

Asocijacija Margina

ANALIZA ISPLATIVOSTI IMPLEMENTACIJE PROGRAMA ZA SMANJENJE ŠTETE OD UPOTREBE DROGA U FBIH



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SKRAĆENICE

Abbreviations

HIV – Virus humane imunodeficijencije (Human immunodeficiency virus)

HCV – Hepatitis C virus

SPI (STI) – Spolno prenosive infekcije (Sexually transmitted infections)

AIDS – Sindrom stečene imunodeficijencije (Acquired immunodeficiency syndrome)

KAP – Key effected population

GFATM – Globalni fond za borbu protiv SIDE, tuberkoloze i malarije (The Global Fund to Fight AIDS, Tuberculosis and Malaria)

DPST (VCCT) – Dobrovoljno, povjerljivo savjetovanje i testiranje (Voluntary, confidential counseling and testing)

UN – Ujedinjeni nacije (United Nations)

UNDP – Razvojni program ujedinjenih nacija (United Nations Development Programme)

EU – Europska Unija (European Union)

EMCDDA – Europski centar za praćenje droga i ovisnosti o drogama (European Monitoring Centre for Drugs and Drug Addiction)

SZO (WHO) – Svjetska zdravstvena organizacija (World Health Organisation)

NAB – Državni savjetodavni odbor (National advisory board)

NVO (NGO) – Nevladina organizacija (Non-governmental organisation)

MSM – Muškarci koji imaju sex sa muškarcima (Men who have sex with men)

PWID – Osobe koje injektiraju droge (People who inject drugs)

SW – Seksualne radnice/radnici (Sexual workers)

IEC materijali (materials) – Informativno-edukativno-komunikacijski materijali (information, education & communication materials)

PLHIV – Ljudi koji žive sa HIV-om (People living with HIV)

PEP – Postekspozicijska profilaksa (Postexposure prophylaxis)

CDC – Centar za kontrolu i prevenciju bolesti (Center for disease control and prevention)

CEA – Analiza efektivnosti troškova (Cost-effective analysis)

HR – Smanjenje štete (Harm reduction)

NEP – Program razmjene igala (Needle exchange programme)

OST – Supstitucijska terapija (Opioid substitute therapy)

UVOD/INTRODUCTION

Ovisnost je u našoj zemlji u zadnjih desetak godina poprimila zabrinjavajuće razmjere, broj ovisnika se iz godine u godinu povećava. Postojeće mjere i aktivnosti koje se poduzimaju u ovom periodu, nikada u Bosni i Hercegovini nisu imale sveobuhvatan evaluacijski proces, a posebno se niko nije pozabavio odnosom uloženi sredstava i rezultata koji su dobijeni.

Analiza efektivnosti troškova (Cost-Effectiveness Analysis) Harm reduction servisa, po mnogima koje smo kontaktirali je već dokazana i na više načina je pokazano da Harm reduction servisi daju najveću efektivnost- korist za klijente koji su korisnici ovih servisa, kao i za društvo koje ima višestruke koristi od toga.

Naša glavna hipoteza je upravo postavljena ovom vodiljom „korist za društvo“, jer će ova analiza biti u budućnosti veoma snažan alat za proces zagovaranja na svim nivoima, i prikazivanje opravdanosti finansijskog i materijalnog ulaganja u ovakve servise.

Cilj nam je bio da na osnovu prikupljenih podataka iz različitih izvora, triangulacijom podataka prikažemo odnos usluga i cijena nekoliko segmenata Harm reduction servisa, kao i odnos usluga tretmana i cijena za pojedina oboljenja koja nastaju kao direktna ili indirektna posljedica korištenja droga.

Kroz prezentovanje i distribuciju ove analize, želimo da što veći broj profesionalaca koji se bavi ovom tematikom ima kvalitetne i dostupne podatke na jednom mjestu, a da što veći broj kreatora i donosilaca odluka ima na uvid kvalitete ovakvih programa i da na taj način povećamo svjesnost o dugoročnoj podršci ovim servisima.

Ovu priliku želimo da iskoristimo i da se zahvalimo brojnim institucijama i pojedincima koji su nam dostavili podatke, sugestije i upute kako da neke podatke predstavimo i kako da to kvalitetno prezentujemo.

