BORDER|NET work

2010-2012 CROSSING BORDERS, BUILDING BRIDGES

Rapid Assessment and Response of HIV/AIDS among sex workers in Bosnia and Herzegovina in the frame of a Fact Finding Mission (FFM) in NON-EU countries and EU border Areas

BORDERNETwork Package 4

Funded by the Health Programme of the European Union

Bundesministerium für Gesundheit

SPI FORSCHUNG

UDRUŽENJE PROI ASSOCIATION

BORDERNET*work* 2010-2012

Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE

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Publisher: SPI Forschung gGmbH

This Rapid Assessment in the frame of a Fact Finding Mission (FFM) arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme

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Acknowledgement

This report was developed for BORDERNETwork by Association PROI, Sarajevo, Bosnia and Herzegovina. Authors were Samir Ibisevic and Uliana Bakh, with assistance from Andrea Kurtovic.

Association PROI would like to thank sex workers who participated in focus group and individual interviews for their time and willingness to share their experience with interviewer. We are particularly grateful to representatives of NGO and state institutions for their contribution in the form of ideas and recommendations.

Particulary we wish to thanks: Dr. Zlatko Cardaklija, National HIV/AIDS Coordinator in FBiH; Dr. Alma Skopo, director of the Office for Health Care Statistics in Public Health Institute in FBiH, Dr. Jasminka Uzunovic, director of the Office for Health Care Statistics in Public Health Institute of Zenica-Doboj Canton FBiH, Dr. Vesna Hadziosmanovic, Head of service in VCCT Centre in Sarajevo; Dr. Lejla Calkic, Head of services in VCCT Centre in Zenica; Zvjezdana Jakic, psychologist in Association for support people living with HIV – APOHA; Sejdefa Basic-Catic, Association Partnership for Public Health; Sadmira Kotoric, Gender Centre of FBiH; Selma Hadzihalilovic, Infoteka Zenica – Women Information and Documentation Center; Mirsada Zeco, International Organization for Migration (IOM) Bosnia; Ferida Dekic, Medica Zenica – Shelter for women victims of violence; Aldina Fafulovic, Citizens' Association for prevention of addiction NARKO-NE; Aida Muslic, Association Partnership in Health; Maja Grujic, World Vision International - Bosnia and Herzegovina.

Abbreviations

AIDS	Acquired immune deficiency syndrome
BIH	Bosnia and Herzegovina
CSO	Civil Society Organisation
EU	European Union
FBIH	Federation of Bosnia and Herzegovina
FFM	Fact Finding Mission
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Injection Drug User
MSM	Men who have sex with men
NGO	Non-Governmental Organization
RS	Republic of Srpska
STI	Sexual transmitted infections
SW	Sex Workers
VCCT	Voluntary and Confidential Counselling and Testing
PLWH	People living with HIV/AIDS

Introduction

The Rapid Assessment and Response of HIV/AIDS was implemented by Association PROI in Bosnia and Herzegovina within the framework of the BORDERNET project (EU Public Health Programme, 2010-2012). The RAR was applied to HIV/AIDS/STI issue in population of sex workers in two biggest cities in Federation of Bosnia and Herzegovina – Sarajevo and Zenica.

Aims and Objectives

The main aim of this Rapid Assessment is to conduct a snapshot situation analysis and to get an overview of the risks to HIV/AIDS/ STIs in case of sex work in Bosnia and Herzegovina and to outline social determinants of health risks of the sex workers. Besides the range of measures for prevention, diagnostic, referral and treatment it is outlined the gaps in access to health and sexual education, HIV/AIDS prevention, HIV testing and STI diagnosis as well as related gaps in the referral and treatment systems.

Methods

The instrument is based on:

1) Review and presentation of **own expertise of the Association PROI**
2) **The Desk Review** which include review and systematic description of relevant information from background documents (reports, publications, presentations, web-sites) highlighting the particular context, incl. epidemiological situation and socio-demographic features of the sex work in Bosnia and Herzegovina;
3) **Small-scale field survey in population of SW and service providers including interviews with service providers and focus groups with sex workers.**

All activities were implemented in two biggest cities of Federation of Bosnia and Herzegovina, Sarajevo and Zenica. The focus group was organized with 10 representatives of SW community per each group in Sarajevo and Zenica. Having in mind difficulties which might occur during organizing and implementation of focus group with SW representatives, additional 3 in-depth interviews with individual respondents were organized with representatives of SW population. Interviewing method was applied with 16 representatives of service provider's organization, such as health care institutions and NGOs from Sarajevo and Zenica.

Interviewed experts/institutions: Dr. Zlatko Cardaklija, National HIV/AIDS Coordinator in FBiH; Dr. Alma Skopo, director of the Office for Health Care Statistics in Public Health Institute in FBiH, Dr. Jasminka Uzunovic, director of the Office for Health Care Statistics in Public Health Institute of Zenica-Doboj Canton FBiH, Dr. Vesna Hadziosmanovic, Head of service in VCCT Centre in Sarajevo; Dr. Lejla Calkic, Head of services in VCCT Centre in Zenica; Zvjezdana Jakic, psychologist in Association for support people living with HIV – APOHA; Sejdefa Basic-Catic, Association Partnership for Public Health; Sadmira

Kotoric, Gender Centre of FBiH; Selma Hadzihalilovic, Infoteka Zenica – Women Information and Documentation Center; Mirsada Zeco, International Organization for Migration (IOM) Bosnia; Ferida Dekic, Medica Zenica – Shelter for women victims of violence; Aldina Fafulovic, Citizens' Association for prevention of addiction NARKO-NE; Aida Muslic, Association Partnership in Health; Maja Grujic, World Vision International - Bosnia and Herzegovina; Selma Birdanic, outreach worker in Zenica, PROI.

