IAS WORKSHOP IN PARTNERSHIP WITH ALBANIAN ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS (AAPLWHA)

Science, policy and communities: Towards a sustainable HIV response in the Balkans

Workshop report

20-21 November 2025
Best Western Premier Ark Hotel, Tirana, Albania

This report was developed in collaboration with AAPLWHA. The views in the report do not necessarily reflect the views of IAS – the International AIDS Society.

Introduction

IAS[1] – the International AIDS Society – organised a scientific workshop, in collaboration with the Albanian Association of People Living with HIV/AIDS (AAPLWHA[2]) on 20-21 November 2025 in Tirana, Albania. The workshop, titled "Science, policy and communities: Towards a Sustainable HIV response in the Balkans", aimed at fostering evidence-based policies and innovative actions to respond to HIV in the Balkan region.

The event aimed to catalyse the regional action toward a sustainable HIV response in the Balkans, strongly advocating that progress happens when science, policy and activism come together. This becomes increasingly important in a context where funding is shifting from international donors to local resources, making resilience and long-term sustainability more important than ever. Domestic financing, regional coordination and community leadership were the main pillars discussed for sustainably addressing HIV issues in the Balkans.

Over two days, 45 stakeholders from the Balkans and elsewhere in Europe (Albania, Montenegro, Bosnia and Herzegovina, Serbia, Slovenia, Ukraine, Georgia, Poland, Sweden, Italy) came together. Participants included high-level policy makers from the Albanian Parliament, the Ministry of Health and Social Welfare and the Institute of Public Health, researchers, clinicians and other health professionals, community-based organisations and patient associations, international partners such as WHO, and other implementing partners. The workshop programme can be found at this link.

Objectives of the workshop

The objectives of the workshop were in line with the IAS mission, and with the objectives of the global response to HIV. The thematics covered were:

1. Reaching people earlier – through innovations and policies to reduce late HIV diagnoses
2. Prevention in focus – through scaling up PrEP, harm reduction and sexually transmitted infection (STI) services, as well as evidence and human rights-based approaches, and
3. Ensuring a sustainable response – through enabling the political environment, developing evidence-based policies and strategies and ensuring domestic financing

The first day included eight presentations from experts sharing evidence from implementation research and evidence-based best practices in addressing HIV-related issues in the Balkans and abroad. Three panel discussions followed the presentations, resulting in recommendations for the region. The presentations slides can be found at this link. The second day consisted of group work discussions aiming to develop short-and medium term (1-3 years) action plans and recommendations, to inform regional advocacy and potential GC83 country applications.

[1] IAS – the International AIDS Society – is the world's largest association of HIV professionals, including scientists, clinicians, activists, and policymakers. Its mission is to lead collective action to end the global HIV/AIDS epidemic by convening, educating, and advocating for a concerted response, and by stewarding major international HIV conferences.

*[2] The **Albanian Association of PLWHA (People Living With HIV/AIDS)** is a non-governmental, patient association with the primary goal of improving the quality of life for individuals living with HIV/AIDS.*

[3] GC8 country applications are the funding requests countries submit to the Global Fund for the 2026-2028 Grant Cycle 8 (GC8).

1. Opening session

In their welcoming remarks Andriy Klepikov, the Executive Director of the Alliance for Public Health (APH) Ukraine and IAS Governing Council Member for Eastern Europe, Klodiana Spahiu, Deputy Speaker of the Parliament of Albania, Eralda Marjani, representative of the Albanian Ministry of Health and Social Welfare (MOHSW), Dritan Ulqinaku, the Deputy Director of the Institute of Public Health, Albania, and Olimbi Hoxhaj, Executive Director of the Albanian Association of People Living with HIV/AIDS (AAPLWHA) all recognised the need for more evidence-based policies and strategies, using education to bring evidence closer to communities and decision-makers, and emphasizing the value of regional and international networking in addressing HIV issues sustainably. Prioritizing service sustainability through domestic financing, and community leadership in designing and funding solutions, are pivotal interventions to ensure HIV services continuity, resilience and long-term sustainability.

Main message from opening speakers: Domestic financial responsibility, regional coordination, and community leadership are key to advancing the HIV response in the Balkan region.

The welcoming remarks were followed by presentations on Key Messages from IAS 2025, the 13th IAS Conference on HIV Science held in Rwanda, and on the HIV response in the Balkans.

