

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



SERBIA

COUNTRY CONTEXT:

Size of population:	10,500,000 ¹
Life expectancy at birth (2004):	73.5 years ²
Population living below \$1 a day ³ :	Data Not Available
Percentage of population under 15 years:	18.6% ⁴
Youth literacy (female rate as % of male rate) ⁵ (ages 15-24):	100% ⁶
Median age at first marriage for women (ages 15-49):	Data Not Available
Median age at first marriage for men (ages 15-49):	Data Not Available
Median age at first sex among females (ages 15-49) ⁷ :	Data Not Available
Median age at first sex among males (ages 15-49) ⁸ :	Data Not Available
Total health expenditure (public and private) per capita per year:	between \$67 and \$107 ⁹
Nurses density per 1,000 population:	4.64 ¹⁰
Contraceptive prevalence rate ¹¹ : (1999):	60.5% ¹²
Fertility rate:	1.7 per woman ¹³
Maternal mortality rate per 100,000 live births(2000):	400 ¹⁴
Ethnic groups (1991):	Serb 66% Albanian 17% Hungarian 3.5% other 13.5% ¹⁵
Religions:	Serbian Orthodox Muslim Roman Catholic Protestant ¹⁶
Languages:	Serbian (official) Romanian Hungarian Slovak Ukrainian Croatian (all official in Vojvodina) Albanian (official in Kosovo) ¹⁷

AIDS CONTEXT:

Adult HIV prevalence rate (2005):	0.2% ¹⁸
HIV prevalence rate in young females (ages 15-24):	Data Not Available
HIV prevalence in young males (ages 15-24):	Data Not Available
HIV prevalence in pregnant women:	> 1% ¹⁹
HIV prevalence in vulnerable groups: IDUs, Sex Workers, MSM:	Data Not Available
Number of deaths due to AIDS(2005):	<100 ²⁰
Estimated number of orphans due to AIDS (0-17 years):	Data Not Available

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Although Serbia has a relatively low rate of HIV prevalence which is largely concentrated in the vulnerable and marginalised populations of injecting drug users (IDUs), sex workers, men who have sex with men (MSM), prison inmates and the military, the status of girls and young women is an important factor which could contribute to an escalated prevalence among the general population. As well as being surrounded by countries with advanced epidemics, Serbia's geographical location places it on a well-known drug and human-trafficking route. This helps to explain the high rate of injecting drug use²¹ and the dangers that this poses to young people in a society which is characterized by high rates of unemployment²² and the breakdown of state social security.²³ Discrimination of the Roma community still exists, which has resulted in Roma women being particularly vulnerable, not just in terms of access to services but in terms of gender-based violence within their own communities.²⁴ The volatile post-conflict environment of Serbia has also contributed to high levels of violence, against women²⁵,

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN SERBIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Serbia. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Serbia. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Serbia.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Serbia to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Serbia' (available on request from IPPF).

Please note that many of the statistics and sources used in this report card come from sources written before the 3rd of June 2006, when the territory now known as the Republic of Montenegro officially seceded from the Republic of Serbia.

which serve to decrease respect for women's rights and contribute to the pressure on young men to exhibit aggressive characteristics.²⁶ These factors combined with strong patriarchal customs²⁷ and low wages²⁸ for women place all girls and young women in Serbia in a vulnerable position.

Currently, young people (between the ages of 15 – 29) account for 45%²⁹ of all people infected with HIV, and the spreading of the virus through unprotected sex is the leading mode of transmission.³⁰ Although prevention strategies for young people are noted as a particular goal in the National Strategy for the Fight Against HIV/AIDS³¹, there is no reference to the particular challenges faced by girls and young women in a male-dominated society.³² Vulnerable groups of IDUs, MSM and sex workers are targeted in the National Strategy and young people are specifically targeted for prevention.³³ These groups are also being addressed by the government through the recently funded Global Fund project³⁴ (Round 6) and by a variety of NGOs³⁵.

