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Towards Domestic Financing of National HIV Responses

Lessons Learnt from Croatia

Sustainable Financing of National HIV Responses

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Lessons Learnt from Croatia

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Cover page photo: Art work at the entrance of a drop-in centre

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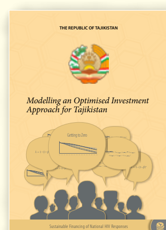

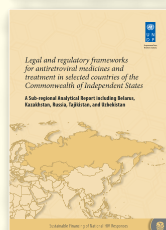

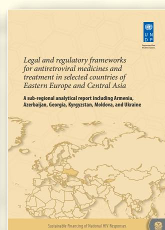

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral (medicines)
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism (of the GF)
CHIF	Croatian Health Insurance Fund
CIPH	Croatian Institute of Public Health
EECA	Eastern Europe and Central Asia
EU	European Union
GDP	Gross domestic product
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IBBS	Integrated bio-behavioural surveys
LGBT	Lesbian, gay, bisexual, transgender
MoH	Ministry of Health
MSM	Men who have sex with men
NFM	New Funding Model (of the GF)
NGO	Non-governmental organisation
NSP	Needle and syringes programmes
PLHIV	People living with HIV
PIU	Project Implementation Unit
PMTCT	Prevention of mother-to-child transmission
PWID	People who inject drugs
RDS	Respondent driven sampling
SEE	South Eastern Europe
SW	Sex workers
UHID	University hospital for infectious diseases 'Dr Fran Mihaljević'

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FOREWORDS

This report highlights the efforts of Croatia to continue funding the national response to HIV/AIDS that has been significantly augmented by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GF) grant from 2003 to 2006. The GF project was not only about funding, it was also about mobilization of different stakeholders, including politicians, NGOs, health care and other professionals. Croatia succeeded to maintain a low level HIV epidemic in the past three decades. However, many challenges remain. Unfortunately, a low-level epidemic often means low-level priority in the society and health care system. Because of this there is a constant challenge of funding, particularly funding of prevention that is not within the scope of the national insurance scheme. And the funds should go where they can truly prevent a case of new HIV infection and have the greatest impact on the epidemic. We all hope that Croatia with its robust response to HIV in the past, as emphasized in the report, will be able to reverse the epidemic and reach the 90/90/90 goals set by UNAIDS and the World Health Organization.

Josip Begovac
University Hospital for Infectious Diseases 'Dr Fran Mihaljević'

Croatia successfully implemented the GF project 'Scaling-up HIV/AIDS response in Croatia (2003-2006)', continued funding preventive activities after the project ended, and was able to keep the HIV epidemic at the low level. This report presents an overview of the implementation of the GF project and transition process to national financing mechanisms in Croatia. Project sustainability activities were continuously implemented through the stakeholder network. Despite limited resources due the long-term financial crisis and some problems and challenges, this transition is an example of good practice and could indicate strategies for sustainability of preventive HIV/AIDS programmes, particularly in countries from South Eastern and Eastern Europe, using the financial resources available through the GF projects. The experiences from a successfully implemented GF project and its sustainability have shown the importance of joint work and multisectoral collaboration between governmental institutions and civil society. In addition, it shows that GF does not only provide financial resources, but makes a positive contribution in developing a national response by building partnerships, collaboration, and investing in people.

Tatjana Nemeth Blažić
Croatian Institute of Public Health

EXECUTIVE SUMMARY

Croatia is a South Eastern European country with a low-prevalence HIV epidemic and a long tradition of a successful national HIV response even before the Global Fund project, which lasted from 2003 and 2006.

The first Croatian National Commission for Combating HIV/AIDS was established by the Ministry of Health (MoH) in 1992. The National Programme for HIV/AIDS Prevention was adopted in 1993 and it was financially supported by the MoH from the beginning. In 1996, the first needle and syringe programme (NSP) started, managed by an NGO, and in 1998, antiretroviral therapy (ART) became available, fully financed by the Croatian Health Insurance Fund.

The GF project focused mainly on youth, HIV testing and counselling (HTC), key populations and psychosocial support to people living with HIV (PLHIV). It enabled HIV education in a number of secondary schools, the establishment of ten HTC centres in public health institutes and other health facilities, NSP up-scaling and the start of preventive HIV services for other key populations provided mainly by NGOs. It also supported psychosocial services for PLHIV provided by an NGO in premises of the University Hospital of Infectious Disease 'Dr. Fran Mihaljević' and the introduction of second generation HIV surveillance, as well as monitoring and evaluation of preventive HIV programmes.

Red ribbon on the statue of Marko Marulić, a Croatian national poet, in Split, near the entrance to the drop-in centre

In parallel, the GF Project Implementation Unit (PIU) was involved in facilitating transition processes towards domestic financing. The critical role of NGOs in providing essential HIV services to marginalized key populations in concentrated epidemics was acknowledged by establishing a framework for NGO social contracting. Effective governance structures ensuring the coordination of the national HIV response beyond the time of the GF grant and its CCM were put in place or strengthened.

In this way, Croatia succeeded in not only sustaining the status quo of the national HIV response achieved through the additional inputs of external sources, mainly through the GF, but in expanding many of its components and in transforming NGO dependencies on external sources into productive contract relationships through a variety of domestic financing mechanisms.

While challenges remain and Croatia's accession as full EU member puts the country into as special context, lessons learnt from the transition processes towards domestic financing of the national HIV response will be of great value for other countries in the South Eastern European sub-region and beyond.

1. INTRODUCTION

The rising HIV epidemic in Eastern Europe and Central Asia (EECA) largely remains concentrated among key populations at higher risk for HIV exposure. The national HIV responses in many EECA countries still rely to a substantial degree on external funding for most of the well-defined essential HIV interventions, particular those targeting key populations like harm reduction measures for PWID. Between 2002 and 2009, the GF approved US $ 263 million for harm reduction programmes in EECA, exceeding funding from all other international sources combined[1].

The GF's New Funding Model (NFM) and related policies including the policy on eligibility criteria and counterpart financing requirements have significant implications for the majority of the EECA countries. Some countries cease to be eligible at all, while for others counterpart-financing requirements are gradually increasing and have reached already up to 60%[2,3]. In addition, pressure is increasing to improve programme efficiencies through optimized budget allocations to the most effective interventions in a country specific context (allocative efficiency) and through further reduction of unit costs without reducing quality standards (technical efficiency)[4,5,6].

At the same time, coverage of many HIV services is still too low; some 30% of adult PLHIV receive ART, the average number of syringes per person who inject drugs is only half the recommended threshold for effective harm reduction programmes and opioid substitution treatment reaches less than 1% of people who inject drugs (PWID)[7]. Scaling up to universal coverage as targeted in almost all national HIV strategic plans in the EECA region, in international commitments[8,9,10], and under the sustainable development goal 3[11] will require more investments.

---

1 Bridge J. Hunter B, Atun R, Lazarus J, Global Fund investments in harm reduction from 2002 to 2009. The International Journal of Drug Policy. 2012; 23(4):279-85.

2 The Global Fund to Fight AIDS, Tuberculosis and Malaria. Turning the tide against HIV and Tuberculosis Global Fund investment guidance for Eastern Europe and Central Asia. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2014.

3 The Global Fund to Fight AIDS, Tuberculosis and Malaria. New funding model: eligibility, counterpart financing and prioritization policy revision. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2013.

4 Republic of Tajikistan. Modeling an optimized investment approach for Tajikistan. Sustainable financing of national HIV responses. Authors: Đurić P, Wilson DP, Kerr C, Hamelmann C. Dushanbe: Ministry of Health of the Republic of Tajikistan; 2014.

5 Abdullaev T, Kostantinov B, Hamelmann C. Legal and regulatory frameworks for antiretroviral medicines and treatment in selected countries of the Commonwealth of Independent States – A Sub-regional Analytical Report including Belarus, Kazakhstan, Russia, Tajikistan, and Uzbekistan. Istanbul: UNDP; 2014.

6 Abdullaev T, Kostantinov B, Hamelmann C. Legal and regulatory frameworks for antiretroviral medicines and treatment in selected countries of Eastern Europe and Central Asia – A sub-regional analytical report including Armenia, Azerbaijan, Georgia, Kyrgyzstan, Moldova, and Ukraine. Istanbul: UNDP; 2015.

7 The Joint United Nations Programme on HIV/AIDS. The GAP report. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

8 Joint United Nations Programme on HIV/AIDS. Getting to Zero: 2011–2015 strategy. Geneva: Joint United Nations Programme on HIV/AIDS; 2010.

9 Joint United Nations Programme on HIV/AIDS. Fast-Track: ending the AIDS epidemic by 2030. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

10 Joint United Nations Programme on HIV/AIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.

11 Open Working Group of the General Assembly on Sustainable Development Goals. Opening Working Group Proposal for Sustainable Development Goals. New York: Opening Working Group; 2014.