The highlights from IAS 2025 focused on key issues in the HIV response, including Balkan countries, such as: funding cuts on HIV and their implications, PrEP as a game changer, especially for vulnerable populations in the context of funding cuts, new approaches in antiretroviral therapy (ART) and in managing co-morbidities, and digital technologies in advancing the HIV response.

The HIV response in the Balkans presentation offered a general overview on HIV epidemiology and its trends in the region, emphasising that the Balkans are still far from reaching targets set up to address HIV. From eight WHO target indicators on addressing HIV, only one has been reached as of 2024. Issues such as updating the legal framework around HIV, developing local action plans, and updating guidelines are also impending service implementation in Balkan countries. In addition, reporting and data availability on HIV-related outcomes should be improved in the Balkans, an area in which WHO can offer support.

2. Reaching people earlier: Innovations and policies to reduce late HIV diagnosis

Overview:
Best practices from Georgia in expanding innovative testing approaches that have proved effective, from self-testing, to vending machines, and digital outreach to reach key populations were presented, and a case study on self-testing from Poland was shared. Self/home-testing offers opportunities to bypass stigma and discrimination and is an approach under the user's control. It increases access to testing and has resulted effectively in early detection of HIV cases, with a focus on key populations. Continual promotional campaigns help development of innovative testing approaches. Evidence produced from these best practices needs to be

sustained through domestic funds. However, domestic financing of such innovative testing approaches and digital outreach is still uncertain or unreliable, because of inadequate political environments and fragile democracies.

Key challenges:

- Heavy dependence on external funding sources to sustain or update existing services.
- Lack of legal and procedural development to respond to innovation in the Balkan countries (registration and procurement of self-testing, for example).
- Stigma and discrimination still exist within HIV services, from service. providers, students of medicine, to the general population.
- Increased influence of political shifts affecting the HIV response, particularly the withdrawal of traditional donors, has led to funding reductions and weakened support for HIV prevention and management activities.

Opportunities and recommendations *on policies, communities, and innovations: How can we expand early testing?*

- Increase the role of Primary Health Care to the reach general population, pregnant women and other key populations.
- Better inform and involve of policy makers and decision makers in advancing policy development toward sustainable HIV services.
- Involve community in advocacy and in policy dialogue as a game changing instrument (involving adapting to new realities for domestic financing and shared responsibilities).
- Empower CSOs and community involvement to continue their work in implementing new testing approaches and better reach key populations.
- Spread funding sources more dynamically for better sustainability of HIV testing services.
- Learn from best practices on educating the general population, changing social norms to build more accepting societies by addressing HIV-related stigma and discrimination.
- Extend HIV testing innovations based on countries' values, population's acceptance, and key populations sensitiveness.

3. Prevention in focus: Scaling up PrEP, harm reduction, and STI services

Overview:

Scaling up PrEP and integrating HIV/STI prevention models, through community-led but facility-based services, has been proven as effective. Evidence on effectiveness of PrEP as a successful prevention approach is increasing, and as such its availability should be extended mainly for key populations. Although resulting positive, the experience is lacking a clear operational framework of integrating services in many Balkan countries. Stigma, discrimination and lack of acceptance are hindering progress as for all other HIV prevention services. Harm reduction as a human right-based prevention approach has also proved effective and should be integrated in the Universal Health Coverage Package. Involvement of Primary Health Care services, as the entering door to healthcare, is seen as essential toward increasing access to prevention services for people who use drugs and HIV.

Key challenges to scaling up PrEP in the Balkans:

- Lack of access to PrEP (physical access, affordability, and acceptability).

- Barriers to the registration of PrEP in the list of drugs in the countries.
- Social barriers to receiving PrEP, such as stigma and discrimination preventing access public services.

Key challenges in providing harm reduction in the Balkans:

- Political challenges influence harm reduction provisions. Movement and mobilization make it difficult to offer harm reduction. Stigma and discrimination worsen the situation.
- Funding cuts are affecting provision of harm reduction in many countries including Albania, Kosovo, Ukraine. Community-based organizations are hardly surviving.
- Investing on data collection and data processing as main source of producing evidence, and planning.

Key challenges in providing integration of STI and HIV Services:

- Existing confusions of who should cover STIs: Infectiologist, Dermatologist, or Obstetrician-Gynecologist?
- Differences in health system operations make integration difficult, such as the case of Albania and the Private-Public-Partnership (PPP) on labs that does not recognize the tests for syphilis.