1»

PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- The minimum **legal age for marriage is 18 years** for both men and women. However, it is legal to marry at 16 with authorization from a civil court.³⁶ In some areas of Southern and Eastern Serbia, **child marriage** is common, in particular **amongst the Roma**, many of whom may be living in that area as Internally Displaced Persons (IDPs) having relocated from areas in Bosnia and Herzegovina or Kosovo.³⁷
- **Intentional infection with HIV or lack of use of preventive methods for HIV-infected individuals** is considered a criminal offence.³⁸
- **Abortion is legal** on request for anyone³⁹ for pregnancy under 30 weeks. Parental or guardian approval is required by law for any minor (under 18) to access abortion services unless that minor has been recognized as fully competent to earn her own living.⁴⁰ Abortion is legal under special circumstances to protect a woman's life or her physical and mental health, in cases of rape, incest or foetal defects.
- In March 2002, the Criminal Code of the Republic of Serbia introduced Article 118a, 'Violence in the Family', as a result of many years of advocacy by women's groups. The amended legislation **defines spousal rape and sexual harassment at the workplace as criminal offences**.⁴¹
- The **minimum age for accessing voluntary counselling and testing (VCT) is 16**, however, **counselling is available for all minors** regardless of age. If two counsellors have estimated that VCT without parental consent is in the best interests of a child, they can be tested.⁴²
- **HIV testing is not mandatory** for any groups according to Law.⁴³
- There is **no specific legislation to protect vulnerable groups** from stigma and discrimination.⁴⁴
- **Sex work is illegal**⁴⁵ and there are no opportunities, except informally, for sex workers to organize themselves into groups.⁴⁶
- **Provision of sexual and reproductive health (SRH) services are available for all girls** without parental consent. However, there is only one state institution undertaking this service as most Non-Government Organisations (NGOs) provide only counselling.⁴⁷
- **Harm reduction is legal**⁴⁸ and the number of organisations and activities in this area is expanding. The upcoming Global Fund project will assist in scaling up these initiatives.⁴⁹

QUOTES AND ISSUES:

- **"Women and girls can have abortions** but the right to have them is not considered socially acceptable." (Interview with Senior Management, Youth and HIV NGO)
- **"Through legislation, the government should provide better access to services for HIV prevention for young women and girls."** (Interview with Programme Officers, International Organisation)
- **"Why would I ask my parent's consent** to see a Doctor for information on sexual and reproductive health when I can just ask my friends for advice?" (Focus group discussion, girls and young Women aged 15 – 25, Belgrade, urban area)
- **"We do feel that people discriminate against us but there are no laws against discrimination and HIV services."** (Focus group discussion, young women 25 – 35, Belgrade, urban area)
- **"A law that requires that condoms must be made available in all institutions free of charge** would be helpful." (Interview with Management, Youth and HIV/AIDS NGO)
- **"Anti-discrimination legislation needs to be put in place in order to look after vulnerable populations."** (Interview with Programme Officers, International Organisation)
- **"Laws should be improved in other health areas,** which would set the standard for HIV related laws." (Interview with Government official, Ministry of Health)
- **"It is important that the government enforces laws related to gender discrimination and pays more attention to gender issues."** (Interview with Government official, Ministry of Health)



2»

PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

»» KEY POINTS:

- The National Strategy for the Fight Against HIV/AIDS (2005 – 2010) promotes a **full – range and continuum of prevention, treatment, care and support strategies**.⁵⁰
- **Girls and young women are not recognised as a vulnerable population** in the National Strategy, however, the goal of **reduction of new infections among young people** aims to:
 - **Increase young people’s knowledge** on how to avoid HIV infection and sexually transmitted infections (STIs)
 - Develop and provide **health care and counselling services that are aimed at young people**.
 - Promote the use of condoms.⁵¹
- The **marginalised and vulnerable groups** identified for special prevention activities in the National Strategy are: injecting drug users (**IDUs**), **sex workers**, **prison inmates**, men who have sex with men (**MSM**) and the **military**.⁵²
- The **confidentiality of all information** is a leading principle of the National Strategy.⁵³
- **Every pregnant woman** has the option to **get information about HIV/AIDS and undergo free voluntary counselling and testing (VCT)**. Under the National Strategy, referral to prevention of mother to child transmission (PMTCT) should then take place. One of the goals of the national strategy is also to **ensure provision of PMTCT services** for each HIV positive pregnant woman if they have tested positive.⁵⁴
- Key **national data** about HIV/AIDS is routinely **disaggregated** by age and gender. Although, data on IDUs, sex workers and other vulnerable groups is available, more in-depth epidemiological investigation is needed.⁵⁵
- In order to facilitate better **care of people living with HIV (PLHIV)** the strategy aims to:
 - Provide **continuous training to healthcare staff**.
 - **Create standardised guides for treatment and care** of people living with HIV/AIDS and ensure these universal measures are adopted.
- The protocol for treatment created by the Republic Commission for AIDS in the National Strategy states that the **expense of treatment will be covered**.⁵⁶
- Although there has been **commitment expressed at a high level concerning integration of HIV education into the national curriculum**, the current provision is still minimal.⁵⁷
- Recently, the National Expert Group for Youth Health and Prosperity has **developed the national strategy for enhancing young people’s health and development**. The comprehensive strategy addresses issues relating to the major risks affecting young people in Serbia, including tobacco, alcohol and drug use, mental health with increasing levels of depression and suicide, low prevalence of contraception use and the increasing prevalence of STIs, including HIV.⁵⁸
- Currently, the government is embarking on **producing a national population strategy**. The strategy has set national demographic stabilization as its primary goal.^{58a}