Findings

Topic 1: Profile of Bosnia and Herzegovina's Background Situation

1) General Background Information of the Country

Bosnia and Herzegovina (BiH) is a Southeast European country located on the Balkan Peninsula. BiH borders Croatia to the north, west and southwest, Serbia to the east and Montenegro to the southeast. The country is home to three ethnic groups, or so-called "**constituent peoples**", a term unique for Bosnia-Herzegovina. **Bosniaks** are the largest group of the three, with **Serbs** second and **Croats** third. Regardless of ethnicity, a citizen of Bosnia and Herzegovina is often identified in English as a **Bosnian**. Bosnia and Herzegovina is a **parliamentary republic**, which has a **bicameral** legislature and a three-member Presidency composed of a member of each major ethnic group. However, the central government's power is highly limited, as the country is largely decentralized and comprises two autonomous entities: the **Federation of Bosnia and Herzegovina** and **Republic of Srpska**, with a third region, the **Brcko District**, governed under local government. It is an independent state, but under international administration. The capital of Bosnia and Herzegovina is Sarajevo (450.000 inhabitants) (Wikipedia, 2011; CIA World Factbook, 2011).

Bosnia and Herzegovina was a part of Socialist Federal Republic of Yugoslavia until its declaration of sovereignty in October 1991, which was followed by a declaration of independence from the former Yugoslavia on 03 March 1992. Between March 1992 and November 1995 the international war conflict, commonly known as Bosnian War took place in Bosnia and Herzegovina. The war left Bosnia's infrastructure and economy destroyed and weak. The war was ended after warring parties, three official nations of Bosnia and Herzegovina: Bosniaks, Croats and Serbs, had signed a peace agreement on 21 November 1995, in Dayton, USA. The Dayton Peace Accords kept Bosnia and Herzegovina's international boundaries and established a multi-ethnic and democratic government charged with conducting foreign, diplomatic, and fiscal policy (CIA World Fact Book, 2011).

The last official census in Bosnia and Herzegovina was conducted in 1991. According to Agency for Statistics of population of BiH in 1991 was 4,3 mil of people. After the war situation changed, many people was killed, missed, displaced or move out. Until now,

there is still no official census. This is a result of complicated political situation and lack of agreement between two entities. Today, according to Agency for Statistics of Bosnia and Herzegovina estimation of population done on 30 June 2010 is 3,8 mil (Agency for Statistics of BiH, 2010). Nationality population structure is: Bosniak 48%, Serb 37.1%, Croat 14.3%, other 0.6% (2000). Population growth rate is 0.008%, birth rate is: 8.89 births/1,000 population; death rate is: 8.8 deaths/1,000 population; life expectancy at birth - total population: 78.81 years; total fertility rate is: 1.27 children born/woman; HIV/AIDS - adult prevalence rate is less than 0.1%, HIV/AIDS - people living with HIV/AIDS is 900; HIV/AIDS – deaths: 100 (till 2007) (WHO, 2011).

Official languages in Bosnia and Herzegovina are: Bosnian, Croatian and Serbian. Official alphabet is: Latin and Cyrillic.

2) Relevant Political, Socio-economical, Cultural and Religious Aspects

The recent war and fall of Yugoslavia as well as current transition from war to peace and from socialism and planned economy to social market economy and capitalism, makes Bosnia and Herzegovina very specific area. Bosnia and Herzegovina has several levels of political structuring, according to the Dayton peace agreement. The first level is a country as a whole head by three-party presidency. The second level is division of the country on two entities and one district: Federation of Bosnia and Herzegovina (FBiH) and Republic of Srpska and Brcko District. Another level of Bosnia and Herzegovina's political division is manifested in cantons. Cantons are unique to the Federation of Bosnia and Herzegovina. Federation of Bosnia and Herzegovina consists from ten cantons while Republic of Srpska is centralized. All levels of government in Bosnia and Herzegovina have their own ministries which lead to paradox that such as small country has more than 100 ministries (i.e. 13 ministries of security on state, entities and cantonal level).

The lowest level of political division in Bosnia and Herzegovina is municipality. The Federation of Bosnia and Herzegovina is divided in 74 municipalities while Republic of Srpska has 63 of them. Municipalities also have their own local governmental structure.

EU integration is one of the main political objectives of Bosnia and Herzegovina. Formal relations between BiH and EU began in 1999, when the country was included in the Stabilisation and Association Process (SAP) for the Western Balkans. A Stabilisation and Association Agreement (SAA) was signed in June 2008.

The country is a **potential candidate for membership to the European Union** and has been a candidate for **NATO** membership since April 2010, when it received a **Membership Action Plan** at the summit in Tallinn. Additionally, the country has been a member of the **Council of Europe** since 24 April 2002 and a founding member of the **Mediterranean Union** upon its establishment on 13 July 2008.

Religion Influence

There three main religions in BiH: Muslim, Orthodox and Catholic. The case of the identity formation in Bosnia and Herzegovina is quite unique because of the virtually indistinguishable identification of ethnicity with one's religious background. Bosniaks generally are associated with Islam, Bosnian Croats with the Roman Catholic Church, and Bosnian Serbs with the Serb Orthodox Church. The Jewish community maintained a

very small but important presence in Bosnian society. There is also several small Christian denominations throughout the country (US Bureau of Democracy, Human Rights, and Labour, 2006).