Opportunities and recommendations *on community-led prevention in practice: scaling up PrEP, harm reduction and STI services in the Balkans*

- Develop evidence-based services and policies on prevention, including innovations.
- Develop national guidelines for addressing PrEP services (registration, procurement, sustainability).
- Define methodology to define annual targets for PrEP uptake based on demand. Countries should know their epidemiology and target programmes where incidence is higher.
- Ensure sustainable financial domestic resources to advance prevention services on HIV. Explore and pilot new financial approaches, such as involvement of the private sector.
- Develop operational practices to accommodate integrated services, primary health care (PHC), HIV and STI, etc. for providing PrEP and harm reduction.
- Decriminalization of drug use and possession of drugs for personal use.
- Reduce stigma and discrimination and increase acceptance of PrEP and harm reduction services.
- Increase education on service integration through updating curricula for medical students and other human science branches.
- Improve integration of HIV services with other services, such as mental health in the area of aging with HIV and AIDS. beyond disease parameters to focus on well-being and person-centered care, especially on mental and sexual health.

4. Sustaining the response: Political will, domestic financing and long-term sustainability

Overview:

The funding transition, from donors to domestic financing, is the next urgent challenge faced by Balkan countries in sustaining HIV prevention and treatment services. Evidence-based policies

and strategies will help identify the most effective and efficient approach to support in order to best respond to the needs of the population. Examples of funding transitions to safe and sustainable funding for HIV and other social and health services were presented, from using mechanisms of social responsibilities and private sector engagement, to local government funds, and social contracting models, demonstrated examples. Piloting diverse financial approaches from other countries would help Balkan countries in benefiting from best practices.

Key challenges:

- Clashes between civil society and governments present stressful situations for NGOs' activities. Changes in the political environment are leading to less support for proactive NGOs.
- The on-paper transition from Global Fund financing to national funds interrupts the work of NGOs and the provision of services.
- Lack of interest on HIV issues, prevention, key populations, and a globally felt attitude of suppressing human rights present a challenge. The anti-rights movements influence the health outcome of key populations, in addition to the funding cuts.
- Evidence should be used to see sustainability differently, not only as a lack of funds. What are the opportunities for sustainability in the framework of digitalisation, AI, and other innovation?
- Lack of regional coordination and collaboration, participation of NGOs in solutions, etc.

Opportunities and recommendations *on keeping HIV on the political and financial agenda.*

- Explore new financial approaches presented from pilot experiences (mechanisms of social responsibilities, private sector engagement, local government funds, social contracting, crypto donors, etc).
- Adapt legislation measures to ensure availability of funding from diverse resources.
- Develop local guidelines and manuals to operationalize the newly introduced financial schemes.
- Use innovations and optimisation of interventions in a limited funding environment. Increase ownership of financial resources.
- Alleviate financial burdens on CSOs, but also in negotiations with government to sustain their services. Avoiding financial gaps for CSOs is avoiding service disruption.
- Improve sustainability of community-based services, improve CSOs efficiency, increase governance.
- Improve regional coordination and networking in Balkan countries, based on similar political and social challenges, epidemiology of HIV and lack of geographical boundaries for HIV.

5. Conclusion and recommendations:

The workshop highlighted that the HIV response in the Balkans remains fragile due to late diagnoses, limited prevention access, insufficient domestic funding to ensure sustainability and continuity, and persistent stigma and discrimination. Although innovative models such as self-testing, PrEP expansion, harm reduction services, and integrated STI/HIV care have shown positive and reliable health outcomes, their continuity is threatened by political instability and heavy reliance on external funding.

Community leadership, regional coordination, and evidence-based policymaking emerged as essential pillars for strengthening the HIV response in Balkan countries. It is obvious that sustainability requires more than funding: it demands enabling political environments and will, updated legislation and policies, strong regional coordination and cooperation, and strong collaboration between governments, civil society, and health institutions, and exploring new financial approaches.

Summary of key recommendations

1. Improve early HIV detection

- Expand innovative testing based on evidence produced for key populations and the general population.
- Increase the role of primary healthcare in reaching the general population and key populations.
- Strengthen legal and regulatory frameworks to enable new testing models.
- Reduce stigma through public education and inclusion of community-led organizations.
- Better inform and involvement of policy makers and decision-makers in advancing policy development toward sustainable HIV services.
- Involve community in advocacy and in policy dialogue as a game changing instrument.