»» QUOTES AND ISSUES:

- **“We are not taught anything about HIV/AIDS** in primary school, high school or college.” (Focus group discussion, girls and young women aged 15 – 25, Belgrade, urban area)
- **“Young people do not know how to put a condom on let alone get proper education about HIV/AIDS and sexual health. This needs to change.”** (Focus group discussion, young men, aged 20 – 37, Belgrade, urban area)
- “Although there are a lot of HIV positive people in the Country Coordination Mechanism for the Global Fund and a number of Doctors in the Republic AIDS committee, we still need to fight the fear of HIV/AIDS in the community. **We need more printed materials and more self - help organizations.**” (Focus group discussion, young men, aged 20 – 37, Belgrade, urban area)
- **“The existing practice of government and non-government organizations cooperating in the management of various initiatives is working well and should continue.”** (Interview with Programme Officers, International Organisation)
- “The government should introduce a **multi-sectoral approach** but seems not ready for this kind of an approach yet.” (Interview with Government official, Ministry of Health)
- **“The newly adopted and implemented protocols on testing, counselling and for young people are working well but there are still not enough activities in this area.”** (Interview with management, Youth and HIV/AIDS NGO)
- “NGOs and Government organisations are often seen involved in **VCT [voluntary and counselling] services without following the newly adopted protocols**. We hope that, in time, we will be able to mend this practice. In private laboratories [for example], testing is performed without counselling, which is not considered good practice.” (Communication with in-country consultant, September 2007)
- **“Unfortunately they [young people] do not receive formal education in schools about this matter [SRH]. It is left to NGOs to deal with this, along with the few state health institutions and centres that have the capacity to undertake this work alongside their usual work.”** (Interview with Programme Officer, International Organisation)
- **“A policy on access and provision of antiretrovirals (ARVs) to pregnant women** needs to be adopted.” (Interview with Programme Officers, International Organisation)
- **“The Strategy for Health for Young People should be better and more widely implemented and the public should have better access to information about what has been done and what remains to be done.”** (Interview with Government official, Ministry of Health)



3»

PREVENTION COMPONENT 3 AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

»» KEY POINTS:

- There are **4 government clinics that include sexual and reproductive health (SRH)** services in their remit in Serbia. However, they are all in Belgrade.⁵⁹
- **Prevention of mother to child transmission (PMTCT) is no longer available** in Serbia. Previously, HIV testing in antenatal clinics (as part of wider PMTCT services) was available at only one institution – the Clinic for Gynaecology in Belgrade. However, these services were made possible through the Global Fund cycle which ended, thus interrupting the supply of tests, services and care. As a result, at least one HIV-positive woman gave birth: she was not tested or treated during her antenatal visits and her newborn was not offered PMTCT regimen upon birth due to the lack of tests and regimens.⁶⁰
- Throughout 2007 – 2011, **harm reduction programmes in 4 towns** are being implemented in Serbia through the Global Fund.⁶²
- In 2005, **750 people living with HIV/AIDS were receiving antiretrovirals (ARVs)**⁶³. However, 612 people were not receiving ARVs at this time.⁶⁴
- The previous round of the Global Fund proposals has resulted in a project in which **four towns in Serbia** are to be provided with **facilities for full treatment, care and support for people living with HIV (PLHIV)**.⁶⁵
- There are **several support groups** for people living with HIV/AIDS providing psycho-social support, palliative care, psychological support, health support.⁶⁶ However, there are **no groups solely for women and girls**. All groups mix both male and female members.⁶⁷
- There are a total of **13 voluntary counselling and testing (VCT) sites in Serbia**, with 2 in Belgrade. Tests are provided through donations from sources such as the Global Fund. **If there is a lack of donations** for government funding, testing is no longer free and a significant part of the **population cannot access it**.⁶⁸
- By May 2005, **250,000 young people received peer education** on HIV/AIDS and related topics. There is no data available to prove that this has resulted in retention of information or behaviour change. However, standardisation of these prevention techniques with an attempt to ensure high quality peer education through the provision of Y-PEER guidelines (supported by UNFPA, UNICEF and USAID) was initiated recently.⁷⁰
- There are two sites that serve as regional resources for management, training and research on peer education. The student polyclinic in Belgrade is receiving support from UNFPA to continue serving as one of these centres.⁷¹
- ARVs are provided through the national healthcare system but they are only distributed through the Central pharmacy of the Clinical Centre in Belgrade. The pharmacy is planning to provide ARVs through additional three towns, including Nis, Novi Sad and Kragujevac. Medication for children is only available through Global Fund donations. The Ministry of Health is working on changing this process.⁷²