In addition, overcoming stigma, discrimination and criminalization of key populations such as men who have sex with men (MSM), sex workers (SW) and PWID, assuring equitable service access, and sustaining the important role of NGOs for providing outreach services and trust building among marginalized key populations have been proven to be critical enablers for programme effectiveness in concentrated HIV epidemics.

In this context, the development of strategies, priority setting and practical approaches for the transition from external to domestic financing of national HIV responses is high on the agenda. Since countries in EECA are at different stages of transition, there are opportunities to share lessons learnt and to harmonize strategies, processes and operations among countries and stakeholders on sub-regional or regional level.

Croatia is one of the countries, which have concluded its transition. After receiving GF support from 2003 to 2006, Croatia succeeded to secure the commitment of policy decision makers to persist on achieving national HIV strategy goals and targets and to make financial resources available for the implementation of the majority of activities that had started during the GF grant period[12,13]. This report aims to make lessons learnt during Croatia's transition process available to the SEE sub-region[14], the EECA region and beyond, and thereby contributing to the sustainable financing of national HIV responses.

12 United Nations Thematic Group for HIV/AIDS in Croatia. Evaluation of the National programme for HIV/AIDS prevention. Zagreb; 2009.

13 The Global Fund to Fight AIDS, Tuberculosis and Malaria. Sustainability Review of Global Fund Supported HIV, Tuberculosis and Malaria Programmes. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2013.

14 This report considers as SEE countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia and Slovenia.

2. METHODOLOGY

An extensive review of literature and reports was conducted. It included also a review of the GF grant history in Croatia. For the assessment of the transition to sustainable national financing of HIV programmes in Croatia, the process and results of the replacement of external through domestic financing were examined.

Data sources used for this report included

- official statistical data published by the Government of the Republic of Croatia, MoH, Ministry of Finance, and the Croatian Bureau of Statistics;
- published and unpublished data provided by the Croatian Institute of Public Health (CIPH) and Reference Centre for HIV/AIDS at the University Hospital for Infectious Diseases 'Dr. Fran Mihaljević' (UHID);
- programme documents of the MoH as a principal recipient of the GF grants;
- national strategies, programmes, policies and regulations in the field of HIV, development, health care provision, health financing, procurement and supply;
- legal acts related to the national HIV response, finances, operations and social contracting of NGOs.

3. SOCIO-ECONOMIC AND HEALTH SYSTEM OVERVIEW

In 2009, the gross-domestic product (GDP) per capita of Croatia decreased to $ 14,049, following a negative annual GDP growth of 6.9%. Negative developments in the Croatian economy continued for the next four consecutive years. In 2013, the GDP per capita of Croatia was 54.5% higher than the SEE average, but still 2.6 times lower than the EU average. Since 2009, unemployment has increased to 20.1%, two times higher than the EU average. The age dependency ratio has increased to about 50% as a result of an ageing population (table 1).

Croatia's population declined from 4.8 million in 1990 to 4.4 in 2001 and 4.3 million in 2012. At the same time, life expectancy has come closer to the EU average, but remains significantly lower for males than for females. Between 1990 and 2012, infant and under-five mortality declined significantly by around two thirds to become even lower than the EU average, while maternal mortality has been reduced by one third and remained above EU average.

The Croatian health system is mainly public, including primary, secondary and tertiary care. Although private insurers increasingly operate in the market, health care financing originates from two main public sources, namely contribution for mandatory health insurance (predominantly) and funds collected through general taxation. Health care contributions in Croatia are mandatory for all employed citizens, for whom their employers pay contributions, as well as the self-employed[15]. The dependents are covered through contributions paid by working members of their families. Croatian citizens from defined vulnerable population categories are exempt from paying health care contributions; pensioners and persons with low income are insured and have access to health care facilities, which are contractual partners of the Croatian

15 Croatian Health Insurance Fund. Croatian health care system.

Table 1: Main socio-economic indicators in Croatia, in comparison with SEE and EU28

	Croatia					
	1990	**2000**	**2009**	**2013**	**SEE 2013**	**EU28 2013**
GDP per capita (current $, thousands)	4.9	5.2	14.0	13.6	8.8	35.4
Annual GDP growth (%)	N/A	3.8	-6.9	-0.9	1.7	0.06
Annual budget net surplus/deficit (% of GDP)	N/A	-3.9	-5.3	-5.0[a]	-3.1[a]	-3.6[a]
Labour force (mil.)	2.2	2.0	1.8	1.7	22.9	246.3
Unemployment (%)	N/A	16.1	9.1	20.1	18.2	10.9
Age dependency ratio[b]	46.0	48.6	47.0	49.6	45.7	51.3
Age dependency ratio, old	16.9	23.1	25.9	27.4	22.1	27.6
Age dependency ratio, young	29.1	25.5	23.0	22.3	23.6	23.5

[a] 2012. [b] Age dependency ratio is the ratio of dependents (people younger than 15 or older than 64) to the working-age population (those aged 15-64). Data are shown as the number of dependents per 100 working-age population. *Source:* Croatian Bureau of Statistics; World Bank.

Table 2: Main demographic and health indicators in Croatia, in comparison with SEE and EU28

	Croatia					
	1990	2000	2009	2012	SEE 2012	EU28 2013
Population (mil.)	4.8	4.4	4.4	4.3	50.0	506.7
Life expectancy (years)	N/A	73.0	76.9	77.0	75.0	80.3
Life expectancy, males (years)	N/A	69.1	73.0	73.9	N/A	77.6
Life expectancy, females (years)	N/A	76.7	79.8	80.0	N/A	83.2
Maternal mortality (per 100,000 live births)	10.8	6.9	13.5	7.2	10.0	5.1
Infant mortality (per 1,000 births)	11.2	7.4	5.3	3.6	7.4	4.0[a]
Under-five mortality (per 1,000 births)	12.9	7.4	5.5	4.7	9.9	4.8

[a] 2011. Source: Croatian Bureau of Statistic; CPHI; WHO.

Health Insurance Fund (CHIF). Health insurance for unemployed is covered from the State budget[16].

In 2013, total health expenditures were 7.3% of the GDP, out of which 80% were public (mainly from the compulsory health insurance) and 20% were private expenditures (62.4% of which were out-of-pocket)[17,18]. Total expenditure in health decreased from $ 1,259 per capita in 2008 to $ 982 in 2013 as a result of reduced public expenditure, while private expenditure increased during the same period. Out-of-pocket payments as a percentage of total health expenditures were relatively constant during the last two decades, but there is a decreasing trend of out-of-pocket payments as a percentage of private expenditures in health[19]. Supplemental health insurance is voluntary and is purchased individually from either the CHIF or private insurers[20].

Compulsory health insurance covers primary health care, specialised outpatient care, hospital care, prescription drugs, dental-prosthetic and orthopaedics aids and health care abroad[21]. Some health care services are fully covered by the CHIF (i.e. emergency care, care for children and students, pregnant women, immunisation, etc.), whilst for other services a uniform 20% co-payment applies, including hospital care[22]. CHIF fully covers preventive and curative health care in relation to HIV infection and other infectious diseases that are defined in laws and regulations[23,24,25].

Art work at the entrance to a drop-in centre

16 Republic of Croatia. Low on compulsory health insurance. Official Gazette 150/08.
17 World health organisation. Global health expenditure database.
18 Džakula A, Sagan A, Pavić N, Lončarek K, Sekelj-Kauzlarić K. Croatia: Health system review. Health Systems in Transition. 2014; 16(3):1–162.
19 Ibid.
20 Croatian Institute of Public Health. Croatian health service yearbook 2014. Zagreb: 2015.
21 Republic of Croatia. Law on compulsory health insurance. Official Gazette 150/08.
22 Ibid.
23 Ibid.
24 Republic of Croatia. National Health Care Strategy 2012 -2020. Zagreb: Ministry of Health; 2012.
25 Republic of Croatia. Act on the protection of the population from infectious Diseases. Official Gazette 79/07, 113/08, 43/09.

4. KNOW YOUR EPIDEMIC

Croatia has a low-prevalence HIV epidemic, with 996 PLHIV officially registered at the end of 2014[26,27], out of which 80% are on ART[28] (63% of the estimated number of PLHIV[29]) (figure 1). The annual number of newly registered HIV infections more than doubled since 2000 and reached with 92 a historical maximum in 2014. In the same year, 87% of newly registered HIV infections were among MSM. The most recent HIV prevalence data are from 2011 (2014 for PWID), when it was highest among MSM with 2.8%, 1.5% among SW, and only 0.2% among PWID (figure 2)[30,31].

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26 Sources: Croatian Institute of Public Health and University Hospital for Infectious Diseases 'Dr Fran Mihaljević'.