Posebnu zahvalnost izražavamo konzultantima koji potpisuju ovaj dokument, te posebno nevidljivom timu ljudi iz naše organizacije koji su sve ovo koordinirali, tehnički organizirali i održali nebrojeni broj sastanaka, konsultacija a sve u svrhu da ovaj dokument kao prvi ovog tipa na području Jugoistočne Evrope, ugleda svjetlo dana i svima nama omogući da za ove servise obezbijedi nastavak funkcionisanja, prvenstveno zbog klijenata koji koriste ove servise na dnevnoj bazi.

In our country, during the last ten years, addiction has taken on alarming proportions. The number of addicts is increasing each year. Existing measures and activities, undertaken during this period, have never had a comprehensive evaluation process in Bosnia and Herzegovina. In particular, no one dealt with the relation of invested funds and the results that were obtained.

Analysis of cost effectiveness (Cost-Effectiveness Analysis) of Harm reduction services, according to many that we have contacted, is already proven. It shows, in many ways, that Harm reduction services provide the highest effectiveness-benefit for the clients, who are the users of these services, as well as for the society, which has multiple benefits from it.

Our main hypothesis is precisely set in accordance to the guiding principle "benefit for the society", because this analysis will in the future be a very powerful tool for the advocacy process at all levels, and for showing the justification of financial and material investment in these services.

Our goal was to, on the basis of data collected from various sources and by data triangulation, illustrate the relation of services and prices of several segments of Harm reduction services, as well as the relation between treatment services and prices for certain diseases that occur as a direct or indirect result of drug use.

Through the presentation and distribution of this analysis, we wish to provide quality and accessible information all in one place, so that the professionals who deal with this matter and decision makers can have insight into the quality of such programs, thus increasing awareness of usefulness of long-term support for these services.

We would like to take this opportunity to express our gratitude to many institutions and individuals who have provided us with information, suggestions and advice on how to, in a best way, introduce and present the collected data.

We would like to especially thank the consultants who signed this document, and, in particular, the invisible team of people from our organization, who coordinated and technically organized all this. They held countless meetings and consultations, all for the purpose so that this document, the first of this kind in South East Europe, could be created and provide us with the tool for ensuring the continued functioning of the HR services, primarily because of the clients who use these services on a daily basis.

0 analizi

1. Cilj analize efektivnosti

Što se tiče prevencije HIV-a, AIDS-a i drugih krvnim putem prenosivih infekcija među populacijama pod povećanim rizikom (osobe koje injektiraju droge, seksualne/i radnice/i i muškarci koji imaju seks sa muškarcima), glavna finansijska sredstva su obezbijedena kroz fondove Globalnog Fonda za AIDS, tuberkulozu i malariju. Ovi fondovi iz Runde 9 GFATM pokrivaju čitav spektar servisa namijenjeni spomenutim populacijama u trajanju od pet godina, tačnije do 30.11.2015. godine. Međutim, jedno od glavnih pitanja koje se postavlja je šta poslije završetka ovog projekta? Ko će preuzeti finansijske obaveze u nastavku pružanja servisa za ove populacije, a ko implementaciju samih servisa?

Kako bi se nastavilo sa uspješnom praksom pružanja usluga populacijama pod povećanim rizikom, poslije završetka ovog projekta, potrebno je jačanje međusektorske i multisektorske saradnje i to na svim nivoima vlasti, kao i saradnja između vladinog i nevladinog sektora koji na direktan način pruža usluge ovim populacijama.

Jedan od instrumenata za jačanje kapaciteta budućih implementatora je i kreiranje analize isplativosti usluga za smanjenje štete od upotrebe droga. Fokus analize je stavljen na analizu troškova koji nastaju zbog korištenja droga, kao i konkretne pokazatelje o tome šta je učinjeno na podizanju kvaliteta usluga kroz GFATM i koje su uštede za javno zdravstvo.

U finalnoj instanci, ova analiza treba poslužiti kao jedan egzaktno-kvalitetan alat za pregovore sa donositeljima odluka na svim nivoima vlasti, temeljen na vjerodostojnosti podataka vezanih za pružanje usluga te njihove koristi za dobrobit čitave zajednice.