- Male condoms are available for purchase in pharmacies and roadside service stations. They are available free of charge from medical institutions (including university clinics) and NGOs that address and/or treat sexually transmitted infections (STIs).
- Prevention information is only available in medical institutions, NGOs and to a limited degree in schools.
- There are NGOs working exclusively with young men and boys. A workshop was recently held which brought together boys and young men aged 15 – 19 to talk about HIV/AIDS.

»» QUOTES AND ISSUES:

- “The majority of **HIV services** are **only available in Belgrade**.” (Focus group discussion, girls and young women aged 15 – 25, Belgrade, urban area)
- “If you could get tested just by going to a General Practitioner, more of us would get tested, as **people would not know whether you are going to the Doctor because you have a cold or because you want to get tested**.” (Focus group discussion, girls and young women aged 15 – 25, Belgrade, urban area)
- “Information on prevention is available from the media but the **media often produces items that are discriminatory**.” (Focus group discussion, young men aged 20 – 37, Belgrade, urban area)
- “There has been **no services available for refugees and migrants**.” (Interview with Programme Officer, International Organisation)
- “**Care for victims of sexual violence** is not available.” (Interview with Programme Officers, International Organisation)
- “**Female condoms** are rarely available.” (Interview with Programme Officers, International Organisation)
- “The number of **state institutions** providing treatment, care and support greatly **needs to be increased**.” (Interview with Programme Officers, International Organisation)
- “There is a **lack of available services** that deal with the problems of young people even given the work of the Ministry of Health and the recommendations of the Dublin Declaration.” (Interview with Government official, Ministry of Health)
- “Services tend to be available for girls who are unmarried, orphaned and HIV positive but there is **little for out of school girls, migrants and refugees**.” (Interview with Government official, Ministry of Health)



4

PREVENTION COMPONENT 4

ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

KEY POINTS:

- There are multiple **social, logistical and financial barriers** to girls and young women accessing services in Serbia, including:
 - **Judgemental attitudes** of families, community members and health workers.
 - **Lack of privacy and confidentiality.**
 - **Stigma** associated with HIV and AIDS on behalf of the general population and healthcare practitioners can make people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Locations of services** are not always convenient.
 - **Opening hours** of services are not always conducive to young women and girls' schedules.
 - Traditional norms of **gender inequality.**

Many of these barriers particularly affect girls and young women living in rural areas or belonging to ethnic minorities.⁷⁶

- All government **HIV Prevention and sexual and reproductive health (SRH) services are equally open to married and unmarried girls and young women** whether they are HIV positive, negative or untested.⁷⁷
- The **training curriculum of key health care workers** at SRH clinics has been made youth-friendly and deals with issues of stigma and discrimination through support from UNICEF.⁷⁸
- Although surveys suggest that young people and others belonging to vulnerable groups gain most of their SRH and HIV related information from the entertainment and other media⁷⁹, there are **no specific national media campaigns** on HIV prevention specifically directed at high risk groups such as young women and girls, men who have sex with men (MSM), injecting drug users (IDUs) or sex workers.⁸⁰
- **VCT** is available **free of charge** when available.⁸¹
- **Less women than men access VCT services.** Figures estimate that one third of women and two thirds of men access VCT.⁸²
- **ARVs are offered free** of charge when available.⁸³
- There are **no female condoms available.** However, male condoms are free and accessible to young women and girls in Non-Government Organisations (NGOs).⁸⁴
- Due to the **marginalisation of vulnerable groups** and especially those with multiple vulnerabilities (such as young people who use drugs, young MSM, young sex workers, young Roma) accessibility of government services is low. However, some NGOs provide VCT and other services for IDUs, sex workers, young people and the Roma population that are user-friendly.⁸⁵
- Internally displaced people (IDPs) have not been recognised as a vulnerable group and therefore **no services are targeted at them.**⁸⁶