2. Scale-up prevention services

- Ensure PrEP availability by registering the drug, reducing costs, and creating national guidelines.
- Integrate PrEP, STI, and harm reduction services within primary healthcare.
- Secure harm reduction as a human-rights-based approach within national health packages.
- Improve medical curricula to reduce stigma among future healthcare providers.
- Improve integration of HIV services with other services, such as mental health in the area of aging with HIV/AIDS.

3. Build sustainable and locally financed HIV services

- Transition gradually from donor to domestic funding using diverse models (social contracting, local government funds, private sector engagement, social responsibility mechanisms).
- Update legislation to allow flexible financing of community-based services.
- Strengthen CSOs by reducing administrative burdens and preventing funding gaps.
- Use digital tools and innovations to optimize services in low-resource settings.
- Enhance regional cooperation to address shared challenges, harmonize strategies, and exchange best practices.

Annex:

Science, policy and communities: Towards a sustainable HIV response in the Balkans

Group work recommendations

20-21 November 2025
Tirana, Albania

IAS Educational Fund and AAPLWHA workshop

Question 1: How can countries in the Balkans expand early HIV diagnoses and reduce late presentation through innovative and community-led approaches?

N°	**Recommendations**	**Timeline(most specific timeline possible)**	**Who? (institutions responsible for implementation)**	How? (first steps towards implementation)	**Financing (funders/ implementing partners)**
1	Facilitate Provider-Initiated Counselling and Testing (PICT) in all health institutions.	2026	Professional Association of Infectologists / Institute of Public Health (IPH).	• Prepare the training curricula • Conduct trainings with healthcare workers (HCW) -general physicians (GPs) and other specialists. • Ensure availability of tests • Integrate HIV testing in primary healthcare (PHC)	State budget/Donors
2	Introduce of HIV self-testing.	2026-2027	Ministry of Health (MOH)/IPH/NGOs	• Develop / Adapt National HIV testing guidelines • Conduct roundtables with MoH, Heath Insurance Funds, NGOs • Develop guidelines and train stakeholders.	State Budget/WHO

3	Conduct social media campaigns for HIV and other STIs (different channels for different age-groups).	Once /per yr.	IPH/NGOs	• Develop health promotion materials for different communities and for media. • Train HCW, NGO representatives, media representatives. • Use social platforms.	State Budget/ Donors
4	Establish community health outreach for HIV testing in cooperation with and supervised by health care system.	2026	NGOs, IPH	• Adapt legislation and train providers. Develop supervision system. • IPH to work closely with the communities and train providers.	Local self-government/donors
5	Implement social contracting mechanism, with participation of NGOs on the governmental and local level.	2026-2027	MoH/IPH with NGO participation	• Conduct a roundtable with participation of legal experts, NGOs representatives, finance experts.	MoH, Ministry of Finance, Municipalities.
6	Make health services more friendly for key populations by educating HCW.	Periodically	IPH, Professional Association of clinicians at all levels. NGOs representatives.	• Conduct a training on how to reduce stigma by HCW-GPs and other specialists.	MoH, UNFPA, WHO,

Additional notes: *Moderated by Marjeta Dervishi, National AIDS programme, Albania.*
Background:

- Slovenia - Full access for HIV testing in PHC but GPs and general population do not know where this HIV test can be offered (vulnerable groups).
- Bosnia and Herzegovina - Partially covered by Voluntary Counselling and Testing (VCTs). Lack of awareness even by HCW where to get tested for HIV.
- Serbia - Good VCT network but partially effective, VCT performance is good when they collaborate with NGOs.
- Albania - Full access at regional level or for TB patients but partial access for HIV testing in small districts. GF supported vulnerable groups by NGOs until end of 2024. Private labs/hospitals provide HIV tests as well.

Main barriers:

- The social barriers such as stigma, fear, confidentiality issues, and lack of information on where HIV testing can be performed (even by family doctors) are everywhere.
- The lack of knowledge by the general population that HIV can be treated/managed which will ask for campaigns to raise awareness.
- Stigma among HCW which can reduce PITC.
- The GPs and other doctors hesitate to recommend HIV testing.
- Lack of communication between different levels of health care.
- After the ending of GF support, NGOs will face difficulties for funding and offering HIV tests for key populations.
- The law of drug procurement can limit access for PrEP or oral tests in pharmacies.
- The law on health protection limit HIV testing for lay providers.

Community - led models!