1.2 Metodologija

U procesu izrade ovog dokumenta, prikupljanje podataka je bilo vršeno u skladu sa Zakonom o pristupu informacija u Bosni i Hercegovini. Prikupljali su se podaci iz različitih zdravstvenih institucija, kao što su Zavodi za javno zdravstvo sa područja Federacije BiH, Univerzitetsko klinički centri, kantonalne bolnice, Zavodi zdravstvenog osiguranja, kao i podaci iz nevladinih organizacija koji se bave ovom problematikom.

About

1. Objective of the cost-effectiveness analysis

Regarding the prevention of HIV, AIDS and other blood transmitted infections among key affected populations or KAP (people who inject drugs, sex workers and men who have sex with men), major financial resources are provided through funds of the Global Fund for AIDS, tuberculosis and malaria. These funds from GFATM Round 9 cover the entire spectrum of services intended for the aforementioned populations for a period of five years, namely until November 30., 2015. However, one of the main questions which arises is: what after the completion of this project? Who will take over financial obligations required for the continuation of service provision for this populations, and who the implementation of these services?

In order to continue with the successful practice of providing services to key affected populations after the completion of this project, it is necessary to strengthen cross-sectoral and multi-sectoral cooperation at all levels of government, as well as cooperation between governmental and non-governmental sector which directly provides services to these populations.

One of the instruments for strengthening capacities of the future implementers is also creating the cost-effectiveness analysis of services for reducing the harm of drug use. The analysis is focused on analyzing of costs that arise due to the use of drugs, as well as on specific indicators of what has been done during GFATM in order to raise the quality of services and which are the savings for public health.

In the final instance, this analysis should serve as an exact-quality tool for negotiations with decision makers at all levels of government, which is based on the credibility of the data related to the provision of services and their usefulness for the benefit of the whole community.

1.2 Methodology

In the process of drafting this document, data collection was carried out in accordance with the Law on Access to Information in Bosnia and Herzegovina. Data has been collected from various health institutions, such as the Departments of Public Health from territory of the Federation of Bosnia and Herzegovina, University Clinical Center, Cantonal Hospital, Health Insurance Institute, as well as data from non-governmental organizations dealing with this issue.

Što se same metodologije tiče, u prvom dijelu ove analize, sprovedeno je aplikativno istraživanje. Prikupljeni podaci su se odnosili na zakonsku legislativu, međunarodni i domaći strateški dokumenti i akcioni planovi koji se odnose na zloupotrebu droga i odgovora na HIV i AIDS, te istraživanja sprovedena na području Bosne i Hercegovine. Nakon logičke provjere podataka, napravljena je selekcija materijala.

Podaci koji su bili potrebni za analizu isplativosti u ekonomskom smislu, prikupljeni su podaci o broju i koštanju izvršenih usluga dijagnostičkog i terapijskog tremana iz DPTS centara, Zavoda zdravstvenog osiguranja FBiH i ustanove koje pružaju tretman supstitucijske terapije kod opijatne ovisnosti o drogama. Nakon izvršene logičke analize podataka, napravljena je selekcija istih, a vjerodostojnost dobivenih podataka je sprovedena pomoću metode triangulacije.

13. Faktori limitiranja u istraživačkom procesu

Prilikom prikupljanja podataka koji su bili potrebni za pripremu ovog dokumenta, naišli smo na nekoliko prepreka. Kao jedan od limitirajućih faktora je svakako dužina trajanja samog procesa prikupljanja podataka, koji je bio relativno kratak da bi se skupili svi zahtjevani podaci. Zatim, kompleksno političko uređenje BiH sa širokom decentralizacijom zdravstvenih servisa je u znatnoj mjeri utjecao na kvantitet, a i na kvalitet prikupljenih podataka. također, u toku prikupljanja podataka, naišli smo na određeni otpor, pa i indolentnost javnih institucija u smislu blagovremenog dostavljanja traženih podataka i dokumenata, što je dodatno usporilo čitav proces izrade ove analize. Ovdje treba istaći da je istraživački tim Asocijacije Margina uložio enormne napore da obezbijedi sve podatke koji su bili potrebni za ovaj proces, međutim i pored metoda direktno dogovorenih intervjua i dostavljanja podataka putem obrazaca propisanih Zakonom o slobodi pristupa informacijama, neke od institucija iz zdravstvenog sistema nisu željele da dostave podatke.