27 Croatian Institute of Public Health. Croatian health service yearbook 2014. Zagreb: 2015.

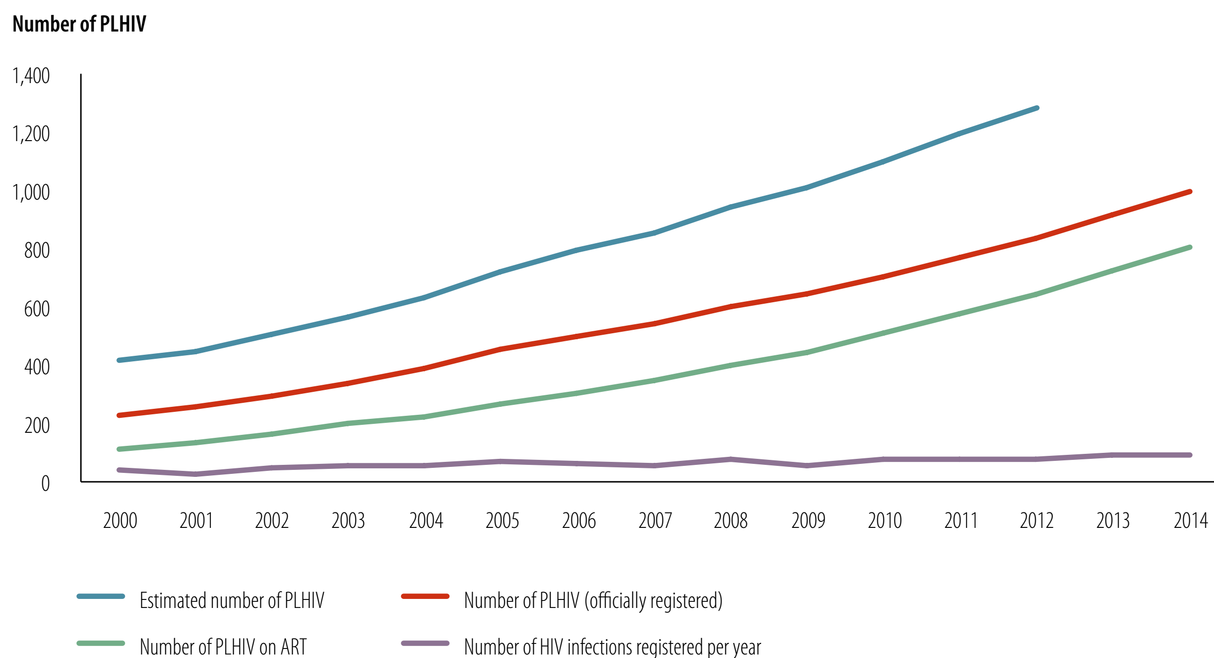
28 Calculation was done based on the estimated and registered number of PLHIV and estimated number of PLHIV eligible for ART.

29 CIPH and UHID estimation from 2012.

30 Republic of Croatia. Country progress report 2013. Zagreb: Ministry of Health; 2014.

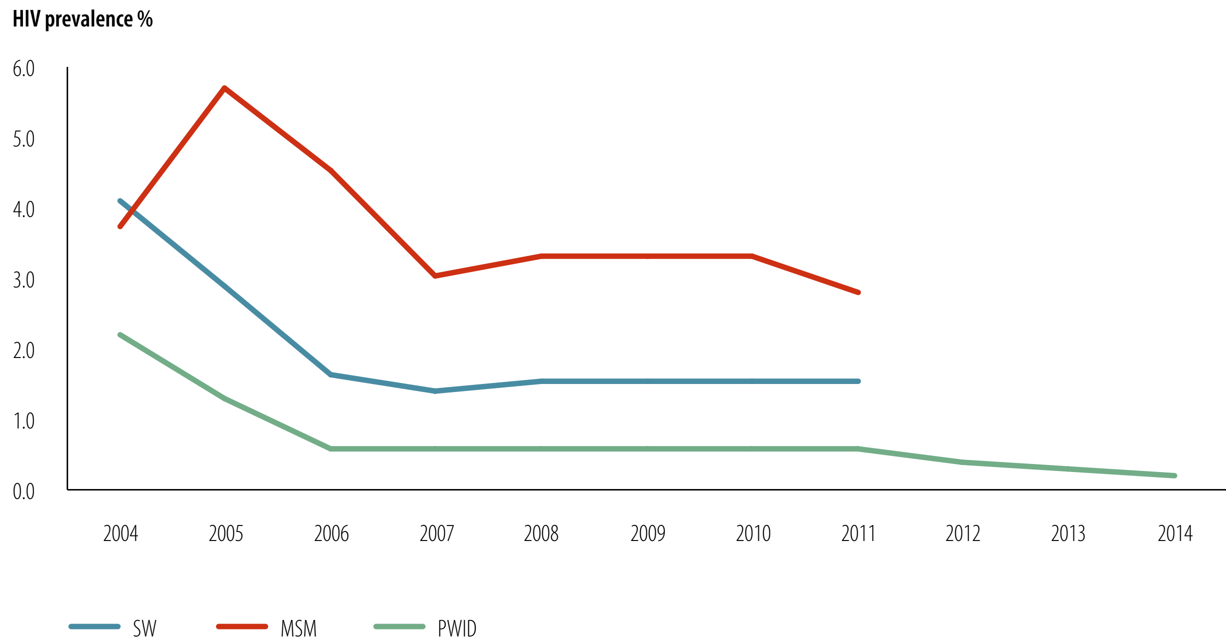
31 Božičević I, Lepej SZ, Rode OD, Grgić I, Janković P, Dominković Z, et al. Prevalence of HIV and sexually transmitted infections and patterns of recent HIV testing among men who have sex with men in Zagreb, Croatia. Sex Transm Infect. 2012 Nov;88(7):539-44.

Figure 1: Estimated and registered PLHIV, PLHIV on ART and newly diagnosed HIV infections per year



Source: CIPH; UHID.

Figure 2: HIV prevalence in key populations



Source: IBBS. Data for missing years were extrapolated based on prevalence observed in surveys.

5. KNOW YOUR RESPONSE

The Croatian National Programme for HIV/AIDS Prevention 2011-2015[32] prioritised prevention of HIV infections among key populations, adolescents and adults; prevention, treatment and care for PLHIV; prevention of mother-to-child transmission (PMTCT); prevention and treatment of co-infections; HIV testing and counselling (HTC); health system strengthening, including surveillance and standard safety measures; and reducing stigma and discrimination (table 3).

The National Commission for Combating HIV/AIDS coordinates the HIV response in Croatia. The commission consists of representatives of the Reference Centre for HIV/AIDS, Ministries of Health, Education, Justice, Social Welfare and Youth, Economy, Tourism, Maritime Affairs, Transport and Infrastructure, Internal Affairs, Defence, Veterans, Foreign and European Affairs, CIPH, Office for Combating Narcotic Drug Abuse, CHIF, Croatian Institute for Transfusion Medicine, Croatian Red Cross, Office for Human Rights and National Minorities, Faculty of Dental Medicine, Croatian Nurses Association, international organizations active in the field of health in Croatia, professional societies of the Croatian Medical Association, religious representative, and representatives of civil society. Important roles in the national HIV response play also county-level public health institutes, the Andrija Štampar School of Public Health, other public and non-governmental organisations.

Croatia has a centralized system of treatment and care for PLHIV; it is available only at the UHID[33,34]. ART was introduced in Croatia in 1998, but the registration and approval of ARVs is slow; only 20 ARVs and their combinations are currently registered[35]. All health care expenses, including the cost of ART, are free of charge for all PLHIV.

As part of the GF project, ten HTC centres were established in Croatia: eight of them offered at public health institutes (at the level of county and in the CIPH), one in the Prison Hospital in Zagreb (for the prison system) and one at the UHID. HIV diagnosis and care has remained centralized in Croatia, with 10 HTC centres available in the country referring to the above mentioned single HIV clinic in the country[36].

32 Republic of Croatia. Croatian National Programme for HIV/AIDS Prevention 2011-2015.

33 Republic of Croatia. Country progress report 2013. Zagreb: Ministry of Health; 2014.

34 Croatian Institute of Public Health. HIV/AIDS surveillance in Croatia. Zagreb: Croatian Institute of Public Health; 2007.

35 The Republic of Croatia. Country progress report 2013. Zagreb: Ministry of Health; 2014.

36 Croatian Institute of Public Health. Manual for HIV counseling and testing. Zagreb: Croatian Institute of Public Health; 2009.