- Peer outreach for reaching key populations.
- Building trust between beneficiaries and service providers (NGOs, health authorities).
- Using applications (like Grindr) for advertising our services (paid ads but also free campaign occasionally through Grindr4Equality).
- Campaigns for HIV and other STIS in social media (different channels for different age groups).
- Introduction of HIV self-testing for hard-to-reach population but always provided with counselling by trained outreach/health care providers.
- SMS for HIV testing on the mobile phone during the European week of HIV/Hepatitis testing.

How can government and civil society collaborate?

- In the preparation of strategic documents with NGO involvement.
- To find mechanisms for social contracting with participation of NGOs on the governmental and local level.

- In the delivery of different services: early HIV diagnosis (counselling, testing, PMTCT, treatment and support).
- In reducing stigma related to HIV in health care institutions, providing continuous training for HCW and NGOs.

Policy and funding adjustments:

- Training for HCW and NGOs in stigma-related issues
- Ensure involvement of local self-governments in funding testing, campaigns, training of social workers
- Strengthening community engagement.
- Facilitate testing services by lay providers with legislation amendments.
- Introduction of HIV self-testing.
- Ensure complete and accurate surveillance and monitoring data through funding of electronic data collection system.

How can we reach hidden and mobile populations:

- HIV self-testing.
- Peer outreach (directly or using different digital tools).
- Making health services more friendly for key populations by education of HCW.
- Strengthening networks of key populations communities.
- Promote community health workers in cooperation and supervision by health care system.

Question 2: How can countries in the Balkans accelerate the rollout and uptake of PrEP among key populations and other groups at risk?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementing partners)
1	Update legal and regulatory framework to ensure PrEP is available and provided to all people at substantial risk of HIV.	1 year	MoHs in coordination with national health institutions	• Establish commission under the MoHs at the initiative of PHIs, including national health institutions, clinical society, and community-based organizations.	National budgets
2	Adopt legislative measures to ensure available funding to cover drugs and operational costs for providing PrEP services from national budgets.	1 year	MoHs, MoFs and Health Insurance Funds	• Establish working group to propose recommendations at the initiative of PHIs; recommendation for new budget line to include funding.	National budgets
3	Define a methodology to set annual targets for PrEP uptake based on demand and incidence in populations most affected by HIV.	2 years	MoHs	• Establish working group to define the methodology at the initiative of PHIs.	WHO as technical assistance
4	Adopt differentiated and simplified delivery models for PrEP services following WHO recommendations to gain cost efficiency and ensure broad accessibility, including task sharing, task shifting and tele-health.	2 years	MoHs, in coordination with public health bodies, international partners, CSOs, WHO technical assistance	• Establish working group for adopting differentiated simplified delivery models at the initiative of PHIs.	National budgets, international donors

5	Design and implement activities for awareness raising and demand creation tailored for key populations.	1 year	Southeastern Europe Regional TB and HIV Community Network (SEE RCN), national CSOs	• Hold a meeting of SEE RCN and national CSOs.	International donor funding / own resources

Additional notes: *Moderated by Damir Lalicic, SEE RCN, Bosnia and Herzegovina*

Question 3: How can harm reduction and opioid agonist therapy (OAT) programmes be strengthened and sustained in the Balkans?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementing partners)
1	**By December 2026**, strengthen structured regional collaboration by organising **at least 3 annual knowledge-exchange sessions** (online or in-person) focused on innovations in harm reduction.	2026	Drug Policy Network Southeastern Europe (DPN SEE); national drug agencies; Ministries of Health; IPHs; NGOs.	• Identify best practices or good examples on all areas that require improvement or strengthening • Plan several/regular session on knowledge exchange and sharing and encourage relevant bodies to meet separately on issues (e.g. to plan campaigns, etc - regional or national or local) • Come up with practical follow ups per country on what can be adapted and utilised, where and how - Establish a simple regional follow-up mechanism per country (e.g., a shared tracker of what can be adapted and where).	Minimal costs; existing programme budgets; online meetings can be covered by current donor funding (EU Delegations, DG Home/Health).
2	By **mid-2027**, complete a review and extension/update of all national drug/HIV strategies and policies to ensure clear alignment with the new EU strategy and incorporate emerging needs, such as stimulant use, Chemsex, and gender-specific and youth-specific responses.	Depending on each country's status, but 2026 is the start of preparation.	Drug offices; coordinators in the countries; MOH; MoI; IPH; NGOs with advocacy from civil society; EU Delegations	• Establish knowledge exchange among countries from and outside Balkan region on best strategies and ways to make sure they are really implemented • Advocate for inclusion of measurable implementation plans, budget lines, responsible institutions, and reporting mechanisms. • Engage external evaluators or national experts to support quality drafting.	External evaluators / writers need to be hired - funds required for this OR free (delegated from Ministries/Parliament level), EU Drugs Agency (EUDA), DG Near, DG ENEST