In the 1991 census the population of Bosnia and Herzegovina had the following demographic structure: Muslims constituted 43,7% of the overall population, Serbs 31,4%, Croats 17,3%, Yugoslavs 5, 5% and Roma and others 2, 1% (Helsinki Committee for Human Rights in Bosnia and Herzegovina, 1999). Latest religion statistics of Bosnia and Herzegovina have the following structure: Muslim 40%, Orthodox 31%, Roman Catholic 15%, Jews 1% and others 13% (Nation master, 2011).

Civil society development

Civil society was undeveloped in Bosnia and Herzegovina before the war. The post-war situation increased humanitarian aid resulted in large number of donor driving organisations. Donated recourses were mostly focused on service delivery, while CSOs capacity building was neglected.

At the end of 2008, there were a little over 12,000 registered CSOs in Bosnia and Herzegovina. CSOs in BiH may be classified according to two broad categories: Mutual or member benefit organisations (MBOs) which are established to work exclusively in the interests of their members, and so-called pubic benefit organisations (PBOs); that is, those associations whose purpose is to act in the general public interest. MBOs comprise a large majority (71.8%) of all the CSOs in BiH and cover a wide range of activities and organisational types, such are sports, hobbies and other recreational interests, culture, veterans' associations, refugee returnees, and women's and youth clubs, etc. Most MBOs are poorly financed and dependent on local authorities for what little funding they can access.

CSOs which are oriented towards the interests of the general public (PBOs) are in most cases devoted to providing specialist forms of non-institutionalised service delivery, such as social protection (children, vulnerable women and victims of domestic violence, unemployed etc), psycho-social assistance or education and assistance to assist citizens generally or specific social groups participate more fully in society ("empowerment"). These organisations comprise fewer than 30% of all CSOs in BiH. In general they are oriented towards international donors and promote rights-based agendas, in place of an emphasis on specific needs or interests.

Among the larger number of PBOs is an identifiable "elite" of well developed, sophisticated, fully professional NGOs predominantly located in the country's four or five main towns. Numbering from possibly as few as 50 or 60 organisations up to around 200, these NGOs count amount their numbers specialists in human rights advocacy groups, but most often they remain service providers that are only engaged in advocacy, lobbying and policy development as a secondary activity.

Notionally, there are considerable sums of money available to fund CSO activities in Bosnia and Herzegovina from the public purse, including financial resources of the municipalities, cantons, the entities and the state. In 2008, total government support for CSOs amounted to 118 million KM (approx. 59 million EUR). However, a large proportion of the CSO community and a broad range of civil society activities are in effect excluded from meaningful support from public funds in BiH, on account of extremely selective funding preferences of the various governments, which privilege sporting activities and services to disabled veterans of the Bosnian war over and above all other interests, and a

failure on the part of government generally to recognise the importance of civil society for the public good. This determines that governments tend to disburse very small amounts of funding to the greater majority of CSOs, more as means of regulating the distribution of public funds and relieving pressure from CSOs for governmental funding.

While official development aid from abroad continues to grow, grant support is generally decreasing, as many bilateral donors phase out their involvement in the country in favour of the EC playing a bigger role. In addition, all donors have cut their civil society budgets, markedly reducing funding for a range of rights-based and governance-related CSO activities which rarely attract support from government budgets (such as, promotion of minority and human rights, government monitoring and watchdog activities, and advocacy and policy dialogue) (TACSO, 2010).

Economical situation and gender profile

As a result of war and destroyed economy poverty is deeper and more widespread in BiH than in other countries of former Yugoslavia.

According to the 2009 Labour Force Survey in BiH (LFS) 24.1% people in Bosnia and Herzegovina are unemployed (23.1% for men and 25.6% for women), and this rate has been continuously growing. At the same time, the unemployment rate registered in 2009 was 41.8%. The authorities have recognized in the Employment Strategy published in April 2010 that the „lack of opportunities for a dignified and productive employment resulted in large informal economy, which is reflected in the gap of 21% between registered and actual unemployment". Gender is still one of most important factors of (un)employment. Indicators show that only 37.1% of employed are women, despite the legal obligation to apply gender equality in providing access to labour market, and the fact that 57.1% of total number of working-age population are women. The unemployment rate of young women aged between 15 and 24 years amounts to 52.5% in 2009 and it still grows (CEDAW Alternative Report for BiH 2010). One of the most poverty-affected groups is women group.

3) Relevant Political and Legal Background in the Field of HIV/AIDS and STI – Regulations and Laws Related to Counselling/Testing, Access to Diagnostic and Treatment, Legalisation in the Field of ÜProstitution, Migration and Substance use*

**In this chapter we provide detailed information about legal framework related to HIV/AIDS/STI issue in Federation of Bosnia and Herzegovina. Similar legislative in function in Republic of Srpska and District Brcko.*

HIV/AIDS and legal background

There is no law specifically regulate the issue of HIV/AIDS/STI in FBIH. Problem of HIV/AIDS is regulated by Law on Protection of Population from Infectious Diseases. The law provides a list of infectious diseases, which includes HIV infection and STIs. Article 11 provides for special measures to prevent and control infectious diseases. Some of these measures may be specifically applied to HIV infections and STIs: health education on the prevention of infectious diseases, early detection of sources and channels of transmission, notification, and surveillance of carriers, staff and any other persons (UNICEF, 2007).

