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Factsheet Serbia



1. HIV EPIDEMIOLOGY AND RESPONSE

1.1 HIV epidemiology in brief

Serbia has a concentrated HIV epidemic, with 1,956 people living with HIV officially registered (65% of the estimated number¹) and 1,300 of them receiving antiretroviral therapy (coverage 43% of the estimated and 66% of the registered number of people living with HIV). In 2014, more than 60% of new HIV infections were diagnosed among men who have sex with men (MSM) and 4% among people who inject drugs (PWID). HIV prevalence among people who inject drugs and sex workers (SW) is below 2%, but 8.3% among men who have sex with men (Table 1). There were significant gender (e.g. 14% of newly diagnosed HIV infections were among women) and sub-national differences in the HIV prevalence (56% of newly diagnosed HIV infections were from Belgrade) in 2014².

1.2 Legal and institutional aspects of the national HIV response and the role of NGOs

NGOs are considered an important partner to the government in developing and implementing HIV policies. The **Strategy on HIV Infection and AIDS for the Period 2011-2015**³ contains a range of activities to be implemented by NGOs, including HIV prevention, treatment and care; promoting systematic and social changes which would decrease the spread of HIV; and protecting the rights of the key populations. The Strategy specifically emphasizes the need to develop the capacity of public associations to carry out outreach work. For example, Goal 2 Benchmark 1 focuses on

1 2014 data from the Institute of public health of Serbia 'Dr. Milan Jovanović Batut'; estimations: UNAIDS, 2013.

2 Republic of Serbia, *Country Progress Report* (2014).

3 Republic of Serbia, *Strategy on HIV Infection and AIDS* (2011). The Strategy anticipates that funds will be allocated from the budget of Republic of Serbia and donations.

Table 1: Indicators for key populations^a

	PWID	MSM	SW
Estimated population size ^b	10,587	8,993	955
HIV prevalence (%)	1.5	8.3	1.6
Coverage of HIV testing in the past 12 months (%)	19.3	36.3	49.2
Prevention programme coverage (%)	14.5% ^a	50.8	69.2

^a Belgrade only, 18-49 old; ^b highest estimations of population size presented among several estimation methods used.

Source: *Research Among Populations Most at Risk to HIV and Among People Living with HIV* (Belgrade, Institute of Public Health of Serbia 'Dr Milan Jovanović Batut', 2014).

“strengthening capacity of associations of people living with HIV for provision of services to people living with HIV”. It includes the following activities:

- ▶ Create and implement accredited programmes of activist education in associations of people living with HIV for management of organization and providing psychosocial support and health support to people living with HIV
- ▶ Encourage organizations of civil society to acquire licenses in educational area, home care and palliative care for people living with HIV
- ▶ Strengthen cooperation with international and domestic partners.

The Strategy calls for a systematic, continued and planned multi-sectoral response of local communities to the HIV epidemic, including building partnerships with NGOs at the local level and securing funds for services especially to vulnerable and key populations.

A National Commission for Combating HIV/AIDS and Tuberculosis (NCHATB) was restructured in 2013⁴

4 Republic of Serbia, Odluka o obrazovanju komisije za borbu protiv HIV/AIDS-a i tuberkuloze (2013).

as a multi-sectoral body. The NCHATB consists of 24 members, including representatives of five NGOs (Union of Organizations Protecting People Living with HIV, NGO Prevent, NGO Jazas, NGO Duga and NGO Youth of Jazas), Red Cross and a representative of ethnic minorities. The NCHATB is tasked to monitor and evaluate the national response, to formulate strategic directions and to develop proposals of programmes for fight against HIV and tuberculosis at the national level.

The national HIV response is regulated by several laws. The **Law on Protecting Citizens from Communicable Diseases** (2004)⁵ lists communicable diseases, including HIV infection, measures to protect the population against these diseases, methods of implementation and provision of funds for their implementation. It does discuss the role of NGOs, for instance in prevention and control of communicable diseases. The **Law on Public Health** (2009)⁶ states that public associations (among others) can participate

5 Republic of Serbia, *Zakon o zaštiti građana od zaraznih bolesti* (2004).

6 Republic of Serbia, *Zakon o javnom zdravlju* (2009).

in implementing public health policies. The **Law on Health Care** (2005)⁷ includes state and licensed private health care institutions as providers of health care services; however, it does not specifically include NGOs. According to the **Health Insurance Law** (2005)⁸, all people living with HIV are fully covered by the state-funded health insurance. The Health Insurance Fund and additional government budget funds cover the costs of blood screening, testing for people living with HIV and prevention activities.