Table 3: Objectives, indicators and targets of the Croatian National Programme for HIV/AIDS Prevention 2011-2015

Objective	Indicator	Target
Objective 1: Optimal prevention, treatment and care for PLHIV		
1.1 To reduce/keep low HIV prevalence	Number of PLHIV newly diagnosed in one year	< 70 (below 20 per 1,000,000 population)
1.2 To reduce morbidity and mortality by ART	Number of PLHIV diagnosed in the late stage (AIDS or < 200 CD4+)	< 20% of all newly diagnosed
	Number of AIDS related deaths in one year	< 10 (case-fatality ratio below 2%)
	Number of PLHIV who receive ART according to the national ART guidelines	> 95% of PLHIV
1.3 To reduce risk behaviour	% of males and females age 15-49 who had more than one partner in the last 12 months, and who used condom during the last intercourse	80% until 2015
	% of males age 15-49 who had more than one male partner in the last 12 months, and who used condom during the last intercourse	80% until 2015
	% of sexually active MSM age 15-49 and who tested on HIV during last 12 months and know the result	> 80% until 2015
	Number of distributed equipment (syringes and needles) per one active PWID	> 100 syringes per year
Objective 2: Output measurement of the HIV response in relation to other health indicators		
2.1 To improve sexual, reproductive health and health of pregnant women, mothers, newborns and children	HIV testing of pregnant women according to epidemiological and clinical indications	100% until 2015
	% of children born by HIV positive mothers	< 5%
2.2 To reduce incidence and outcome of co-morbidity 2.2.1 Tuberculosis 2.2.2 Viral hepatitis	To test each new TB case on HIV	100% until 2015
	Treatment of tuberculosis and HIV co-morbidity	100%
	Treatment of hepatitis C in all PLHIV according to the national guidelines	100%
	To test on viral hepatitis and HIV each PWID enrolled in treatment programmes, including needle and syringes programme (once per year for active users)	100%
Objective 3: Health system strengthening in relation to HIV/AIDS		
3.1 To integrate HIV/AIDS in national strategic plans for health promotion	-	-
3.2 To strengthen organisation and coherence (human resources, laboratories) and carry out usual laboratory procedures in PLHIV follow-up	-	-
3.3 To ensure availability of all necessary antiretroviral medications	-	-
3.4 To ensure HIV prophylaxis after professional and non-professional exposure, until 2015	-	-
3.5 To test all blood samples and donors of blood, tissue and organ donors for HIV	-	-
Objective 4: To reduce vulnerability of PLHIV and other structural barriers		
4.1 To reduce stigma and discrimination in health care settings	Experience of stigma during the last year	< 10% of PLHIV until 2015

6. THE ROLE OF NGOS IN THE NATIONAL HIV RESPONSE

6.1 The role of NGOs in concentrated epidemics

Most countries in EECA face concentrated HIV epidemics. While HIV prevalence in the general population is low, it is high in one or more key populations who are often marginalised and/or stigmatised. Civil society has played a central role in engaging these key populations in the response, and NGOs have gained much experience in ensuring their access to essential services[37,38].

Partnerships involving civil society not only have supported PLHIV to demand and receive protection of their rights, but there is also increasing evidence that the most effective programmes are those in which civil society's role, engagement and partnership are strongest and equitable[39].

Since the early 2000's, in almost all SEE countries NGOs played a central role in establishing and maintaining services for key populations and PLHIV[40,41].

6.2 The role for NGOs in the Croatian National Programme for HIV/AIDS Prevention 2011-2015

The Croatian National Programme for HIV/AIDS Prevention states: "A successful programme requires primarily continuous and systematic work in terms of health and education systems, a multi-disciplinary approach and the involvement of civil society"[42]. The Programme confirms the important role NGOs have played in the national HIV response in the past and identify them as key player for several programme components (see box 1). For most of the activities specific NGOs are listed in the National Programme for HIV/AIDS Prevention for 2011-2015 as responsible partners for service provision. Although there are opportunities for other NGOs, the mentioning of specific NGOs could have a negative influence on transparent tender procedures.

37 European Centre for Disease Prevention and Control. Thematic report: Civil society. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: European Centre for Disease Prevention and Control; 2013.

38 Kelly JA, Somlai AM, Benotsch EG, Amirkhanian YA, Fernandez MI, Stevenson LY, et al. Programmes, resources, and needs of HIV-prevention nongovernmental organizations (NGOs) in Africa, Central/Eastern Europe and Central Asia, Latin America and the Caribbean. AIDS Care. 2006;18(1):12-21.

39 The Joint United Nations Programme on HIV/AIDS. UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations. Geneva: Joint United Nations Programme on HIV/AIDS; 2011.

40 Božičević I, Vončina L, Zigrović L, Munz M, Lazarus JV. HIV epidemics among men who have sex with men in Central and Eastern Europe. Sex Transm Infect. 2009;85:336–42

41 USAID. Men having sex with men in Eastern Europe: Implications of a hidden epidemic. Washington: USAID; 2010.

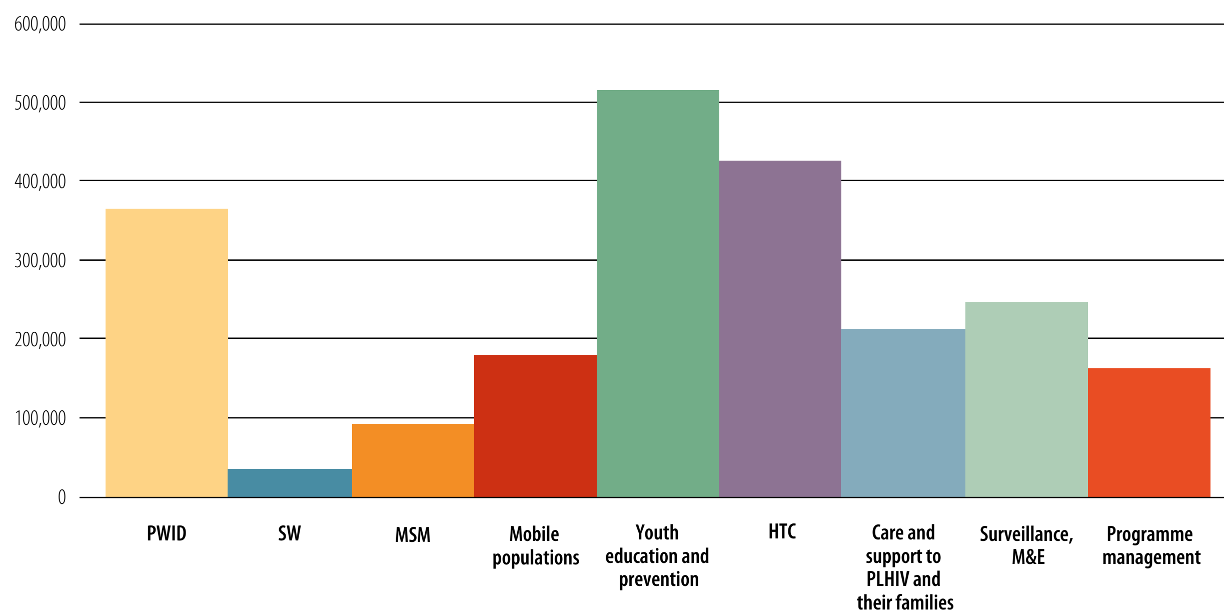
42 The Republic of Croatia. Country progress report 2013. Zagreb: Ministry of Health; 2014.

Box 1. Croatian National Programme for HIV/AIDS Prevention 2011-2015:

Areas for NGO engagement

- HTC
- training of health care workers, teachers, social care workers, sport workers and others
- anti-discriminatory programmes
- psychosocial support (HUHIV)
- prevention among adolescents (PRO-REPRO and other NGOs)
- prevention for MSM (ISKORAK, DRUGI KORAK, TERRA and other MSM-oriented NGOs)
- prevention for PWID, including harm-reduction programmes (CROATIAN RED CROSS, HELP, TERRA, LET, INSTITUT and other NGOs)
- heterosexual males and women with risk behaviour (HELP, LET, TERRA, and other NGOs)
- prevention in general population (HUHIV, other NGOs)
- coordination of joint activities

Figure 3: Average annual GF budget per programme component (2003-2006)*



* Calculation was done based on the data from MoH, GF project final report and other financial reports of the MoH PIU.

Outreach worker delivering syringes to client at a drop-in centre

6.3 The role of NGOs under the GF grants in Croatia

During the period between December 2003 and November 2006, the GF supported the national HIV response with $ 4,945,194 in total or $ 1,648,397 on average per year for three programme components:

- Prevention (targeting PWID, MSM, SW, migrants and youth, and including education programmes for children and youth and HTC)
- Psychosocial support
- Creating a supportive/enabling environment and including strengthening HIV surveillance systems, monitoring and evaluation[43].

All other components, like ART, blood safety, etc. were always financed by domestic sources (figure 3).

NGOs received 38% of the overall GF budget (table 4). GF financed prevention services for key populations at higher risk for HIV exposure were exclusively provided by NGOs. NGOs were also involved in youth education and HTC, while prevention among migrants was provided by the International Organisation for Migration. Psychosocial support and care were provided jointly by an NGO and the UHID, while the enabling environment component, monitoring, evaluation and surveillance were conducted by the PIU of the MoH and CIPH.