Moreover, first HIV/AIDS prevention and Combat strategy in BIH 2004-2009 was adopted in order to coordinate prevention of transmission and spread of HIV; appropriate treatment, care and support to persons who are living with HIV; development of state capacities and strengthening of relations with international organizations in combating HIV. In September 2011 the new National HIV/AIDS strategy 2011-2016 was adopted.

Other laws and regulations related to HIV/AIDS issue in FBiH: The Constitution of FBiH, Law on Health Care, Law on Health Insurance, Law on Social Welfare, and other.

Assumptions of Sex work

According to broad definition, sex work is the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults where the sex worker may or may not consciously define such activity as income-generating (UNAIDS, 2011).

Additionally, for better understanding of this issue it is important to underline difference between voluntary sex work and forced sex work. Voluntary sex work provides adults who do it willingly and who chose that kind of work as income-generating. Forced sex work and trafficking for sexual slavery induced by force, fraud or coercion is a crime and should not be equated with voluntary sex work. In Bosnia and Herzegovina sex work is illegal and sex workers are hidden population.

Specific of sex work in Bosnia and Herzegovina

There are few factors which make BiH specific location and destination for sex industry. Geopolitical situation and constantly presence of various armies had influence for developing different forms of sex work, from forced sex work and trafficking in human beings to voluntary sex work and survival sex work. Also the recent war and fall of Yugoslavia (to which BiH belong until 1992) as well as current transition from war to peace and from socialism to capitalism makes BiH very specific area.

First organized forms of sex work were noted during the Austro-Hungarian domination, but in the Kingdom of Yugoslavia the law of banning prostitution was adopted 1939 and all brothels were closed. During the Socialist Federal Republic of Yugoslavia (SFRY) sex work was not legally regulated but it was presented in the biggest cities.

War and militarism during 90s particularly influence to the sex work. War produced militarist cultural ideals about gender which increase the vulnerability of women to socio-economic factors that lead to increasing all forms of sex work, as well forced as voluntary. Moreover, examples from recent history show that the expansion of sex work due to the extended presence of military forces has long-term consequences on the development of sex industry. Survival sex work was presented during the war in BiH, female sex workers operated in bars, restaurants and hotels, most of them were forced to work, while some of them “voluntary” worked for food, clothes or release for them or members of their families. Clients were soldiers from all local armies and international soldiers from UN corps.

Since the end of the war in 1995, Bosnia and Herzegovina has become a major trafficking destination. As of October 2002, UNMIBH suspected 227 of the nightclubs and bars that dot Bosnian cities and towns of involvement in trafficking in human beings. Experts from the U.N. mission’s Special Trafficking Operations Program (STOP) stated in

a 2001 press conference that approximately 25 percent of the women and girls working in nightclubs and bars were trafficked. NGO experts working to stop trafficking in Bosnia and Herzegovina, cautioning that the statistics remain woefully unreliable, estimated that as many as 2,000 women and girls from the former Soviet Union and Eastern Europe have found themselves trapped in Bosnian brothels. Also, according to local NGOs, 50 percent of clients were internationals, mainly soldiers from UNPROFOR (UN Peace protection Force), and at least 50 percent of all profits from prostitution are estimated to come from internationals, who pay different rates and spend more money in bars than local men.

International and local community was shocked by the scandal of engaging UN soldiers in human trafficking and prostitution in Bosnia. Moreover, witness testified that they saw girls who were forced in UN vehicles and driven to unknown destinations. An American woman Kathryn Bolkovac, employee of DynCorp Technical Services, who served with the International Police Task Force (IPTF) in Bosnia, alarmed general public and media about these facts. Because of her book: *The Whistleblower: Sex Trafficking, Military Contractors, and One Woman's Fight for Justice*, United Nations tried to drop her in public estimation.

This scandal had consequences for the local sex work scene. Most nights bars and clubs (discotheques), where sex workers were working, have been officially closed. From that time voluntary and forced sex workers in BiH became acting unofficially and hidden – in private flats, hidden clubs, hotel rooms and other new unknown indoor and outdoor locations. Such situation continue till now and impact on human and civil rights violations and human trafficking and create barriers for sex workers to access social and health services.

According to BBS conducted in 2010, 98.1% of sex workers have been living in the current place of residence for over a year (Partnership in Health, 2011). However, we could assume that visa liberalization for Bosnian citizens to Schengen countries started from November 2010 could activate migration of sex workers to Western countries.

Sex work and relevant laws and regulations

In Bosnia and Herzegovina, sex work is illegal and sex workers are a hidden population. According to estimation of Association PROI the rough number of commercial female sex workers in Bosnia and Herzegovina is 2250.

There are a number of legal provisions that regulate sex work. On the one hand, prostitution and use of prostitution will be punished by a misdemeanour fine of 100.00 BAM (Law on Offences against Public Order, Sarajevo Canton, 2007). On the other hand, forced prostitution and sexual slavery is considered a criminal offense and shall be punished by imprisonment from one to ten years or by long-term imprisonment (Federation of Bosnia and Herzegovina Criminal Code, 2003). Also, it should be noted that in 2004, government of Federation of Bosnia and Herzegovina adopted the standard classification of occupations, which is based on International Classification of ISCO, including profession of “salesgirl of love” under the code 5149.04 in the section “Services and sales workers”. This profession would be closest to correspond with the term “sex worker” (Standard Classification of Occupations of the Federation of Bosnia and Herzegovina, 2004).