According to the 2014 Country Progress Report submitted by Serbia to UNAIDS⁹, NGOs are involved as implementing partners to the Global Fund projects along with the relevant ministries. The Global Fund projects boosted the cooperation among key stakeholders in the country, especially enhancing better communication and consultation between the government and NGOs.

7 Republic of Serbia, *Zakon o zdravstvenoj zaštiti* (2005).

8 Republic of Serbia, *Zakon o zdravstvenom osiguranju* (2005).

9 Republic of Serbia, *Country Progress Report* (2014).

2. SOCIAL CONTRACTING OF NGOS IN THE NATIONAL HIV RESPONSE

2.1 NGO landscape in Serbia

According to the Serbian Business Register Agency, there were 24,216 registered associations, 607 foundations and 50 foreign associations in 2014.

The registration process of NGOs is easy, inexpensive, and decentralized. According to the **Law on Associations** (2009)¹⁰ associations can be established by three or more founders, individuals and / or legal entities. Registration is not mandatory and unregistered organizations can freely operate and receive financial support. In addition to the foundations, the **Law on Endowments and Foundations** (2010)¹¹ introduced the legal form of an endowment as a nonprofit entity with specific objectives determined by its founder; only little capital is needed for its establishment¹².

Associations, foundations and endowments are allowed to pursue economic activities under three conditions:

- ▶ Those activities are related to the organization's statutory goals
- ▶ They are written in the organization's statute

- ▶ They are incidental in terms of their volume, or are carried out in volume which is deemed necessary to advance the statutory goals¹³.

According to the USAID 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia¹⁴, financial viability of NGOs deteriorated during 2014, including in Serbia, as NGOs were mostly dependant on foreign donors whose support downsized. However, the service provision (mostly government engagement with NGOs on social and health services) and infrastructure for NGOs improved.

2.2 Social contracting of NGOs under Global Fund grants

In 2014 twenty seven NGOs were financed by GF, with an average of \$ 39,283 available per NGO (range \$ 5,352–\$ 103,140)¹⁵, mainly for prevention, care and support at the local level (Table 2). GF project in Serbia ended on September 30, 2014.

10 Republic of Serbia, Zakon o udruženjima (2009).

11 Republic of Serbia, Zakon o zadužbinama i fondacijama (2010).

12 Foundation is a not-for-profit, non-membership and non-governmental legal entity pursuing public interest objectives. Endowment is a not-for-profit, non-membership and non-governmental legal entity whose founder designated specific property to support its public or private interest objectives. Individuals and/or legal entities can establish both. Establishing an endowment includes a minimum capital amount equivalent to 30,000 Euros (app. US\$ 34,057), with important exception: if the competent state authority determines that an organization pursuing a public interest objective can accomplish such objective without the minimum capital amount, the authority has discretionary power to waive the requirement for minimum capital.

13 Financial (e.g. tax or in-kind) benefits are available, but are limited to definition of public interest status, which is not clearly defined. This directly influences the tax system of NGOs, as only those covered by the legal framework are relieved from paying tax, and only up to the sum of 100,000 RSD (app. US\$ 948).

14 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

15 Predrag Đurić, Danijela Simić and Christoph Hamelmann, "Towards Domestic Financing of National HIV Responses Lessons Learnt from Serbia" (Istanbul, United Nations Development Programme, 2016).

Table 2: Global Fund average annual budget for NGOs (2013-2014)

Programme	Budget allocated to NGOs (US\$)	% of line budget	National / sub-national / local level (%)
Prevention			
PWID	129,581	30.9	0/0/100
MSM	277,627	99.1	0/0/100
SW	273,631	94.1	0/0/100
Roma youth	119,214	98.6	0/0/100
Most at-risk adolescents	74,347	100.0	0/0/100
Prevention subtotal	874,400	60.8	0/0/100^a
Care and support	218,867	85.2	0/11/89
Supportive environment	6,647	6.2	100/0/0
TOTAL	1,018,591	39.8	4/5/91^a

^a Some prevention services and programmes included both sub-national and municipality level, but it wasn't possible to express those expenditures separately.

Source: Ministry of Health, NGOs.

2.3 Government social contracting to NGOs: Legal and regulatory frameworks

Several laws regulate the possibility to contract out and fund NGOs. The **Law on Social Care** (2011)¹⁶ provides that NGOs can be service providers in planning and evaluation, support to independent living, daily community services, therapy, consultation as well as education and housing services. The local government must provide funding for these services either through establishing a specific institution or the instruments of public procurement and public-private partnership¹⁷. The Law establishes the Chamber for Social Care with competence to do monitoring, issue licenses to workers in social care and keep the register of members (see sections 2.4 and 2.5).