3	By the **end of 2026**, identify and pilot at least two alternative financing mechanisms (such as social enterprise, private-sector partnerships, social contracting, crowdfunding, blockchain-based micro-donations) and develop a plan for progressive transition of selected services to government funding.	2026	DPN SEE; Ministries of Health and Finance; civil society; private-sector partners.	• Map examples from Bulgaria, Kosovo, EECA, and other regions where alternative funding has successfully supported harm reduction/OAT. • Analyse feasibility per country (legal framework, technical requirements). • Pilot selected models for specific needs (e.g., naloxone procurement, peer services, mobile units). • Advocate for national adoption of social contracting frameworks.	External funding - European DG Home/Health, EUDA, regional funding mechanisms (such as Western Balkans Fund - RYCO)
4	By **2026**, conduct a regional situation analysis on drug checking, stimulant use, chemsex, poly-drug use, non-injecting risks, and youth trends. By 2027, integrate relevant service models into national strategies and programmes.	2026 - situation analysis; 2027 - adding to strategies and programs	DPN SEE	• Use existing data platforms (EUDA, UNODC, IBBS, size estimation studies) and strengthen data harmonisation. • Map existing recommended service models (drug checking, consumption rooms, peer naloxone distribution, outreach for Chem-sex, youth-focused interventions). • Identify which models are most feasible per country and prepare step-by-step integration plans.	External funding - European DG Home/Health, EUDA, regional funding mechanisms (such as west Balkan fund - RYCO)
5	By **2027**, establish or revitalise **formal government–civil society dialogue platforms** in every Balkan country, clearly defining which services should be government-run and which should remain civil-society-led, with mechanisms for accountability and co-financing.	2027	National drug councils; Ministries of Health; civil society; public security institutions (police); IPHs; social protection ministries.	• Review existing coordination platforms and identify gaps. • Organise regular quarterly coordination meetings between police, health, civil society, and judiciary (building on examples from Greece, Slovenia, Serbia). • Develop guidelines for division of responsibilities (OAT, NSP, peer programmes, outreach, chemsex response, youth). • Integrate these agreements into national action plans.	Government budgets; EU Delegations; international donors. Small funds required for meetings and facilitation.

6	By **2027**, establish and implement a **regional anti-stigma programme** targeting law enforcement, healthcare providers, and decision-makers, ensuring that **each country provides at least two annual training cycles** and introduces **one formal cooperation mechanism** (such as joint police–NGO protocols, health-sector guidelines, or municipal task forces) to reduce discrimination towards people who use drugs and people living with HIV.		Ministries of Interior; Police Academies; Ministries of Health, Education and Information/ Culture; Medical Chambers/Associations; Institutes of Public Health; human rights authorities; media, civil society organisations; Municipal authorities; DPN SEE.	• Map existing successful models (such as study tours, Greece and Slovenia's integrated approaches). • Develop standardised training modules for police, medical workers, and local administrators, focusing on harm reduction, HIV, stimulant use, chemsex, human rights, and gender-specific vulnerabilities. • Organise regular joint meetings between police, health services, and NGOs (at least quarterly). • Create simple referral and cooperation procedures (such as non-punitive policing near outreach sites, emergency naloxone response, support for sex workers, young people, women). • Monitor stigma incidents and collect feedback from beneficiaries and frontline workers.	EU Delegations; DG Home/Health; OSCE; Council of Europe; international HR/HIV donors; national budgets (training lines in Ministries of Interior/Health).

Additional notes: *Moderated by Maria Malakhova, APH, Ukraine*

- **Shrinking civic space** is a major barrier; advocacy for enabling environments is needed in every country.
- Balkan countries are facing **increasing stimulant use**, chemsex-related risks, and rising youth exposure; meanwhile, political attention to drugs is declining.
- **Some innovations cannot simply be copy-pasted**; models like drug checking, safe consumption spaces, or peer naloxone distribution require testing and adaptation.
- **Police engagement is essential**; regular training and cooperation can reduce stigma and facilitate safer outreach.
- **Greece and Slovenia** provide useful examples of funding mechanisms (such as gambling tax revenue, confiscated criminal assets).
- **Data systems must be improved**, especially harmonised data collection on non-injecting drug use and stimulant trends.
- **Private clinics and unregulated treatment options** (such as ibogaine) pose safety and policy challenges and require attention.