Ovom prilikom istraživački tim i menadžment Asocijacije Margina se zahvaljuje svim institucijama i organizacijama koje su dostavile podatke za prvo istraživanje ovog tipa na području Bosne i Hercegovine i Jugoistočne Evrope. također zahvaljujemo se i odgovornim osobama institucija koje nisu željele da dostave podatke jer nam je i taj potez dao potvrde određenih hipoteza koje su bile postavljene u osnovi ovog procesa.

As the methodology is concerned, in the first part of this analysis, an applicative research was conducted. The collected data were related to the legal framework, international and national strategic documents and action plans relating drug abuse and response to HIV and AIDS, and researches carried out on the territory of Bosnia and Herzegovina. After the logical data verification, the selection of materials was made.

Collected data required for cost-effectiveness analysis in economic terms, was data from DPTS centers, on the number and cost of services provided through diagnostic and therapeutic treatment, the Health Insurance Institutes of the Federation of Bosnia and Herzegovina and the institutions that provide opiate substitution therapy treatment for drug addiction. After completion of logical analysis of data, the selection of the same was made, and verification of the credibility of the obtained data was performed using the method of triangulation.

1.3. Limiting factors of the research process

During the collection of data necessary for the preparation of this document, we encountered several obstacles. One of the limiting factors was, certainly, the duration length of data collection process, which was relatively short in order for all the required information to be gathered. Also, a complex political structure of Bosnia and Herzegovina, with a broad decentralization of health services, significantly affected the quantity and quality of the data collected. Also, in the course of data collection, we encountered some resistance, even indolence of public institutions in terms of timely delivery of requested data and documents, which further slowed the whole process of drafting this analysis. It should be noted that the research team of the Association Margina has put enormous efforts to provide all the information needed for this process. However, despite the agreed method of direct interviews and submitting of data through forms prescribed by the Freedom of Information Act, certain institutions from the health system refused to provide data.

On this occasion, the research team and the management of Association Margina would like to thank all the institutions and organizations that have provided data for this study, the first of this kind in the territory of Bosnia and Herzegovina and Southeastern Europe. We would also like to thank the persons responsible for the institutions that were reluctant to provide information, because that move also gave confirmation of certain hypotheses that were set in the basis of this process.

2. Pravni okvir

2.1. Legislativa u Bosni i Hercegovini

Ustav Bosne i Hercegovine, Ustavi Federacije BiH i Republike Srpske, Ustavi kantona i Statut Brčko Distrikta, na listi osnovnih ljudskih prava navode pravo na zdravlje. Država Bosna i Hercegovina, njeni entiteti i Distrikt Brčko obavezuju se na osiguranje najvišeg nivoa međunarodno priznatih ljudskih prava i osnovnih sloboda.

Krivični zakon Bosne i Hercegovine («Službeni glasnik BiH» br. 3/03, 32/03, 37/03, 54/04, 61/04, 30/05, 53/06, 55/06), reguliše pitanja zloupotrebe droga i mjere koje se primjenjuju. Predviđene kaznene mjere za uzgajanje, prodavanje i promet opojnim drogama, posjedovanje i omogućavanje uživanja opojnih droga prema ovom zakonu izriču se za prekršioce u trajanju od jedne do deset godina.

Zakoni entiteta, kantona i Brčko Distrikta BiH iz oblasti zdravstva, socijalne zaštite i obrazovanja.

Zakon o sprječavanju i suzbijanju zloupotreba opojnih droga („Sl. Glasnik BiH“, broj 8/06), definiše obavezu izrade i usvajanja Strategije nadzora nad opojnim drogama. U Republici Srpskoj se primjenjuje Zakon o proizvodnji i prometu opojnih droga ("Službeni glasnik RS", broj 110, od 20. decembra 2003. godine), dok se u Federaciji Bosne i Hercegovine primjenjuje Zakon o proizvodnji i prometu opojnih droga ("Službeni list RBiH", br. 2/92 i 13/94). Radi usklađivanja aktivnosti ministarstava i samostalnih upravnih organizacija u Bosni i Hercegovini, te drugih subjekata uključenih u sprovođenje Državne strategije nadzora nad opojnim drogama i suzbijanja zloupotrebe opojnih droga u Bosni i Hercegovini, te radi promovisanja i kontrole sprovođenja Državne strategije, Savjet ministara osniva Komisiju za suzbijanje zloupotrebe opojnih droga i na prijedlog Ministarstva bezbjednosti Bosne i Hercegovine, donosi Državni akcioni plan borbe protiv zloupotrebe opojnih droga. Komisija za suzbijanje zloupotrebe opojne droge propagira efikasno sprovođenje međunarodnih konvencija o kontroli opojnih droga, a posebno međunarodnu saradnju u kontroli opojnih droga i preventivnom djelovanju. Stručne i administrativne poslove u vezi sa radom Komisije obavlja Odjeljenje za suzbijanje zloupotrebe opojnih droga koje prati i izvršenje zaključaka komisije. U djelokrugu rada Komisije za suzbijanje zloupotrebe opojnih droga je da koordinira i pruža podršku aktivnostima nevladinih organizacija i ostalih udruženja u prevenciji i tretmanu štetne upotrebe opojnih droga, dok Odjeljenje za suzbijanje zloupotrebe opojnih droga