Preventive services for key populations were provided at the local level (cities), while youth education programmes and psychosocial services were provided at the national level. Annually, on average $ 353,000 out of $ 534,556 was available for prevention services at the city level, emphasising the importance of decentralisation of preventive services (table 4).

Before the GF project there were four NGOs and the Croatian Red Cross involved in the HIV response. One NGO (HUHIV, the Croatian Association against HIV and Viral Hepatitis, formerly known as The Croatian Association against HIV or CAHIV) provided support to PLHIV, the other two (TERRA, HELP) and the Croatian Red Cross provided harm-reduction services. Over the course of the GF project, another six NGOs joined the HIV response: ISKORAK, HEPATOS RIJEKA, INSTITUT, IZAZOV, LET, and PRO-REPRO.

The average annual budget for each of the seven NGOs financed by the GF was $ 621,254 (range $ 23,544 to $ 180,254).

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43 Programme grant agreement between the Global Fund to fight AIDS, tuberculosis and malaria and the Ministry of Health of the Republic of Croatia.

Table 4. Global Fund annualised budget for NGOs (2003-2006)

Programme component	**Budget allocated to NGOs ($)**	**% of line budget**	**National/ sub-national/ city level (%)**
Prevention PWID	244,002	100.0	0/0/100
MSM	74,916	100.0	0/0/100
SW	35,384	100.0	0/0/100
Mobile populations	0	0	0
Youth education and prevention	180,254	39.7	100/0/0
HTC	0	0	0
Prevention SUBTOTAL	534,556	56.6	34/0/66
Care and support to PLHIV and their families SUBTOTAL	86,699	36.2	100/0/0
Monitoring and evaluation and operational research SUBTOTAL	0	0	0/0/0
TOTAL	**621,255**	**37.7**	**43/0/57**

Source: MoH; GF project final report.

7. TRANSITIONING TO SUSTAINABLE NATIONAL HIV FINANCING: ACHIEVEMENTS AND CHALLENGES

7.1 Transition of governance structures

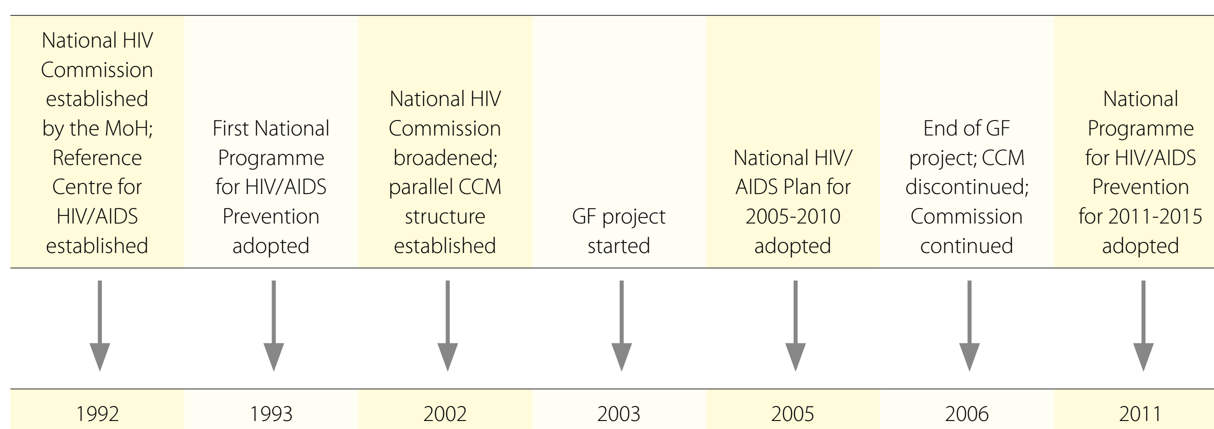
The National Commission for Combating HIV/AIDS was established in 1992 by the MoH (figure 4)[44]. The Commission had a small budget (about $ 20,000 per year) from the MoH for HIV prevention producing educational posters, videos, and TV ads. In 1993 the first National Programme for HIV/AIDS Prevention was adopted. In 2001, the Commission was re-established by the Government. It comprised representatives of both public and private spheres and led the coordination of the national HIV response. The Commission took on the role of the CCM of the GF in February 2002 when it was decided to apply for GF grants, and began establishing broad partnerships with other stakeholders, including NGOs[45]. Subsequently, a CCM separate from the Commission was established later in 2002, while the Commission continued to work and coordinate the national HIV response.

A Reference Centre for HIV/AIDS was established at the UHID in 1992; its main objectives are to perform confirmatory HIV testing, develop diagnostic and treatment guidelines for HIV/AIDS and opportunistic infections, and to treat HIV infected patients[46].

Three working groups associated with the CCM and the Commission were established:

- Monitoring and Evaluation Group, ensuring coordination of research and surveillance activities, as well as advising and approving research and monitoring and evaluation methodologies

Figure 4: Key milestones: Transition of the governance structures



44 Begovac J, Zekan S, Skoko-Poljak D. Twenty Years of HIV Infection in Croatia, Coll. Antropol. 2006;30 (Suppl. 2):17–23.

45 Croatian Institute of Public Health. HIV/AIDS surveillance in Croatia. Zagreb: Croatian Institute of Public Health; 2007.

46 Begovac J, Zekan S, Skoko-Poljak D. Twenty Years of HIV Infection in Croatia, Coll. Antropol. 2006;30 (Suppl. 2):17–23.

Poster developed by an NGO under the moto 'Love and be healthy' from 2014

- Legislation Assessment Group – advising on status and possible legislation changes required for advancement of HIV infection response
- Working Group for preparing national activity plans for 2007 and further.

The membership of the Commission was subsequently broadened in 2002 to ensure participation of representatives of all key stakeholders including international partners, and currently consists of representatives of 11 ministries, two governmental offices, the CIPH, the CHIF, the Croatian Institute for Transfusion Medicine, the Reference Center for HIV/AIDS at UHID, three professional associations, faith-based organizations, the academic sector, international organisations, the Croatian Red Cross and three NGOs.

The Commission proposes the national strategic programme and an annual Activity Plan for Combating HIV/AIDS. The adopted annual Activity Plan provides the framework for conducting and coordinating preventive programmes on country level.

The CCM discontinued after the GF ceased, while the Commission continued throughout the years until today.

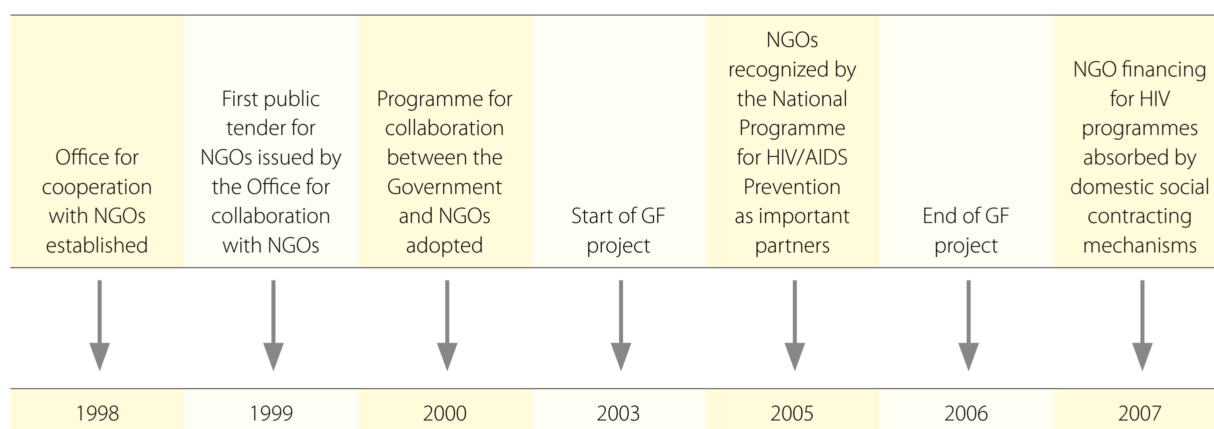
7.2 Transition of service provision through NGOs

Sustainability of NGO HIV services was part of a broader framework development process for social contracting of NGOs in Croatia.

In late 1998, the Government of the Republic of Croatia established the Office for Cooperation with NGOs[47]. By

47 Republic of Croatia. The Government. Office for Cooperation with NGOs.

Figure 5: Key milestones: NGO contracting framework



1999 the Office had already issued a public tender for allocations from the State budget. This paved the way for the transparent allocation of funds. The Office organised preliminary consultations on a local basis allowing for cooperation between the local government and civil society organisations. Due to the Office's activities, civil society organisations were gradually recognised by the government as legitimate partners. The Office started cooperation with foreign donors as well, which was a positive sign of the Government's interest in cooperating with civil society organisations (figure 5).