¹⁶ Republic of Serbia, Zakon o socijalnoj zaštiti (2011).

¹⁷ The Law on Public-Private Partnership and Concessions (2011) defines public-private partnership ("PPP") as a long-term cooperation between public and private partners for the purpose of financing, construction, reconstruction, management or maintenance of infrastructure or other facilities of public interest or provision of services of public interest (Art 7).

The **Law on Public Procurements** (2012)¹⁸ provides for the types of procedures for funding services from, and lists public services that can be procured, including health and social services. NGOs can compete for government contracts at the local and national levels along with other legal entities and business entrepreneurs. However, the Law establishes strict criteria that many NGOs might not be able to meet (e.g., providing bank guarantees that banks might be unwilling to issue to NGOs). This is especially the case when NGOs are competing with public institutions (as service providers) that have all basic criteria either already met or provided by the State¹⁹.

The **Law on Public-Private Partnership and Concessions** (2011)²⁰ introduces a possibility to

¹⁸ Republic of Serbia, Zakon o javnim nabavkama (2012).

¹⁹ For example, centers for social care have less paperwork to gather and file as they already have all state-required licences provided. Source: Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Serbia 2014. The Monitoring Matrix is a tool that has been developed for measuring the health of the legal, regulatory, and financial environment in which NGOs operate. The Matrix was developed by the European Center for Not-for-Profit Law (ECNL) and the NGO experts of the Balkan Civil Society Development Network.

²⁰ Republic of Serbia, Zakon o javno privatnom partnerstvu i koncesijama (2011).

contract out public services under defined rules and procedures. NGOs are eligible to be private partners. The procedure for the selection of the private partner is guided by either the public procurement procedure or the concession²¹ granting procedure regulated by this Law.

In addition to these specific laws regarding social contracting, NGOs engaged in social service provision can also obtain funding through government grants. According to the Law on Associations, there are several funding possibilities for NGOs whose objectives are of general public interest, namely

- ▶ from the National Budget
- ▶ the budgets of autonomous provinces (Vojvodina)
- ▶ and municipal budgets.

The Law includes a list of activities considered as public interest and eligible for funding, including health and social care, the affirmation of minority and human rights, education and culture. According to the Law, funding should be provided through an open competition and contracts are signed by the state authorities. The national budget includes lines for funding social services provided by NGOs²².

In 2013, the Government adopted a **Simplified Decree on Funds for Stimulating Programmes or Cost-Share for Financing the Programmes of Public Interest Implemented by Associations** (2012)²³, which defines the general conditions and procedures for awarding state funds to NGOs by different state bodies. This was a positive step towards a more systematic NGO financing. The Decree prescribes the obligation to publish an open call for NGO funding based on general criteria that include how public interest will be served

with the project / programme, its references and sustainability, possibility of co-financing the project / programme from other sources (domestic or foreign) and whether the applicant has used previous budget funds in a legal and efficient manner. It leaves it to the state bodies that will issue the call to determine other specific criteria. According to the Decree each state body that allocates funds establishes their own *ad hoc* commission for selection of applicants. Applicants should submit the application and confirmation of their registration as well as a certified copy of their statute. NGOs who have received funding must submit quarterly or bi-annual and final reports for the implementation. The Decree does not allow for multiyear funding²⁴. In addition, there is no obligation to conduct evaluation of the achieved outputs / outcomes of the project / programme, nor possibility for prepayments²⁵.

2.4 Quality control and assurance

The minimum standards for providing social services are prescribed by the **Rulebook for Conditions and Standards in Providing Social Services** (2013) and are obligatory at all levels. Local governments can introduce higher standards for specific services. It includes

- ▶ structural standards – organizational, infrastructure and staff requirements (space, building, equipment, staff, etc.), and
- ▶ functional standards – process and expertise in providing the service.

Three state bodies, the Social Care Inspection, Republic Institute for Social Care and the Chamber of Social Care conduct monitoring of these standards. Service providers are required to continue maintaining the high quality of services with occasional checks from the Social Care Inspection; otherwise they face sanctions that may include license non-renewal, suspension or annulment. According to the **Rulebook on Licensing**

21 The Law on Public-Private Partnership and Concessions (2011) defines concessions as a sub-type of the contractual public-private partnership where a public agreement concluded between a private and a public partner regulates the commercial use of natural resources or public goods or provision of services of public interest which is granted by the public partner to the private partner, against the payment of a concession fee (Art 10).