2. Legal framework

2.1. Legislation in Bosnia and Herzegovina

The Constitution of Bosnia and Herzegovina, Constitutions of the Federation of Bosnia and Herzegovina and of Republika Srpska, Constitutions of cantons and the Statute of Brcko District, in the list of basic human rights state the right to health. The state of Bosnia and Herzegovina, its entities and Brcko District commit themselves to ensure the highest level of internationally recognized human rights and fundamental freedoms.

The Criminal Code of Bosnia and Herzegovina («Službeni glasnik BiH» nr. 3/03, 32/03, 37/03, 54/04, 61/04, 30/05, 53/06, 55/06), regulates issues of drug abuse and applicable measures. Prescribed penalties for growing, selling and trafficking in narcotic drugs, possession and enabling the use of narcotics under this law shall be imposed on offenders in a period of one to ten years.

The laws of entities, cantons and Brcko District of Bosnia and Herzegovina in the field of health, welfare and education.

The Law on Prevention and Suppression of Drug Abuse („Official Gazzete of B&H“, nr. 8/06), defines the obligation of drafting and implementing of the Strategy for supervision of narcotic drugs. In Republika Srpska, the Law on Production and Trade of Narcotics is applied ("Official Gazzete of RS", nr. 110, dated December 20., 2003.), while, in Federation of Bosnia and Herzegovina, the Law on production and trade of narcotics is applied ("Official Gazzete of RBiH", nr. 2/92 i 13/94). In order to coordinate the activities of the ministries and independent administrative organizations in Bosnia and Herzegovina, and other entities involved in the implementation of the National Strategy of supervision of narcotic drugs and prevention of drug abuse in Bosnia and Herzegovina, and to promote and control the implementation of the National Strategy, the Council of Ministers establishes the Commission for Prevention of Drug Abuse and, on the proposal of the Ministry of Security of Bosnia and Herzegovina, creates the National Action Plan to combat the abuse of narcotic drugs. Committee for the Prevention of narcotic drugs abuse promotes the effective implementation of the international conventions on the control of narcotic drugs, especially international cooperation in controlling narcotic drugs and preventive action. Professional and administrative services related to the work of the Commission is done

ima obavezu da saraduje se organima na svim nivoima vlasti, ustanovama socijalne zaštite, vaspitnim, obrazovnim, kulturnim, zdravstvenim i drugim ustanovama, vjerskim zajednicama udruženjima, fondacijama, sredstvima javnog informisanja radi sprječavanja zloupotrebe opojnih droga.

Zakon o sprječavanju i suzbijanju zloupotreba opojnih droga propisuje i okvirne preventivne mjere za suzbijanje zloupotrebe opojnih droga, a to su:

- sistematsko ispitivanje, otkrivanje i praćenje svih pojava u vezi sa zloupotrebom opojnih droga;
- kontinuirano sprovođenje organizovanih preventivnih vaspitno-obrazovnih programa u porodici, školama, zdravstvenim ustanovama, udruženjima, vjerskim zajednicama i javnim medijima (primarna prevencija);
- rano otkrivanje i praćenje povremenih uživalaca opojnih droga (sekundarna prevencija);
- rano otkrivanje, liječenje, rehabilitacija i resocijalizacija ovisnika o opojnim drogama (sekundarna prevencija);
- druge mjere u skladu sa Državnom strategijom nadzora nad opojnim drogama i suzbijanja zloupotrebe opojnih droga u Bosni i Hercegovini.