- **Trafficking of women for sexual exploitation** is a growing phenomenon in Serbia. A number of NGOs are working in this field. The NGO ASTRA (Anti-Sex Trafficking) is a member of the National Team for Combating Human Trafficking and coordinates the Working Group for Prevention and Education.⁸⁷
- Counselling and treatment for sexually transmitted infections (STIs) is free of charge and readily available from government agencies. However, clients are commonly stigmatised, which limits accessibility.

QUOTES AND ISSUES:

- **"You would really have to push us to go to a [government] institution** to get information, condoms, treatment for STIs or an HIV test." (Focus group discussion, young women 25 – 35, rural area)
- **"When you find out about your HIV status, you have to stick to your own** (positive girls have positive friends, negative or untested girls have negative or untested friends)." (Focus group discussion, young women 25 – 35, rural area)
- **"I have to say it is much easier [accessing services] being a man."** (Statement by transgender during Focus group discussion, young women 25 – 35, rural area)
- **"Some doctors don't treat patients** well and some act as if it is the patient's fault that she is HIV positive." (Focus group discussion, girls and young Women aged 15 – 25, Belgrade, urban area)
- **"I brought my 3-year old child to three doctors before I could find someone who would be able to take the time and teach me properly how to administer drugs to her. It is difficult for me because some of us cannot read and not all doctors are friendly to internally displaced people like me (from Kosovo)."** (Focus group discussion, girls and young Women aged 15 – 25, Belgrade, urban area)
- **"It's easier for unmarried young women and girls to access HIV prevention services.** It is also easier if they are in school." (Interview with Programme Officer, International Organisation)
- **"In order to increase accessibility, both education about HIV and access to treatment for all would be beneficial goals for the Government and stakeholders in Serbia."** (Interview with Government official, Ministry of Health)



5»

PREVENTION COMPONENT 5 PARTICIPATION AND RIGHTS

(HUMAN RIGHTS, REPRESENTATION, ADVOCACY,
PARTICIPATION IN DECISION-MAKING, ETC)

KEY POINTS:

- **Serbia and Montenegro ratified the Convention on the Rights of the Child in 1991**, this ratification passed to the Republic of Serbia upon break-up of the two states in 2006. Serbia and Montenegro's **party to the Convention on the Elimination of all Forms of Discrimination against Women** also passed to Serbia in 2006.⁸⁹
- The Republic of Serbia has **not signed the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages**.⁹⁰
- The **formulation of the National Strategy** for the Fight Against HIV/AIDS (2005 – 2010) included a **participatory process of holding public debate** in 10 towns of the Republic of Serbia.⁹¹
- **Membership** in all **networks of people living with HIV (PLHIV)** are **open to girls and young women but there are no networks specifically for this group**.⁹²
- There is a **new PLHIV network** consisting of 7 Non-Government Organisations (NGOs) across Serbia. They are still developing their programme and are targeting projects towards **education of the media**. They plan to advocate for the rights of PLHIV through the Republic AIDS Commission and the Global Fund Country Coordination Mechanism.⁹³
- Only one HIV positive person has revealed his status publicly since 1987. **HIV positive people are not represented in the popular media**. Only NGOs and governments are advocating for their rights.⁹⁴
- **HIV Positive representatives** on the Global Fund Country Coordination Mechanism (**CCM**) and the **Republic AIDS Commission are all male**, some of whom belong to marginalised groups such as men who have sex with men (MSM).⁹⁵

QUOTES AND ISSUES:

- "We sign the **conventions**, but **we do not apply** them." (Interview with Programme Officers, International Organisation)
- "*Young women and girls (including those living with HIV) **do not consider the rights** that they have as **real rights**."* (Interview with Programme Officer, International Organisation)
- "The national response to AIDS is **not wholly 'rights-based'**." (Interview with Programme Officers, International Organisation)
- "***Inclusion of marginalised groups** into the process of decision-making must be increased.*" (Interview with Programme Officers, International Organisation)
- "As an HIV positive person, **being involved** in the formulation of an HIV prevention strategy would make me feel needed." (Focus group discussion, girls and young Women aged 15 – 25, Belgrade, urban area)
- "*The majority of projects in our community deal with those who are **negative or untested** for prevention rather than people already living with HIV.*" (Focus group discussion, young men and boys aged 20 – 37, Belgrade, urban area)
- "***Women's involvement** in policy-making on HIV/AIDS is **low** and should be encouraged.*" (Interview with Programme Officers, International Organisation)
- "We need to **start involving women** in the responses to HIV in order to create a more gendered approach." (Interview with Government official, Ministry of Health)
- "*Only NGOs run groups and projects which **bring together girls and boys** and there are not usually a lot of HIV positive young people involved in those groups.*" (Focus group discussion, young women aged 25 – 35, rural area)





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RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Serbia. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

Legal Provision

1. Introduce specific legislation that addresses gender-based violence in the home and in the wider context of society (above and beyond that of the 2005 Family Law). Ensure that enforcement of this legislation is thorough and widespread, reaching all members of society, including the Roma community.
2. Revise legislation regarding the criminalization of sex work and sex worker's freedom to form groups to advocate for their own rights.

Policy Provision

3. Ensure a strong commitment to the provision of comprehensive and youth-friendly sexual and reproductive, HIV/AIDS and life skills education in schools, including:
 - Teacher training and support to deliver sexuality education to students.
 - The provision of condoms in schools.
 - The availability of peer educators and their ability to refer students to HIV and sexual and reproductive health (SRH) services.
4. Ensure comprehensive training of health care workers on issues relating to stigma and discrimination and privacy and confidentiality so as to foster an inclusive environment that will not deter young girls and women (particularly those from the Roma community, internally displaced people (IDPs), trafficked girls and young women, refugees and those out of school) from accessing services.
5. Gender must be mainstreamed into national HIV/AIDS relevant policy and strategic documents and programmes in order to address the needs of girls and young women at risk and/or living with HIV.
6. Review and strengthen Serbia's action in the light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

Availability of Services

7. Commit to the scale-up of services such as voluntary counselling and testing (VCT), provision of antiretroviral drugs (ARVs), provision of prevention of mother to child transmission (PMTCT) facilities and provision of post-exposure prophylactics (PEPS) and ensure that these are all available at health clinics in rural areas.
8. Strengthen integration of and linkages between sexual and reproductive health (SRH) services and HIV prevention, care and support services, ensuring that referrals are made.

For instance a pregnant woman testing HIV positive is referred to prevention of mother to child transmission (PMTCT) services.

9. Design and implement programmes for boys and young men that aim to reduce violence towards women and that explicitly recognise the links between violence towards women and vulnerability to HIV transmission.
10. Design and implement programmes for HIV positive girls and young women that serve as self-help groups, support systems and advocacy mechanisms.
11. Design and implement programmes geared at people with multiple vulnerabilities, such as youth who are drug users, young men who have sex with men (MSM) and young sex workers.
12. Design and implement programmes geared at young people living in state-run institutions, such as orphanages, half-way homes and rehabilitation centres for youth in conflict with the law.

Accessibility of Services

13. Design and undertake gender-sensitive national campaigns including community education programmes to reduce stigma and discrimination of people living with HIV (PLHIV), in particular reduce stigma towards girls and young women.
14. Ensure key health care workers are sensitized on the rights and needs of young women and girls (especially the rights and needs of internally displaced people (IDPs), refugees, trafficked girls and young women and the Roma community) concerning sexual and reproductive health (SRH) issues and HIV/AIDS.
15. Ensure that male condoms are free and widely available in all institutions and also that the availability of female condoms is increased and that they are free or at an accessible price, so as to provide women with greater control and freedom regarding their sexual health.
16. Develop strategic partnerships with various entertainment and media companies in order to introduce factual, non-judgemental information and marketing of services via various modes of communication, including local television and film, concerts and radio programmes.

Participation and Rights

17. Facilitate the participation of women (particularly girls and young women) within the Republic AIDS Commission and the Global Fund Country Coordination Mechanism (CCM) by providing training and capacity building on advocacy and other technical skills needed to participate.
18. Increase the involvement of people living with HIV (PLHIV) in the development of national prevention strategies and policies, both as a modality of stigma reduction and to ensure that the national response to HIV is more rights-based.

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