22 Budget lines 472 – Benefits of social care, 424 – Specialized Services, 423-Contract services from the State Budget.

23 Republic of Serbia, Uredba o sredstvima za podsticanje programa ili nedostajućeg dela sredstava za finansiranje programa od javnog interesa koja realizuju udruženja (2012).

24 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Serbia 2014.

25 Ibid.

Social Care Organizations (2013)²⁶, another document regulating this area, the inspector will provide its observations and conclusions in the inspection report, which is the base for the sanctioning procedure.

NGOs who have received public funds must allow the control of their programmes financed by public funds and submit a quarterly narrative and financial report on the implementation to the institution that provided funding²⁷. However, there is no evaluation prescribed for the programme quality.

2.5 Other prerequisites for service provision (licenses, special permissions, etc.)

NGOs need to acquire licenses to provide services in the areas of education, home care and palliative care for people living with HIV. According to the Law on Social Care, licensing ensures respecting criteria and standards for social service providers regarding specific services. Licenses are issued by the Ministry of Work, Employment, Veteran and Social Policy for a period of six years and can be renewed. In 2014, the administrative tax per license was equivalent of 153 Euro. An NGO can have more than one license depending on the number of services they provide. The Rulebook on Licensing Social Care Organizations prescribes the procedure for licensing, renewal, suspension and annulment in details. The NGO has to submit evidence that it fulfills the criteria for a license; this includes

- ▶ proof of valid registration
- ▶ proof of fulfilling the standards for providing a specific service (space, equipment, staff, etc.), and
- ▶ proof of at least two years experience in providing services (projects, partnerships with local government, etc.).

26 Republic of Serbia, Pravilnik o licenciranju organizacija socijalne zaštite (2013).

27 Art. 10 of Simplified Decree on Funds for Stimulating Programmes or Cost-Share for Financing the Programmes of Public Interest Implemented by Associations.

In addition, as noted above, the Chamber of Social Care licenses staff working in the field of social care, based on the **Rulebook for Licensing Expert Workers in Social Care** (2013)²⁸. Conditions include

- ▶ proof of adequate education
- ▶ proof of adequate training for providing specific services
- ▶ proof of at least one year experience providing social services or passed expert exam, or – in case of experience outside of institutions- adequate training combined with voluntary work on specific service provision and passed expert exam.

By February 2015, a total of 3,532 licenses have been issued.

2.6 Government social contracting of NGOs: The practice

According to the 2014 Country Progress Report²⁹, a total amount of 10,171,241 Euro (app. US\$ 11,546,617) was spent for HIV funding in the Republic of Serbia. In addition, some provincial and city/municipal health authorities were providing additional resources for implementation of health programmes implemented by sub-national health institutions and NGOs. It is assumed that this trend will continue and more funds will be available to NGOs from local health budgets in the future³⁰.

Although the civil sector is present and noticeable in responding to HIV, there is a need for additional strengthening of NGO capacities in the area of providing services, monitoring the national response, HIV prevention, treatment and care. Further strengthening of NGOs, especially in services areas less well represented and among the youth, is needed to contribute to the prevention efforts³¹.

28 Republic of Serbia, Pravilnik o licenciranju stručnih radnika socijalne zaštite (2013).

29 Republic of Serbia, *Country Progress Report* (2014).

30 Ibid.

31 Ibid.

Despite the recognition of NGOs as potential service providers within the Law on Social Care, NGOs are not included in all phases of the development and provision of services; for example, NGOs cannot contribute to estimate the need in a particular service³². The process of obtaining a license for providing social services is complicated and expensive for NGOs and without a license NGOs cannot get public funding³³. In practice, there is resistance from the social work centres towards social service providers outside the public system³⁴.

In Serbia HIV-related services are not always recognized as social services, and not seen as relevant and important at a local level. Specifically, local governments do not always recognize the importance and role of organizations of persons living with HIV in providing services, except in HIV prevention. On the other hand, only a small number of activists are willing to support the work of such organizations for free. This endangers sustainability of local organizations working in this field.

According to the research of the Trag Foundation (2014)³⁵, NGOs provide nearly one-third of local social services in Serbia and have high networking potential. Organizations are working increasingly with local governments to develop new policies that serve vulnerable groups better. Service provision by NGOs improved in Serbia in 2014 as the Ministry of Health enhanced the participation of NGOs in new health services, such as HIV testing and prevention. Some local governments recognized NGOs as service providers for the first time³⁶. However, the biggest challenges for NGOs are financial insecurity and the risks of project/donor based financing, as well as insufficient expert staff and office space³⁷. In addition,

government and companies tend to engage individuals from NGOs rather than organizations, which affect the organizational sustainability³⁸.