Substance use and related laws and regulations in Bosnia and Herzegovina

The drug situation in Bosnia and Herzegovina should be viewed in the context of the overall socio-economic and demographic situation in the last two decades, and in particular the war and its ongoing impact. The war's effect has been widely felt - in personal and social trauma, the time it has taken to make the transition to peacetime, damage to the economy, the impact on social and moral values, and increased rates of unemployment and poverty.

The location of Bosnia and Herzegovina on the Balkan Route of drug trafficking contributes to increased availability of drugs in Bosnia and Herzegovina. The country faces a number of major problems in tackling problem drug use, including: small number of centres for drug addiction treatment, including those providing substitution therapy; an insufficient number of professionals in field of substance use; adopted state strategy and action plan and lack of prevention programmes at the local level; lack of technology (e.g. laboratory equipment) and an undeveloped drug information system (EMCDDA, 2009).

The Law on the Prevention and Combat of the Abuse of Narcotics in Bosnia-Herzegovina came into force on 15 February 2006. The Law's implementation involves the participation of the four state-level ministries: the Ministry of Civil Affairs, the Ministry of Security, the Ministry of Trade and Economic Relations and the Ministry of Finance. The Ministry of Security set up a department specifically to work on the implementation of the Law within its area of responsibility. The Law's adoption has significantly improved the coordination of drug-related law enforcement and demand-reduction measures in Bosnia and Herzegovina. Also, it has been integrated at the State level; thus specific state-level ministries have been put in charge of its implementation and the adoption of a system of measures, that lower levels of government are obligated to implement (in both the entities and the Brcko District).

The criminal codes of Bosnia and Herzegovina and of the entities address trafficking and unauthorized production, possession and sale of narcotic and psychotropic substances. Police forces do not make allowances for possession for personal use or possession in small quantities. This causes problems when harm reduction measures such as the provision of needles and syringes are implemented, as possession of dirty syringes might be considered as a misdemeanour in Republic of Srpska and as a crime in the Federation of Bosnia and Herzegovina (EMCDDA, 2009).

Abuse of narcotic drug or illicit drug use is defined by law as the cultivation of the plant from which narcotic drugs could be obtained, possession of the means for the manufacture of narcotic drugs and manufacture, traffic in and possession of a narcotic drug, psychotropic substances, plants or the part of the plant from which a narcotic drug could be obtained or precursors contrary to the provisions of the law, as well as the use of narcotic drugs outside therapeutic indications, in excessive dose levels, or over an unjustified period of time (Law on Prevention and Combat of the Abuse of Narcotics, 2006).

Sex work and drug use overlapping

Many researchers report a significant overlap between drug use and sex work. Poverty and an absence of employment opportunities make transactional sex a survival strategy for some women who use drugs. Women may have sex with someone who gives them a place to stay, food, drugs or protection. During their work, sex workers very often meet with drugs and started using it because of curiosity or because of easier stress

management and handling difficult conditions which is result of their situation. Results of Population survey on the prevalence of gender-based violence against women Sex workers in Bosnia and Herzegovina reports that 37% of respondents said that they regularly use such drugs as heroin, cocaine and speed. 37% said they use these types of drugs occasionally and 26% do not use these types of drugs. Sex workers who regularly use drugs are the most vulnerable to physical violence (81%) and sexual violence (73%) (Association PROI, 2010).

GBV Law in Bosnia and Herzegovina

In Bosnia and Herzegovina there is a definition of gender – based violence, which is any act that causes physical, mental, sexual, or economic harm or suffering, as well as threats of such act that seriously impede people from enjoying their rights and freedoms on the principle of gender equality in public or private life, including human trafficking for forced labour, and restrictions, or arbitrary deprivation of liberty (The Law on Gender Equality in Bosnia and Herzegovina, 2003). Although it is recognized that boys and men can be exposed to sexual violence, inequality of power that is the basis of violence together with the inferior status of women in almost all societies, means that women and girls around the world are the primary targets of sexual violence. As such, the term of gender - based violence is used primarily in relation to violence against women and girls.

According to Population survey on the prevalence of gender-based violence against women Sex workers in Bosnia and Herzegovina, violence is one of the most important and frequent problem that sex workers dealing with. It was found that 85 of 100 sex workers were exposed to one or more types of violence (psychological, physical, and sexual). The results show disturbingly high prevalence of gender-based violence against sex workers in Bosnia and Herzegovina. High level of stigma and illegality of sex work creates barriers in access to formal and informal services for post violence support (Association PROI, 2010).

4) General HIV and STI Situation in the country

Region of Western Balkans (Albania, Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, and Serbia) has a HIV prevalence less than 0,1%. In this region all the countries have less than 1000 HIV infections in the total number of registered infections. Only Serbia has 2,178 registered HIV infections in total from 1986. HIV/AIDS epidemics in this region are still at their early stage but experience from other countries is showing that if the appropriate prevention measures are not taken this currently status might change very quickly (Western Balkans Programme to Fight HIV and AIDS, Partnership in Health, 2008).

The first case of HIV in BiH was registered in 1986 and until the end 2009 there are 163 registered HIV positive cases. Of these 103 were recorded as males, 34 as females, and 3 recorded cases as unknown. Some of them have died, and some were lost to follow-up. From 2002, with exception of those added to database from older records in 2003 and 2004, up to 2009 there were 73 HIV cases registered. In total, there are 41 PLHIV in B&H. Percentage of adults and children with HIV known to be on treatment 12 months after initiating ART is: 71,7 %; after 24 months: 93% and 36 months: 75%. With respect to probable modes of transmission, the majority of reported transmission modalities were

heterosexual at 57.4%, MSM at 17.2 %, IDU at 12.7%, unknown at 10.2%, haemophilia at 1.85 % and MTCT at 0.6% (UNGASS Country Progress Report, 2010).