At the end of 2000, the Government adopted the Programme for Cooperation between the Government of the Republic of Croatia and the Non-Governmental, Non-Profit Sector in the Republic of Croatia[48]. It was based on the principles of partnership, transparency, independence of the non-profit sector, liability for utilisation of public resources, promotion of equal opportunities for all, responsibility for the use of public resources, a codex of positive practice and improvement in the quality of action, including the principle of partial or complete financing from the State

48 Republic of Croatia. The Government. Office for Cooperation with NGOs. Programme for Cooperation between the Government of the Republic of Croatia and the Non-Governmental, Non-Profit Sector in the Republic of Croatia.

Box 2. Programme for Cooperation between the Government of the Republic of Croatia and the Non-Governmental, Non-Profit Sector

- Consultations with the non-profit sector during the adoption of new legislation
- Consultation during the process of adoption of national programmes and strategies, evaluation of different projects in which public money is invested
- Assessments of national policy in all areas, including the broad area of social policy
- Decentralisation and cooperation in sustainable community development
- Partial or complete financing of programmes and services of the non-profit sector
- Civil participation in the decision-making process
- Encouragement and support to the self-organisation and voluntary engagement of citizens;
- Development of social entrepreneurship and social capital
- Stimulation of a socially responsible business sector

Box 3. Procedures for approving funding from the State budget to NGOs

- Determining priorities for the funding of programmes and projects of NGOs for the budget year
- Announcing public tenders
- Opening of applications by a commission
- Appraisal of submitted projects and programmes by expert bodies established by grant providers and composed of representatives of state administration bodies, research and professional institutions and non-profit legal persons (associations, foundations and others), based on criteria which include previous experience and capacities of the NGO, relevance of the project, proposed approach of implementation, proposed budget, and cost-effectiveness of the project
- Filing responses to applicants about the funding approved, or reasons for denied funding
- Publication of tender results, including information about associations, programmes and projects for which grants were awarded, and about the amount of the grants
- Signing of contracts awarded within 60 days
- Monitoring and evaluating the implementation of approved programmes and projects

and local budgets, the principle of subsidiary, quality of NGO action code, the promotion of non-violence and active acceptance of diversities, and the development of social capital (see box 2).

The procedure for approving funding from the State budget to NGOs is based on principles shown in the box 3.

A number of funding schemes were available for NGOs after the GF project. Those include funds managed by the MoH through the NGO support programme and Lottery funds, as well as funds managed by the National Drug Control Programme and the Office for Human Rights. Since 2006, the MoH continuously allocated funds for NGOs including TERRA, LET, HELP, ISKORAK, INSTITUT, HEPATOS RIJEKA, HUHIV and Croatian Red Cross. The UN Theme group on HIV/AIDS also engaged in allocating grants to NGOs for HIV-related activities during the period of 2007, 2008 and 2009.

Established in 2002, the National Foundation for Civil Society Development has been allocating funds for institutional support for NGOs through annual calls for proposals.

In addition, the Community Assistance for Reconstruction, Development and Stabilisation Programme, the EU's instrument of financial assistance to the Western Balkans, has been providing grants for NGOs. Further, the scheme Instruments for Pre-Accession Assistance was developed by the European Commission, providing another opportunity for financing activities of NGOs, among others.

All GF project components were fully transitioned to domestic financing sources (table 5).

Table 5: Domestic financing sources for components of the national HIV response

5a. GF project components transitioned to domestic financing	
GF project components	**Domestic financing sources**
Prevention – PWID	MoH, Ministry of Social Policy and Youth, Office for the Prevention of Drug Abuse, local self-government
Prevention – MSM	MoH, local self-governments
Prevention – SW	MoH, local self-governments
Migratory populations	State budget for Croatian Bureau for Employment and Croatian Institute for Health Protection and Safety at Work
Youth education and prevention	Ministry of Education, Science and Sport, local self-governments
HTC	MoH, local self-government
Care and support for PLHIV and their families	MoH
Monitoring and evaluation and operational research	MoH
5b. National HIV response components always financed by domestic sources	
National HIV response components	**Domestic financing sources**
Treatment	CHIF
Biosafety	CHIF
PMTCT	CHIF
Surveillance	CHIF
5c. National HIV response components not financed by the GF project, which became financed by domestic sources	
National HIV response components	**Domesting financing sources**
Capacity building	National Foundation for the Civil Society Development

Box 4. Examples of NGO funding from domestic financing mechanisms in 2014

- Public tender of the MoH for the participation of NGOs in health programmes related to the implementation of national strategies, plans and programmes for three years (2013-2015). In 2014, $ 733,460 was allocated to HIV services provided by NGOs (out of $ 920,972 available for all services).
- Call for proposals of the MoH in the area of health, $ 22,538 (out of $180,300 totally available).
- Funds for projects of NGOs and public health organizations from revenue of the Lottery for prevention, treatment and rehabilitation of addiction and re-socialisation through budgets of the Ministry of Social Policy and Youth, MoH, and the Office for the Prevention of Drug Abuse of the Croatian Government; $ 2,222,440 were allocated to about 50 NGOs and other organisations for several programmes of which only few are directly related to the national HIV response.
- Call for proposals in the field of psychosocial support for those suffering from cancer, chronic and infectious diseases; funding provided through parts of the Lottery revenues. No NGO project was supported through this call in 2014, but the UHID received $ 162,270 (out of $ 465,175 available) for psychosocial support to PLHIV.
- Public call of the National Foundation for Civil Society Development (not used for HIV projects in 2014).
- Local sources of financing at the municipality level.

Box 5. Some examples of NGO contracting for HIV-related services by the city and municipality governments

- City of Zagreb donated premises to the Check Point (HGO HUHIV) for the HTC and invested in furnishing and rapid tests for HIV and hepatitis C
- City of Zagreb supported LGBT Centre Zagreb (NGO ISKORAK)[49]
- The City of Zagreb supported a programme of HIV prevention in Roma population in Zagreb, which was provided by the ASSOCIATION OF ROMA PEOPLE from Zagreb in 2013
- The NGO IZAZOV from the small town of Kutina provided HIV services at the local level supported by the local government and public institutions

Box 4 provides further examples for NGO financing through domestic resources after the end of the GF project.

Eight years after the end of the GF project, all except one NGO (PRO-REPRO) were still active in the HIV response. Besides them, more than forty other NGOs, faith-based organisations and associations have been supported by the Government for different projects that target PWID. The total estimated budget for all types of HIV prevention and other PWID related programmes available for NGOs through public resources was $ 3,041,739 in 2014 (see table 6).

The major part of the social contracting volume is linked to the national level, but local self-government should play a significant role in the decentralisation of social contracting, based on principles of balance between responsibility and authority, affordability, capacity, transparency and accountability[50]. Based on Croatian law[51,52], district self-government and local government provide conditions for the health protection, prevention and improvement of the health

49 More about the LGBT centre can be found at: http://www.lgbtcentar.com/

50 European Centre for Non-Profit Law, United Nations Development Programme. A handbook on non-state social service delivery models. Bratislava: United Nations Development Programme; 2012.

51 Republic of Croatia. Low on district (sub-national) self-government and local government. Official Gazette 33/01.

52 Republic of Croatia. Low on health care. Official Gazette 150/08.

Table 6: NGOs involved in the HIV response

Name	City	Key population served	Activity type	Annualised budget received from the GF in the last year	2014 budget received from the Government
HUHIV	Zagreb	PLHIV	Psychosocial support, HTC, other prevention	86,699	137,028
HELP	Split	PWID	Harm reduction, HTC, other prevention	112,749	162,270
HEPATOS RIJEKA	Rijeka	PWID	HTC, other prevention	0	36,060
INSTITUT	Pula	PWID	Harm reduction, other prevention	0	138,789
ISKORAK	Zagreb	MSM	HTC, other prevention	74,916	64,908
IZAZOV	Kutina	Children, youth	Promotion of the rights and the socialization PLHIV youth, other prevention	0	0
LET	Zagreb	PWID, SW	Harm reduction, other prevention	75,280	109,983
PRO-REPRO	Zagreb	PWID, SW	Peer-education	180,254	0
Croatian Red Cross	Krapina, Nova Gradiška, Zadar, Zagreb	PWID	Harm reduction, other prevention	23,544	99,165
TERRA	Rijeka	PWID, SW	Harm reduction, other prevention	67,812	183,028
Other	Different cities	PWID	General prevention of drug using, social rehabilitation of PWID	0	2,110,508[a]
TOTAL				**621,254**	**3,041,739**

[a] This was allocated to the NGOs who provided different activities related to general prevention of drug misuse among children and youth, universal prevention of risk behaviours among youth, social rehabilitation of PWID, therapeutic communes. Sources: MoH and results of public calls.

of the population, and they organize and provide access to healthcare services. They are authorized to provide funds for healthcare of the population in their area above the standards established by the basic health insurance. Based on that, there are public calls for project proposals for NGOs in Croatia on municipality level. Some examples are shown in box 5.