Some other areas have been identified to require further improvement. Even though the legal framework obliges the public sector to publish open competitions for local social service providers and there are good examples for this, such practice is not yet fully established and state-owned social service providers have preference in final selection³⁹. Local self-governments at city/municipality level tend to finance more the public institutions for providing social services; among total funding of public social care institutions 78% comes from local (city/municipality) budgets, compared to 48% among NGOs⁴⁰. This finding is in line with the official data from the Database of Social Services on Local Level (of the Institute for Social Care), which states that, although NGOs are pioneers in social care services on local level, the institutionalization of their services by the local government still represents challenges. Most innovative services end with the finalization of the project. Monitoring of service provision is performed during the project implementation; however, there is no evaluation of quality and impact of services provided⁴¹.

32 Technical Assistance to Civil Society Organizations Serbia Office, *P2P Conference Social Welfare Services and Civil Society Organizations as Providers – EU Standards and National Practices* (2015).

33 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Serbia 2014.

34 Technical Assistance to Civil Society Organizations Serbia Office, *P2P Conference Social Welfare Services and Civil Society Organizations as Providers – EU Standards and National Practices* (2015).

35 Trag Foundation, *Comparative Study of Local Service Deliverers in Serbia: Competitiveness an Innovation of the Civil Sector* (2014).

36 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

37 Trag Foundation, *Comparative Study of Local Service Deliverers in Serbia: Competitiveness an Innovation of the Civil Sector* (2014).

38 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

39 Ibid.

40 NGOs get 16% of their funds from the state budget and 23% from donations/other sources (source: Trag Foundation, *Comparative Study of Local Service Deliverers in Serbia: Competitiveness an Innovation of the Civil Sector* (2014)).

41 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Serbia 2014.

3. RECOMMENDATIONS

Legal and institutional aspect of the national HIV response:

It is essential to ensure further support to key populations at higher risk of HIV exposure and people living with HIV through social services provided by state and non-state service providers. NGOs have proven to have special value in providing prevention services, treatment, care and support. Based on competences, they could also provide other social and medical services, including palliative care. With that in mind, the following could be considered:

- ▶ It is important to continue supporting the implementation of the key goals and activities from the National HIV Strategy for the period 2011-2015, including the involvement of NGOs in planning, implementation and monitoring of the national response covering prevention, treatment and care, promotion of systematic and social changes which would decrease HIV infection, protection of the rights of the most disadvantaged groups, and including capacity strengthening of governmental and civil society sector collaboration.
- ▶ Policies on state funding should include the needs of people living with HIV and include services for them using among others funding through social contracting.

NGO landscape in Serbia:

The legal framework for NGOs, which is one of the best in the region, could further improve by strengthening sustainability for service provision.

- ▶ NGOs should be empowered and supported through enabling legal framework to be able to engage in implementation of HIV strategies.
- ▶ It is recommended to harmonize the definition of public interest in the laws in order to ensure that NGOs engaged in a wider sphere of activities can enjoy tax benefits.
- ▶ It is recommended to amend the Simplified Decree on Funds for Stimulating Programmes or Cost-

Share for Financing the Programmes of Public Interest Implemented by Associations in order to allow funding for multi-year programmes with annual reviews, evaluation and quality control.

- ▶ There should be support to NGOs to engage in service provision, and NGOs should be given more opportunities for funding at local levels.

Social contracting of NGOs for the national HIV response:

- ▶ Legal frameworks should promote equal status of NGOs as social services providers at all levels.
- ▶ Local governments should be encouraged to adopt long-term plans and strategies on the needs for social services in their communities and projection of their funding. This would allow local governments to adjust their local budgets, plan for service provision beyond annual budget cycles, raise funding locally, including through creating their own reserves to ensure better sustainability of innovative services.
- ▶ NGOs should be included in all phases of the development and provision of services at all levels (state, provincial, local), including contributing to estimating the needs for a particular service.
- ▶ The legal framework could be reviewed to simplify the process of licensing for social services and abolish the administrative tax for non-profit entities.
- ▶ The Government could review the possibility of introducing a special procedure for social contracting through amendment of the Law on Public-Private Partnerships and Concessions, Law on Social Care and its by-law.
- ▶ Local governments could be incited to publish open and transparent competitions as well as to award contracts for local social service providers.
- ▶ Additional support is needed to raise awareness of local governments and increase the capacity of NGOs in providing social services and implementing social contracting.

- ▶ Legal frameworks should prescribe what is acceptable as a proof for person working as service provider; a contract on volunteering should be accepted as proof as well.
- ▶ The evaluation process of the services supported by public funding should also be conducted and made publicly available.

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