- Some countries (such as Kosovo) have demonstrated that **private-sector engagement** can fill funding gaps.
- Youth-focused prevention must be strengthened, as "it is cheaper to use drugs than buy alcohol in clubs" and risk behaviours are rapidly shifting.

Question 4: How can the continuum and standard of HIV care, from prevention and testing to treatment and long-term support, be strengthened and harmonized across the Balkans?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementing partners)
1	By summer 2027, organize a high-level decision-makers meeting of Balkan countries with the goals of assessing progress and harmonizing and sustaining the HIV response towards ending the HIV epidemic, as well as increase domestic financing of HIV response.	1-1.5 years (by summer 2027)	WHO as a lead, European Centre for Disease Prevention and Control (ECDC) – on board, Public Health Institutions and NGOs – driving the process	• NGOs and PHIs reach out to WHO regional/country offices	Potential donors: Pharma; UN; WHO; Other donors; SoS project (GF)
2	By 2028 have developed and approved national guidelines for HIV treatment and prevention, as well as for support to people living with HIV and AIDS including Person-Centered Care approach.	2 years: the first (2026) – development; the second (2027)– approval	Treatment guidelines development is led by clinics/clinicians; prevention guidelines development – by NGOs/IPH; PrEP/PEP – together by clinicians, NGOs, IPHs; approval – MoH (or who is responsible – country-specific)	• Assemble working group – detailed plan of the process, consultations on country levels to harmonize the process	Potential donors: MoH/other Donors/regional projects e.g. SoS – GF; WHO
3	By 2027 build the capacity of all relevant national bodies/organizations/NGOs on data collection, digitalization and reporting.	1 – 1.5 years (by summer 2027)	Public Health Institution of Serbia	• Gap analysis on data collection, monitoring procedures, technical capacity of relevant institutions/organizations;	SoS project (GF); National budgets; ECDC

				concept note development for the workshop	
4	By 2027 develop innovative solutions/services for HIV/STI, hepatitis testing.	1 – 1.5 years (by summer 2027)	Leading: NGO from Serbia in partnership with other countries' NGOs, as well as Public Health Institutions	• Conduct a workshop of NGOs from Balkan countries to create a pool of innovative testing services/solutions, including those considering migrant populations, for further inclusion of innovative solutions into the social contracting calls per country	SoS project (GF); National budgets. WHO?

Additional notes: *Moderated by Nino Tsereteli, Tanadgoma, Georgia*

- **Recommendation 1** refers to a high-level meeting of decision-makers from the Balkan countries and is connected to implementation and/or fostering implementation of the other recommendations, as they will also need political will to be implemented.
- **Recommendation 2** includes Person-Centered Care Approach to be incorporated into the guidelines/protocols targeting support to people living with HIV and aims to respond to the lack of psychological support to those having mental health problems, as well as medical and/or social services from infection clinics and relevant social care institutions.
- **Recommendation 2** aims at ensuring that HIV continuum of care is standardized (especially prevention interventions targeting key populations), includes guidelines, protocols for each intervention or reference to the existing protocols per country, and costed. When approved by the national authorities, they are bound to follow these guidelines and thus quality of the continuum interventions is maintained, and funding is not decreased. Also, the approved guidelines are instruments for further inclusion of the standardized interventions in social contracting process on national levels.

Question 5: What actions can strengthen political commitment and domestic financing for HIV and STI programs in the Balkans?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementing partners)
1	By end-2028, each Balkan country to establish and maintain a dedicated, protected budget line for HIV treatment, prevention, and community-based support services within the national health budget or social health insurance scheme, increasing its national health budget by at least 5-10% annually.	2026: Costing, fiscal space analysis, design of budget line and MTEF (Medium-Term Expenditure Framework) Public Health Budget integration. 2027: Budget line approved and operational in annual budget. 2028: National health budgets increase by at least 5-10% annually	Lead: Ministry of Health (MoH); Ministry of Finance / Treasury; Ministry of Interior; Health Insurance Fund; Institute for Public Health (IPH). Partners: National AIDS Programme; Parliament (Health & Budget Committees); CSOs and key population networks; international partners (Global Fund, UN agencies) as technical advisors.	• Use evidence-based costing and burden of disease data to justify HIV as a cost-effective investment in public health and productivity. • Align HIV budget line with broader UHC and primary health care reforms, framing HIV as part of essential health benefits. • Establish and/or maintain a multi-stakeholder HIV Coordination Body (CCM, NAC, AIDS Council, etc.) to oversee costing, budget negotiations, and annual reviews. • Adopt budget tagging for HIV within public financial management systems to track spending and ensure transparency.	Core financing from general government revenue and/or social health insurance contributions. Tax revenues from unhealthy products, including but not limited to gambling, with a portion ring-fenced for HIV and other communicable diseases. Use donor support (Global Fund, other multilateral and bilateral funders) as co-financing/matching funds tied to domestic resource increase.