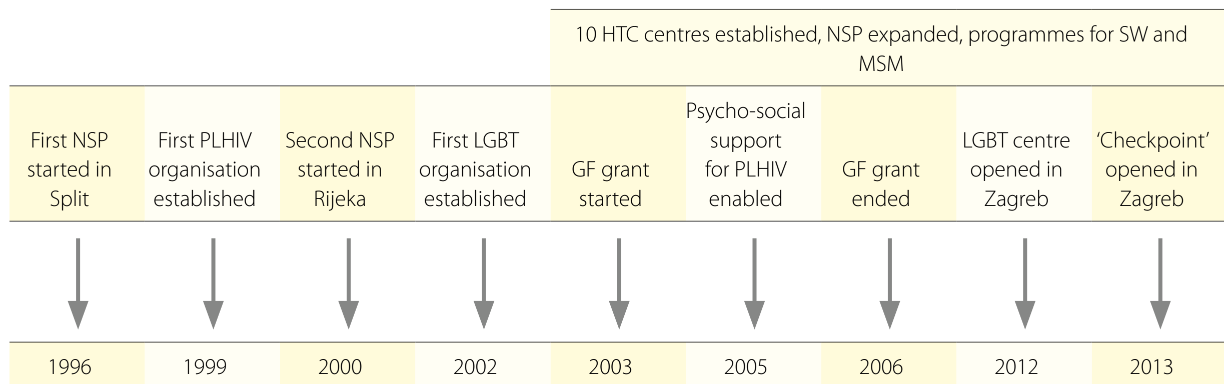
7.3 Transition of the HIV service components

7.3.1 Prevention for key populations

In the area of HIV prevention, NGO HELP from Split initiated the first needle and syringe exchange programme in Croatia in 1996, with financial support from the MoH (figure 6). HELP was the first NGO to start organizational cooperation with the Institute of Public Health of Split-Dalmatia County. In the early 2000s, NGO TERRA started a similar programme in Rijeka.

NGO workers and volunteers at the entrance to HIV testing facility in Zagreb

Figure 6: Key milestones: Prevention services for key populations



				10 HTC centres established, NSP expanded, programmes for SW and MSM				
First NSP started in Split	First PLHIV organisation established	Second NSP started in Rijeka	First LGBT organisation established	GF grant started	Psycho-social support for PLHIV enabled	GF grant ended	LGBT centre opened in Zagreb	'Checkpoint' opened in Zagreb
1996	1999	2000	2002	2003	2005	2006	2012	2013

The practice of collaboration between the Institute of Public Health of Split-Dalmatia County and NGO HELP was replicated as a positive example, and other institutes of public health at county level and the CIPH established similar collaborations with NGOs HELP and ISKORAK and offer HTC at NGO premises. For example, in 2012, an LGBT centre in Zagreb was opened by NGO ISKORAK, in collaboration with NGO KONTRA. HTC service has been provided in the centre, in collaboration with the CIPH.

HUHIV, in collaboration with UHID, implemented a programme for PLHIV, providing a web site, quarterly newsletters and a help line. HUHIV was also in charge (in collaboration with UHID) of distributing antiretroviral medicines across Croatia because the procurement of these medicines is centralised and only available at the UHID. HUHIV also provides psychosocial support to PLHIV.

Clean needles and syringes distributed to a client of NGO services

HIV prevention education at drop-in centre

In 2013, Checkpoint[53] was opened in Zagreb. The Checkpoint is a HTC centre for youth and it represents a joint collaboration between the HUHIV, UHID, Croatian Red Cross and the City of Zagreb, as the principal donor.

The Children's Hospital in Zagreb cooperated with NGO PRO-REPRO in implementing peer education for youth and the programme called MEMOAIDS.

7.3.2 Youth education and prevention

The GF programme enabled scaling up the training of teachers, students and medical professionals, which became capable of delivering services with minimum incentives and professional guidance from the central level. In addition, the GF programme provided a significant contribution towards development and integration of HIV-related topics into the undergraduate and postgraduate education of medical professionals.

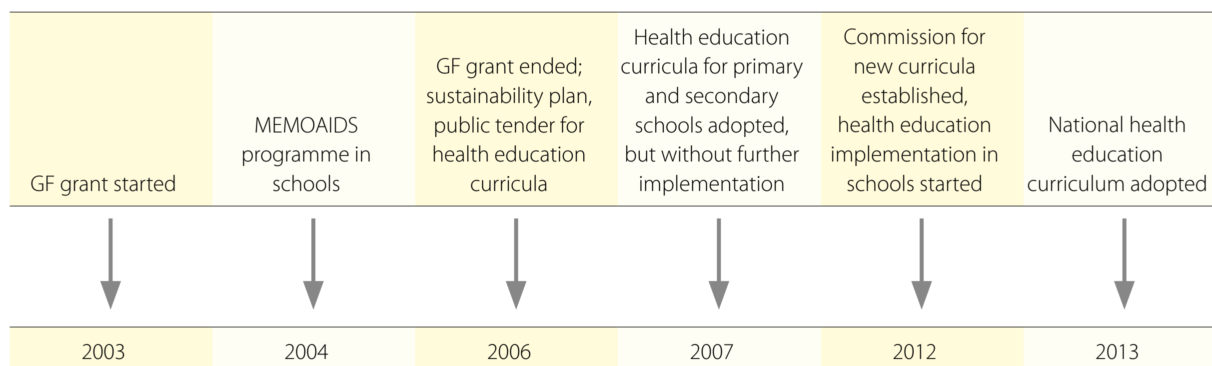
In 2004, the educational programme MEMOAIDS started as a pilot education programme in 64 secondary schools (figure 7)[54]. The title of the programme is an abbreviation that expresses its aim: young people educate youth about HIV prevention.

As the Ministry of Education, Science and Sport was still in the process of adaption of the relevant health education programme, the MoH and Ministry of Social Policy and Youth made funds available for these activities from the State budget. Contracts were signed between the Children's Hospital Zagreb, the Croatian Association for School and University Medicine and

53 More information is available at: http://huhiv.hr/checkpoint/

54 Modrić J, Šoh D, Štulhofer A. Attitudes regarding comprehensive sexual education in Croatian schools: results of the national youth survey. Revija za sociologiju. 2011;41(1):77-97.

Figure 7: Key milestones: Youth education and prevention



GF grant started	MEMOAIDS programme in schools	GF grant ended; sustainability plan, public tender for health education curricula	Health education curricula for primary and secondary schools adopted, but without further implementation	Commission for new curricula established, health education implementation in schools started	National health education curriculum adopted
2003	2004	2006	2007	2012	2013

Nationwide public campaign on Croatian beaches during the summer under the moto 'Knowledge is lifesaving' in 2015

the Croatian Medical Association and MoH. The GF's implementing sub-recipients (Children's Hospital Zagreb, the Croatian Association for Medical Schools and NGO PRO-REPRO) played a key role in this process since they provided guidance for inclusion of health education content into the programme.

Following the negative reaction of the Catholic Church to the promotion of condom use in the MEMOAIDS programme, some schools withdrew from the programme implementation and politicisation of this programme restricted health education (including sexual and reproductive education) to the biology curriculum for secondary school students[55].

The Ministry of Education, Science and Sport started with the systematic implementation of health education as a part of the teaching curriculum in 2012/2013, which includes a module about gender equality and sexual responsible behaviour; but again, negative reactions occurred including the decision of the Constitutional Court to suspend the curriculum, largely on procedural grounds.

Despite some problems in implementation of sexual health education in the education system, activities are ongoing to implement systematic and continuous education about HIV prevention and sexual and reproductive health in school curricula. This is part of a comprehensive education reform, which is planned to be integrated into the teaching curriculum. Today, the MEMOAIDS programme is still awaiting its systematic implementation.

55 United Nations Thematic Group for HIV/AIDS in Croatia. Evaluation of the National programme for HIV/AIDS prevention. Zagreb; 2009.

7.3.3 HIV counselling and testing

At the end of the GF project in Croatia, contracts were signed between the MoH and all 10 institutions in which HTC centres are located on an annual basis; eight of them are public health institutes, one is the UHID and one is the Prison Hospital for the prison system. In this way HTC services became fully funded by domestic sources. Processes resulting into this successful transition were financially supported by the GF project budget. Additional resources were made available by the MoH for hepatitis B and C testing using Lottery funds based on the Law on Games of Chance.

During the period 2003 to 2008, on average 1,495 persons were tested for HIV in the HTC centres per year compared to 2,838 persons per year between 2009 and 2014 indicating some scaling up of services after the transition to domestic funding[56,57]. In addition, five NGOs (HUHIV, ISKORAK, HEPATOS RIJEKA, HELP and CROATIAN RED CROSS) provide outreach HTC in four cities[58]. They provided 2,363 HIV tests (range 123 to 1,339 per NGO) in 2014.

Performing HIV test at a drop-in centre

56 Nemeth-Blažić T, Pavlić J. HIV/AIDS epidemiology in Croatia and the services of HIV counselling and testing centres. Croatian Journal of Infection. 2013; 33(1):27–33.