2.2. Međunarodni dokumenti

Konvencije Ujedinjenih Nacija na kojima se bazira Strategija nadzora nad opojnim drogama: Konvencija Ujedinjenih Nacija o opojnim drogama iz 1961. godine, koja je izmjenjena i dopunjena Protokolom iz 1972. godine, Konvencija o psihotropnim supstancama iz 1971. godine i Konvencija protiv ilegalne trgovine opojnim drogama i psihotropnim supstancama iz 1988. godine.

Strategija Evropske unije za borbu protiv droga 2005–2012. kojom EU želi doprinijeti ostvarivanju visokog nivoa zdravstvene zaštite uz pružanje potpore zemljama članicama, na polju sprječavanja i smanjivanja korištenja droga, te ovisnosti i štete po zdravlje, uzrokovano drogama.

Konvencija UN o pravima djeteta obavezuje države potpisnice da djeci obezbijede zaštitu i brigu koja je neophodna za njihovu dobrobit, uzimajući u obzir prava i obaveze njihovih roditelja, zakonskih staratelja ili drugih pojedinaca koji su pravno odgovorni za dijete. Obaveza država potpisnica se odnosi na preduzimanje pravnih, administrativnih, socijalnih i obrazovnih mjera u cilju zaštite djece od nezakonite upotrebe narkotika i psihotropskih supstanci i sprječavanje korištenja djece u nezakonitoj proizvodnji i trgovini ovim supstancama.

Politika zdravlja za sve, SZO naglašava potrebu za

by the Department for the Prevention of Drug Abuse, which also monitors the execution of the Commission's conclusions. Part of the work of the Commission for the prevention of drug abuse is to coordinate and support the activities of non-governmental organizations and other organizations regarding prevention and treatment of narcotic drug abuse, while the Department for the Prevention of Drug Abuse has an obligation to cooperate with all levels of government authorities, social welfare institutions, educational, cultural, health and other institutions, religious communities, associations, foundations, the media, etc., in order to prevent the abuse of narcotics.

The Law on Prevention and Suppression of narcotic drugs abuse also sets a framework of preventive measures for prevention of drug abuse, such as:

- Systematic testing, detection and monitoring of all occurrences related to the narcotic drugs abuse;
- Continuous implementation of organized preventive educational programs in families, schools, healthcare institutions, associations, religious communities and public media (primary prevention);
- Early detection, treatment, rehabilitation and social reintegration of drug addicts (secondary prevention);
- Early detection and monitoring of occasional drug users (secondary prevention);
- Other measures in accordance with the National Strategy of supervision of narcotic drugs and prevention of drug abuse in Bosnia and Herzegovina.

2.2. International Documents

United Nations Conventions which the strategy for supervision of Narcotic Drugs is based on: United Nations Convention on Narcotic Drugs from 1961. , which was amended by Protocol in 1972. , the Convention on Psychotropic Substances from 1971. and the Convention against illicit trafficking in drugs and psychotropic substances from 1988.

European Union Strategy for the War on Drugs 2005–2012. by which the EU wants to contribute to achieving a high level of health care in addition to providing support to Member States in the field of preventing and reducing drug use, addiction and harm to health caused by drugs.

The UN Convention on the Rights of the Child obliges the States Parties to provide the children with protection and care which is necessary for their well-being, taking into account the rights and duties of their parents, legal guardians, or other individuals legally

značajnim smanjenjem u djela mladih uključenih u štetne oblike ponašanja, kao što su sredstva koja izazivaju ovisnost – duhan i alkohol.

Konvencija UN protiv transnacionalnog organiziranog kriminala ima svrhu da na efikasniji način unaprijedi saradnju u pogledu sprječavanja i borbe protiv transnacionalnog organizovanog kriminala.

2.3. Dokumenti u BiH

Državna strategija nadzora nad opojnim drogama, sprječavanja i suzbijanja zloupotrebe opojnih droga u BiH 2009–2013

Državna strategija nadzora nad opojnim drogama, sprječavanja i suzbijanja zloupotrebe opojnih droga u BiH u svojoj izradi i provođenju nudi sistemski pristup rješavanju problema suzbijanja i zloupotrebe opojnih droga u BiH, te uključuje saradnju javnog i nevladinog sektora kao jednog od principa izrade strategije: "učješće javnog i privatnog sektora i civilnog društva – aktivna saradnja javnog i privatnog sektora, civilnog društva, međunarodnih institucija i građana".