Specification by entity:

Federation of Bosnia and Herzegovina

Registered cases of HIV/AIDS in Federation of Bosnia and Herzegovina (2003.-2009.) according to the Institute of Public Health of Federation of Bosnia and Herzegovina (Population Health status in Federation of Bosnia and Herzegovina, 2009):

Year of the registration	Registered new cases HIV/AIDS	Death caused by HIV/AIDS
2003.	8	2
2004.	10	2
2005.	11	1
2006.	12	3
2007.	4	1
2008.	7	0
2009.	4	1

In the period between 1989 and 2009 in Federation of Bosnia and Herzegovina is registered in total 95 persons with HIV infection. In this group there are 63 persons with AIDS, 39 persons died, and for 10 persons there is no available data. Dominant ways of transitions are heterosexual intercourse, then homo and bi-sexual intercourse and injecting drugs.

Republic of Srpska

According to the *Publication of health situation of citizens of the Republic of Srpska for 2007* prepared by Health Institute of Republic of Srpska there is 53 officially registered persons living with HIV. Until 2007, 15 persons died from AIDS. In the total number of the registered cases of HIV, there are 39 men and 14 women, while for one person there is no available data. This is the last official data about HIV infections in Republic of Srpska available until now.

5) Vulnerable Groups

BiH is a low HIV prevalence country with an estimated prevalence of <0.1%. Due to the considered low-level of HIV/AIDS epidemic, the measures in the country are predominantly focused on promotion of protective behaviour in most-at-risk population groups.

Subpopulations that have been identified as being at higher risk of HIV transmission are injecting drug users (IDU), men who have sex with men (MSM), sex workers and their clients, cross-border migrants, migrant workers, internally displaced people, refugees,

and prisoners. Although Roma population (marginalized group) and youth (adolescents and elementary school children in rural areas) are not referred to as target groups in the national HIV/AIDS strategy, some NGOs, UN Agencies, and the GFATM programme have singled them out for attention (UNGASS Country Progress Report, 2010).

Bosnia and Herzegovina is a country with a prevalence of sex workers from 0.4% to 1.4% among the population of women of 15-49 years of age (J. Vandepitte et. al, 2006). Since independence, Bosnia and Herzegovina has not conducted a census nor undertaken any research to determine the exact number of sex workers; therefore it is not possible to access the percentage of sex workers in Bosnia and Herzegovina (Association PROI, 2010).

6) Services Infrastructure in Respect to HIV/AIDS/STI Prevention, Diagnostic and Therapy

HIV testing is available in BiH as VCCT and the provider initiated testing (protocol). Most infectious diseases are diagnosed at the primary health care level in the Health Centres. For diseases that require obligatory notification by law, the diagnosing physician has to complete a general reporting form. These reports are collected by the epidemiologist at the Health Centre and forwarded to the IPH for Entity of residence.

Case definition for HIV infection is a positive ELISA anti-body test confirmed by Western Blot method. Since 2004, use of code for reporting HIV/AIDS cases (not including patients' identification i.e. name or initials). Regular modifiable disease bulletins in B&H are produced monthly. Annual Health Statistics are also produced by the IPH but with a delay of 2 years. Yearly HIV/AIDS statistic data is reported to European Centre for Disease Control (ECDC) (UNGASS Country Progress Report, 2010).

The Voluntary Confidential Counselling and Testing centres (VCCT) for HIV in Bosnia and Herzegovina, with pre-testing and post-testing counselling, have been operational since early 2005 and they are the most relevant services provided in respect to HIV/AIDS/STI. Since implementation of Global Fund program in BiH, VCCT Centres have been scaled up. Currently there are 12 VCCT centres in the Federation of Bosnia and Herzegovina and 7 in the Republic of Srpska. VCCT centres are meant to target most-at-risk population groups in the country i.e. IDU, MSM, sex workers, and Roma population with the provision of free of cost, voluntary and confidential counselling and testing for HIV. Referral between sexual and reproductive health services and VCCTs is still quite weak. The Bosnia and Herzegovina HIV/AIDS Strategy 2004-2009 did not link this issue with other aspects of sexual and reproductive health, especially with other sexually transmitted infections. HIV prevention and treatment are often approached separately.

Treatment and care in BiH are provided free of charge to PLHIV. Payment of medicines for opportunistic infections depends on whether the medicines are on the list of essential drug. The costs for treatment are covered from the health insurance funds in accordance with agreed list of medicaments (12+1 combination of anti-retroviral medicines) in accordance with WHO Essential Drug List (revised in 2003). HIV treatment is available in Sarajevo, Tuzla and Banja Luka

Prevention programs for population at risks are implemented by Association PROI (sex workers, IDU, MSM), World Vision BiH (Roma population), Association XY (MSM, prisoners), Margina (IDU), Viktorija (IDU, prisoners), Poenta (IDU), IOM (mobile populations), APOHA (PLWH), Action Against AIDS (SW, MSM, PLWH) and other. The

most important NGOs working in the field of HIV primary prevention among youth are: Association XY, Citizens' Association for prevention of addiction NARKO-NE, Youth Action against AIDS.