57 Republic of Croatia. Croatian Institute of Public Health. Voluntary, anonymous and free counselling and testing for HIV Zagreb: Croatian Institute of Public Health; 2015.

58 Ibid.

Using rapid HIV test at a drop-in centre

7.3.4 Surveillance, monitoring and evaluation

The second generation of HIV infection surveillance which was introduced in Croatia under the GF project is fully integrated into the regular scope of work of the Epidemiological Services of the CIPH funded from the State budget through the MoH. Periodically bio-behavioural studies among key populations are conducted by the CIPH, public health institutes at the county level, Andrija Štampar School of Public Health and the Medical School at the University of Zagreb, Medical School University of Zagreb (WHO Collaborative Centre for HIV Surveillance), UHID, and NGOs[59,60].

Although monitoring and evaluation units were established at the CIPH and MoH in 2006, they still lack adequate human resources which presents one of the still unresolved challenges[61].

59 Croatian Institute of Public Health. Second generation HIV surveillance in Croatia 2003-2006.

60 Štulhofer A, Landripet I, Božić J, Božičević I. HIV risks and HIV prevention among female sex workers in two largest urban settings in Croatia, 2008–2014. HIV/AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV. 2015;27(6):767-71.

61 Republic of Croatia. Country progress report. Zagreb: Ministry of Health; 2014.

NGOs LET and HELP implemented a survey among SW in 2007 in cooperation with the Department of Sociology, Faculty of Humanities and Social Sciences, CIPH and the University of Zagreb, and a new survey was implemented in 2014 with the same partners.

NGO ISKORAK cooperated with the Andrija Štampar School of Public Health on HIV surveillance. Working together with the UN Theme Group on HIV/AIDS, the UHID and the Faculty of Philosophy at the University of Zagreb, these partners carried out the first Respondent Driven Sampling (RDS) study among MSM in 2006. In 2010 and 2011, CIPH, NGO ISKORAK, Andrija Štampar School of Public Health and UHID implemented the second RDS study among MSM.

In late 2014 and beginning of 2015, the first RDS among PWID on HIV and Hepatitis C prevalence was implemented in Zagreb, Rijeka and Split. It was implemented by the Andrija Štampar School of Public Health, NGOs LET, TERRA and HELP and in collaboration with CIPH and three public health institutes at the county level and financed by the European Monitoring Centre for Drugs and Drug

Outside a drop-in centre

Addiction, the Governmental Office for Combating Drug Abuse and the MoH. The survey found an HIV prevalence of 0.2-0.3% among PWID in three Croatian cities[62].

7.4 Scaling-up treatment, care and support

ART is fully covered by the CHIF in Croatia since 1998. After registration at the Agency for Medical Product and Medical Devices of Croatia, a pharmaceutical product should be accepted by the CHIF and included on the CHIF's list of reimbursable medicines. All ARV medicines on the CHIF's list (table 6 and table 7) are provided free of charge. UHID follows the European AIDS Clinical Society guideline[63]. At the end of 2014 there were 794 PLHIV on ART, 80% of registered PLHIV. HIV treatment in Croatia is still centralised, which means that all PLHIV have to go for initial assessments, clinical diagnosis, and regular follow-up to the UHID. It is also the only place where PLHIV can get ARV prescriptions and then receive ARVs at the UHID pharmacy.

Funded by the GF, an outpatient centre for PLHIV opened at the UHID in June 2005 making psychosocial support an integral part of the treatment and care of PLHIV at the only ARV treatment centre [64]. Services were provided by the NGO HUHIV in collaboration with UHID in premises of the hospital. No referral is needed from primary care physicians as it is usually required for other diseases.

The service continued after the end of the GF project, jointly funded by several governmental funds available for NGOs implementing health related projects.

62 Andrija Štampar School of Public Health, Medical School, University of Zagreb. Survey of prevalence of HIV, hepatitis C and risk behaviors among people who inject drugs in Croatia. Zagreb: Andrija Štampar School of Public Health, University of Zagreb/Faculty of Medicine; 2015.

63 European AIDS Clinical Society. Guidelines version 7.1 November 2014.

64 Begovac J, Zekan A, Skoko-Poljak D. Twenty years of human immunodeficiency virus infection in Croatia--an epidemic that is still in an early stage. Coll Antropol.2006;30:17-23.

Table 7: WHO 2013 consolidated ART guideline and ARVs on the CHIF list

Treatment regimens	Categories of patients	WHO ART Guidelines, 2013		
		Recommended treatment building blocks		Recommended treatment
		Single	Fixed-dose combination	
First line regimen	Adults and adolescents	3TC*	3TC/AZT	3TC/EFV/TDF"*
		AZT	3TC/AZT/NVP	EFV/FTC/TDF
		EFV	3TC/EFV/TDF	3TC/AZT/EFV
		FTC	3TC/TDF	3TC/AZT/NVP
		NVP	EFV/FTC/TDF	3TC/NVP/TDF
		TDF	FTC/TDF	FTC/NVP/TDF
	Children	3TC	3TC/AZT	3TC/ABC/EFV
		ABC	3TC/AZT/NVP	3TC/ABC/LPV/r
		AZT		3TC/AZT/LPV/r
		EFV		3TC/AZT/EFV
		FTC		3TC/AZT/NVP
		LPV/r		3TC/EFV/TDF
		NVP		3TC/NVP/TDF
		TDF		EFV/FTC/TDF
				FTC/NVP/TDF
Second line regimen	Adults	3TC	3TC/AZT	3TC/AZT/ATV/r
		ATV/r	3TC/TDF	3TC/AZT/LPV/r
		AZT	FTC/TDF	3TC/TDF/ATV/r
		FTC		3TC/TDF/LPV/r
		LPV/r		FTC/TDF/ATV/r
		TDF		FTC/TDF/LPV/r
	Children	3TC	3TC/ABC	3TC/ABC/LPV/r
		ABC	3TC/AZT	3TC/ABC/EFV
		AZT	3TC/AZT/NVP	3TC/AZT/EFV
		EFV		3TC/AZT/LPV/r
		FTC		3TC/ABC/NVP
		LPV/r		3TC/AZT/NVP
		NVP		3TC/NVP/TDF
		TDF		3TC/TDF/LPV/r
				FTC/TDF/LPV/r

* ARVs highlighted in blue are on the CHIF list.

** Combinations highlighted in green are those recommended as preferred; combinations without highlighting are alternatives.

3TC – Lamivudine, ABC – Abacavir, AZT – Zidovudine, d4T – Stavudine, ddI – Didanosine, DRV – Darunavir, DTG – Dolutegnavir,, EFV – Efavirenz, LPV – Lopinavir, MVC – Maraviroc, r – ritonavir, RAL – Raltegravir, TDF – Tenofovir

Sources: WHO; CHIF.

Table 8: ARVs on the CHIF list, but not in WHO 2013 guidelines

ARVs	
Single	**Fixed-does combination**
d4T	3TC+ABC+DTG
DdI	FTC/RPV/TDF[a]
DRV	
DTG	
MVP	
RAL	

[a] RPV – Rilpivirine

8. CONCLUSIONS

Educational material produced by an NGO

Croatia is a good practice example for demonstrating that transitioning from dependencies on external financing (particularly GF) can work. Nine years after the GF project in Croatia ended, almost all of the project components are fully covered by domestic financing sources and many components have even been expanded[65,66].

Some of the key enablers of the Croatian transition process were the relatively low and stable epidemic, the already well institutionalised national HIV response with established governance structures before the GF projects started and the acknowledgement of a central role for NGOs in the national HIV response. Considering that ART was available and financed through domestic resources since 1998 and free of charge for all PLHIV in need, the GF project could focus on prevention services for key populations as well as improving HIV surveillance, monitoring and evaluation. Although the GF was a major funder of NGO-provided HIV services, the legal framework for social contracting of NGOs by the central government and local self-government was already established earlier.

An important factor for the successful transition was a close collaboration between NGOs and CIPH, public health institutes on the county level, UHID, the Children's Hospital in Zagreb and other public institutions, and the existence of inclusive governance structures of the national response before and after the GF project period. The CCM played only an interim role allowing the country to be eligible for GF grants while the National Commission for Combating HIV/AIDS was ensuring governance continuity of the national HIV response before, during and after the GF grant period.

The only GF project component which faced problems during transition was the HIV school education programme, which was piloted under the GF project. In this case, the challenges still to overcome are not of financial nature, but require further improvements of regulatory and procedural issues as well as an open discourse about the principles and objectives of sexual health education in Croatia.

65 United Nations Thematic Group for HIV/AIDS in Croatia. Evaluation of the National programme for HIV/AIDS prevention. Zagreb; 2009.

66 The Global Fund to Fight AIDS, Tuberculosis and Malaria. Sustainability Review of Global Fund Supported HIV, Tuberculosis and Malaria Programmes. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2013.

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