2	By end of 2028, fully integrate HIV testing, treatment, prevention (including PrEP and harm reduction), and psychosocial support services into each country's national essential health benefits package, ensuring >90% coverage of people living with HIV and key populations with no or minimal out-of-pocket payments. Update clinical guidelines, protocols and benefit packages regulations to explicitly include: • ART and lab monitoring • HIV testing (including community-based and self-testing, where feasible) • PrEP, PEP • Harm reduction (OST, NSP, overdose prevention) • Psychosocial and mental health support. Remove co-payments and user fees for essential HIV services. Integrate HIV services into primary health care, TB, SRH, and mental health services (where appropriate). Set coverage targets for people living with HIV and key populations (PWUD, sex workers, MSM, migrants, prisoners, etc.).	By end of 2028.	Lead: MoH (Department of Health Services / UHC); Health Insurance Fund; IPH. Partners: National AIDS Programme; professional associations; CSOs and community networks; regulatory authorities.	• Use cost-effectiveness analyses to demonstrate HIV services as high-value interventions. • Integrate HIV indicators into UHC monitoring dashboards and performance-based provider payment schemes. • Train primary care providers and specialists on updated guidelines and stigma-free care. • Establish referral pathways between primary care, specialized HIV centres, and community services.	Coverage through health insurance reimbursement or government-financed essential package. Performance-based payments or capitation adjustments to incentivize quality HIV care. Use transition grants (e.g. Global Fund) to fund initial integration and capacity building.

3	By end-2029, all Balkan countries adopt and implement a modernized legal and regulatory framework that: 1. protects the rights of people living with HIV and key populations, 2. decriminalizes or mitigates punitive laws that hinder access to services, and 3. legally allows public funding and contracting of community and key population-led organizations.	2026: Legal audit and stakeholder consultations. · 2027–2028: Drafting, parliamentary advocacy, and adoption of amendments. · 2029: Full enforcement and monitoring with annual reporting.	Lead: Ministry of Justice; MoH/National AIDS Programme; Parliament; human rights commissions. Partners: CSOs and key population networks; Bar associations; National Human Rights Institutions; international human rights bodies.	• Create a multi-sector Legal Reform Working Group with government, CSOs, legal experts, and international partners. • Use strategic litigation and human rights impact assessments to inform reform. • Link legal reforms to EU accession processes and regional human rights commitments where relevant. • Develop implementation guidelines for law enforcement, judiciary, and health workers.	Government budget for law reform processes and institutional strengthening. Technical assistance and catalytic support from international partners (UN, Council of Europe, donors). Small grants to CSOs for advocacy, monitoring, and legal aid.

4	By 2028, each country establishes at least one formal national mechanism (e.g. CCM, NAC, Council) and multi-year framework agreements with community-led organizations to ensure continuous, crisis-resilient HIV service delivery and social protection "safety nets" for key and vulnerable populations.	2026: Council established; ToR approved. 2027: Contracting mechanisms piloted in at least 2–3 regions or cities. 2028: Multi-year contracting and emergency continuity protocols fully implemented nationwide.	Lead: MoH / National AIDS Programme/ IPH; Social Protection / Welfare Ministry; local governments. Partners: CSOs and key population-led organizations; social insurance institutions; emergency management agencies; donors.	• Institutionalize community participation via regulations or ministerial orders (e.g. mandatory representation in national HIV committees). • Develop standard operating procedures (SOPs) for contracting CSOs, including transparent selection, performance indicators, and reporting. • Integrate HIV into national emergency preparedness & business continuity plans. • Build capacity of CSOs in financial management, M&E, and quality standards.	Allocate a fixed percentage of the HIV budget line for community-based service delivery. Include CSO contracts as eligible for social health insurance reimbursement where possible. Blend domestic funds with donor co-financing for initial scale-up, transitioning to majority domestic funding over time.

Additional notes: *Moderated by Vladan Golubović, CCM Montenegro*