croatian experts in HIV/AIDS have taken part in international workshops as lecturers and consultants in M&E and lecturers in trainings on second generation surveillance organized by the Andrija Štampar School of Public Health –Regional Knowledge Hub on Second Generation HIV/AIDS Surveillance.

## VI. Major challenges and remedial actions

The major challenges are still the stigma and taboo of HIV infection connected to additional discrimination of "hard-to-reach" populations.

Additional possible challenges lie in the process of increasing knowledge about HIV/AIDS among medical staff and problems related to second generation HIV surveillance goals.

Generally, at this point of the epidemiologic situation in Croatia, aside from the necessary application of all protection measures according to the National HIV/AIDS Health Protection Program it is a priority to:

1. Continue with the work of Centers for voluntary counseling and testing

2. Intensify health education within the MSM population

3. Systematically and efficiently combat the still existing prejudice towards the HIV infected persons and groups of high risk.

## VII. Support from the country's development partners

The private sector in Croatian economy has still not shown interest in investing finances into fight against AIDS. In order to solve this problem we are planning to establish a national HIV/AIDS trust.

## VIII. Monitoring and evaluation environment

In 2006, M&E units at the Croatian National Institute of Public Health and Ministry of Health and Social Welfare were established. This will hopefully improve the current situation even more, having in mind that no M&E unit existed prior to that. Major challenges in improving the M&E environment is still the lack of human resources, i.e. there are no responsible persons who would devote their full attention to M&E, but work only part time on this issue.

## ANNEXES

### ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

The following is a list of steps that have been taken within Croatia preceding the production of this report. The Ministry of Health and Social Welfare and the Croatian National Institute and its M&E Unit responsible for the compiling of this report would like to thank

the following NGOs for their work, without which it would not be possible to collect data necessary for the completion of this report:

- NGO Iskorak – a LGBTIQQ group for promotion and protection of different sexual orientations,
- NGO Help – a youth help organization
- NGO for improving the quality of life "LET",
- NGO Terra,
- PRO-REPRO a non-government organization for education in, promotion and protection of reproductive health,
- The Croatian Red Cross,
- International Organization for Migrations,
- Croatian Association for HIV (CAHIV),

the following health organizations:

- Children's Hospital Zagreb,
- Croatian Association for School Medicine at the Croatian Medical Chamber
- National HIV/AIDS Reference Centre

and of course the regional Public Health Institutes in which VCT centres are located:

- Brod-Posavina,

- Dubrovnik-Neretva,
- Istria,
- Osijek-Baranja,
- Primorje-Gorski kotar
- Split-Dalmatia and
- Zadar counties.

All of the abovenamed partners have continuously collaborated in everyday work and have helped complete this report providing extensive consultation whenever this was needed.

Steps taken that preceded the production of this report to UNAIDS include the following:

- Collecting and compiling UNGASS data
- Entering UNGASS data into CRIS
- Generation of relevant tables and graphics
- Insertion of graphics into the narrative report

*Please email your complete UNGASS Country Progress Report* ***before January 31 2008*** *to UNAIDS Evaluation Department at:* ***ungassindicators@unaids.org***.

*If the Country Response Information System (CRIS) is not used for submission of indicator data, please submit reports by January 15 2008 to allow time for the manual entry of data into the Global Response Information Database in Geneva.*

*Printed copies may be posted to:*

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