7) Access Conditions

In the case of detected HIV virus treatment is free but only if person has an official health insurance. In case that person has no health insurance but his or her health situation is bad, treatment starts immediately and procedure of establishing the health insurance continuous during the treatment. According to the director of VCCT Centre in Sarajevo Dr. Vesna Hadziomerovic, there are no cases that person with detected HIV virus has been rejected because of lack of insurance. Staff of the Centre in such cases have procedure and usually refer patients or patients families to other institutions where they can get help in getting the insurance. There are noticed cases of Roma people who had HIV diagnosis but they do not have not only insurance but any other identity document including certificate of birth. In that situation treatment starts but during the period of the treatment, that person is required to get all needed documents.

It is considered that probably because of some specific cultural hindrances vulnerable women such as sex workers or injection drug users use rarely services related to the prevention, testing, diagnosing and treatment of HIV. Stigma and intolerance they meet, and in case of sex workers legal obstructions, are reasons why this population uses services rarely than man. In patriarchal Bosnia sex work is absolutely taboo issue as well as injection drug use among women.

Topic 2: Assessment of Risk Exposure and Social Determinants of Risks of Studied Target Groups

1) Data on HIV/AIDS/STI Prevalence in Population of Sex Workers

Bosnia and Herzegovina is considered as country with low HIV prevalence – less than 0,1%. The dominant way of HIV transmission is sexual (heterosexual 57,3% and 19,5% homo/bisexual), 11,4% through injection drug use (data on September 2011). Taking in consideration this fact, sexual workers are considered in BiH as population in higher risk to HIV infection. However, there is no official data about HIV/AIDS/STI prevalence among SW in Bosnia and Herzegovina.

Public Health Institute of Federation of BiH and Public Health Institute of republic of Srpska are officially responsible for HIV/AIDS/STIs statistic in Bosnia and Herzegovina. Federal Public Health Institute collects data about sexually transmitted infections on monthly base, but Dr. Alma Skopo, expert in HIV and STIs from Federal Public Health Institute declared that available data is not adequate and does not show the real prevalence of STIs in BiH. According to dr. Alma Skopo and dr. Jasminka Uzunovic, epidemiologist from Cantonal Institute for Public Health from Zenica, the situation is caused by low level of knowledge about STIs among internists and gynaecologist, who do not report STIs cases at all or report them under a different medical code.

Bio-behavioural survey (BBS) conducted in 2011 among 154 SW demonstrated that 12% of sex workers have evidence of STI, while no one HIV-positive result was identified (Partnership in Health, 2011). But this data cannot be considered as representative since there is no official information about estimated number of sex workers in Bosnia and Herzegovina. In the past 7-8 years no research has been conducted which provides accurate information about the number of sex workers in BiH.

2) Data on Level of Information of Sex Workers Related to HIV/AIDS/STIS

Above mentioned BBS among sex workers indicates that majority of respondents (96.1%) are aware that the adequate use of condoms reduces the risk of transmission of HIV. About more than one third (84,4%) of respondents know that a healthy looking person may be infected by HIV, while 81.2% answered that HIV infected woman can transmit the virus to her child (Partnership in Health, 2011).

Results of focus group and individual interviews with sex workers conducted on March 2011 and June 2011 in the scope of RAR by Association PROI demonstrated that general level of information related to the HIV/AIDS/STIs is good, but there are still lack of appliance in practice the information and skills gained during HIV/STI educational programs, training and seminars. Majority of interviewed persons maintained that they are well informed especially in terms of HIV, while their knowledge about STIs should be improved. They are familiar with the way of HIV and STIs transmissions, ways of protection and where they could get testing for HIV. In the same time respondents indicated that majority of people from the SW community do not know where get testing for HIV and don't understand importance of HIV testing. Also, level of information about HIV treatment is low.

3) Data on Main Determinants of Risk of the Sex Workers

According to "Survey on the prevalence of gender based violence against sex workers in Bosnia and Herzegovina" 60% of sex workers suffer sexual violence and 63% of them indicated that survived forced sexual intercourse without condom.

Other important issue is patriarchal cultural system which is dominant in BiH. Interviewed persons emphasise problem with condom use during sexual intercourse with intimate partners. In general they believe that "men in Bosnia do not like condoms and think that contraception and protection from infections is women's problem". Sexual violence and refusing of condom use by male partners during sexual intercourse increase vulnerability of sex workers to HIV and STI.

Over one third of sex workers regularly use drugs such as heroin, cocaine and speed, the same proportion use drugs occasionally (PROI, 2010). Alcohol and drug use in population of sex workers often lead to risky sexual practices, as well as sharing needles with other drug users.

Mobility as a part of the Determinants of Risk

As was mentioned before, visa liberalisation could activate migration of Bosnian sex workers to Western countries for illegal work. This fact has significant influence on increasing of vulnerability of sex workers to HIV and STI in large part due to their

undocumented status including poor of working conditions, lack of access to health services, occupational health and safety standards and other form of labour protection.

4) Data on Effective Information, Education and Prevention Measures among Sex Workers

Activities on HIV/AIDS/STI primary prevention in Bosnia and Herzegovina are mostly implemented by NGOs. Informational and educational materials on HIV/AIDS/STI are distributing among sex workers through the network of outreach workers and gatekeepers. Number of trainings on peer education as well as trainings of peer trainers are implementing for sex workers in the frame of GFATM Round 9.

Popular Opinion Leader (POL) program among sex workers was piloted in Bosnia and Herzegovina in 2009 by Association PROI. As result 50 representatives of SW population were educated as peer educators on HIV/AIDS/STI.

However, coverage of sex workers by educational HIV/AIDS/STI prevention programs is not enough since most program are implementing in big cities and do not wrap small cities and villages.

5) Description of Existing Services for HIV and STI Accessible to Sex Workers

There are number of organizations providing services for HIV and STI, including state institutions, NGOs and private clinics in BiH. Harm reduction and other preventive services, as well as HIV/STI testing and treatment are available for sex workers.

Harm reduction services for sex workers in BiH are provided by NGOs and they include outreach and referral services, social support, condoms and lubricant distribution, informational and educational materials and trainings conducting. All these services are free of charge, anonymous and confidential for the clients. The core NGOs who directly work with sex workers are Association PROI in Federation of Bosnia and Herzegovina and Action against AIDS in Republic of Srpska. Other NGOs working in the field of HIV/AIDS/STIs prevention cover population of sex workers indirectly: World Vision, Association XY, APOHA, Partnership in Health, Margina, Viktoria, Poenta, IOM. Most HIV/AIDS prevention programs are financed in the frame of Global Fund financing program, or by other international donors.

HIV testing is available in BiH as VCCT and the provider initiated testing. According to “The Voluntary Confidential Counselling and Testing for HIV: Protocol” the testing for HIV must be: based on principle of anonymity and confidentiality; attended with pre- and post-counselling; voluntary and free of charge. Currently there are 12 VCCT centres in the Federation of BiH and 7 in the Republic of Srpska. VCCT centres are meant to target most-at-risk population groups in the country i.e. sex workers, IDU, MSM and Roma population with the provision of free of charge, voluntary and confidential counselling and testing for HIV. Most representatives of these groups are targeted through the developed referral system between VCCT centres and NGOs working with the groups in the field. HIV testing is free and non-mandatory except for patients requiring transfusion or transplantation, and it is based on code system. Anonymous and confidential testing is optional as the clients are free to make their own choices. If the test result is positive, the client provides identifying information including names and contact addresses. Clients are then referred to appropriate HIV/AIDS prevention, care, treatment, and support services.

Rapid tests are not recommended therefore it has not been used in medical institutions, except for BB surveys. The initial HIV test performed is the screening ELISA test, which is usually done at laboratories at the canton level. If this screening is positive on two different ELISA tests, then it is sent for confirmatory testing by Western Blot method at the laboratory of the University of Sarajevo, the only laboratory that can do confirmatory testing. The results are sent to the ordering physician who is expected to report the case to IPH if the result is positive. Tests may be carried out in private laboratories in the FB&H but these are not reported to the IPH (UNGASS Country Progress Report, 2010).

Treatment and care in BiH are provided free of charge to PLHIV. Payment of medicines for opportunistic infections depends on whether the medicines are on the list of essential drug. The costs for treatment are covered from the health insurance funds in accordance with agreed list of medicaments (12+1 combination of anti-retroviral medicines) in accordance with WHO Essential Drug List. HIV treatment is available in Sarajevo, Tuzla and Banja Luka.

6) Main Difficulties and Barriers in Access and Uptake of Services for Sex Workers

Sex work in Bosnia and Herzegovina is illegal and sex workers are hidden population. They are live and work on the margin of the Bosnian society. Legal situation and high level of stigma are the most important obstacles they face with. Reluctance to be indicated as sex worker restrain to use direct services related to HIV/AIDS/STIs. It also concerned services which are confidential and anonymous, including harm reduction and VCCT.

Because of bad economical situation and lack of formal employment, sex workers usually do not have health insurance and/or enough money to use paid health services. As result access to the gynaecological or other health services is narrowed or impossible. Moreover, many sex workers are not aware about availability of anonymous, confidential and free of charge services on HIV testing in VCCT centres.

During the focus group representatives of sex workers indicated that public health services are not enough discrete, anonymous and professional. Their experience with the doctors in public health institution is bad in general. They assert that doctors are rude, unprofessional, inpatient and do not understand many problems. Corruption is frequent problem as well as lack of confidentiality and long period of waiting for the medical check.

Programs for sex workers, including prevention, testing and treatment measures, are well developed in big cities of Bosnia and Herzegovina while in smaller ones there is lack of services. Such situation create big difficult in access to services for those sex workers who live and/or work in small cities and villages.

7) Main Ideas and Recommendations for Improvement

- To asses Schengen visa liberalisation and its impact to mobility of Bosnian SW.
- Mobile services for sex workers should be established since stationary services and outreach work do not meet all needs and expectations of this group.

- High level of stigma, tabooisation and illegality of sex works create situation where sex workers are on margins of society. It is important to start advocacy campaign for decriminalization of sex work, as well as to implement programs on prevention of stigma and discrimination against vulnerable populations among general public and specifically among health workers and other service providers.
- To implement HIV and violence prevention programs for men and boys clients of SW.
- Improve referral system between VCCT services and sexual and reproductive health services.
- To spread HIV/AIDS/STI prevention, testing and treatment programs for sex workers to small cities and villages. To integrate outreach approach of VCCT services among vulnerable populations.
- To establish specific drop-in centre for sex workers with low threshold services on HIV/AIDS prevention, including harm reduction services.
- To implement programs for sex workers on violence prevention, as well as improve post violence support.
- To raise awareness on human rights among sex workers and implement anti-discrimination campaign in local community and larger society thereby increase tolerance, mutual understanding and the prospects for coexistence with sex workers.
- To conduct survey on estimation of number of SW in Bosnia and Herzegovina.

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