Opšti ciljevi ove Strategije obuhvataju širok spektar intersektorskih aktivnosti:

1. Podizanje svijesti kroz obrazovanje zajednice u cilju primjene zdravih stilova života i očuvanja mentalnog zdravlja;
2. Suzbijanje i sprječavanje daljeg širenja zloupotrebe opojnih droga;
3. Sprječavanje razvoja bolesti ovisnosti, smrtnosti i oštećenja zdravlja zbog zloupotrebe opojnih droga;
4. Smanjenje šteta po zajednicu, nastalih zbog zloupotrebe opojnih droga;
5. Smanjenje potražnje opojnih droga, prvenstveno kod mladih;
6. Jačanje institucionalnih kapaciteta i odgovornije uključivanje društva;
7. Unaprjeđenje legislative i njene primjene;
8. Smanjenje ponude opojnih droga;
9. Formiranje nezavisne multisektoralne Kancelarije za suzbijanje zloupotrebe opojnih droga na nivou BiH.

U okviru Strategije nadzora nad opojnim drogama, preventivne mjere su prepoznate kao prioritetne u suzbijanju zloupotrebe opojnih droga. Za čitavu implementaciju Strategije, a posebno za provođenje preventivnih mjera, naglašava se kao izuzetno važnom, saradnja između različitih sektora (zdravstvenog, socijalnog, obrazovnog, sigurnosnog, nevladinog i dr.)

responsible for the child. The obligation of States Parties refers to undertaking of legal, administrative, social and educational measures in order to protect children from the illicit use of narcotic and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances.

Through its Health for All policy, WHO stresses the need for significant reduction of the percentage of young people involved in harmful types of behavior, such as dependence-inducing agents – tobacco and alcohol.

The UN Convention against Transnational Organized Crime is intended to, in a more efficient way promote cooperation in preventing and fighting transnational organized crime.

2.3. Documents in Bosnia and Herzegovina

National Strategy for Supervision of Narcotic Drugs, Prevention and Suppression of Drug Abuse in Bosnia and Herzegovina 2009–2013

National Strategy for Supervision of Narcotic Drugs and for Prevention and Suppression of Drug Abuse in Bosnia and Herzegovina in its drafting and implementation offers a systematic approach to solving the problem of suppressing the abuse of narcotics in Bosnia and Herzegovina, which involves the cooperation of the public and non-governmental sector as one of the principles for developing the strategy: "participation of public and private sector and civil society – active cooperation of public and private sector, civil society, international institutions and citizens."

The general objectives of the Strategy cover a wide range of intersectorial activities:

1. Raising awareness by educating community to implement healthy lifestyles and preservation of mental health;
2. Suppression and prevention of further spread of drug abuse;
3. Prevention of addiction disease development, death and damage to health due to narcotic drugs abuse;
4. Reduction of harm to the community caused by narcotic drugs abuse;
5. Reduction of drug demand, especially among young people;
6. Strengthening of the institutional capacities and more responsible involvement of society;
7. Improvement of legislation and its implementation;

kao i saradnja između administrativnih nivoa (država, entitet, kanton, Distrikt Brčko, te jedinica lokalne samouprave). Uloga svakog aktera ove implementacije bi trebala biti jasno definisana, a javno zdravstvo se ističe kao vodeće u odgovornosti za prevenciju zloupotrebe opojnih droga na svim nivoima u sistemu zdravstva.

U dijelu strategije o liječenju predviđeno je uspostavljanje multidisciplinarnog principa po kojem se u programe liječenja osim zdravstvenog sektora, sektora obrazovanja, socijalne zaštite, te pravosuđa sa kazнено-popravnim jedinicama uključuju i nevladin sektor, vjerske zajednice, lokalna zajednica i dr.

Provođenje liječenja obuhvaćeno je kroz mrežu ustanova kao što su Zavodi za borbu protiv bolesti ovisnosti i Centri za mentalno zdravlje – Centri za prevenciju bolesti ovisnosti. Predlaže se formiranje odjela za detoksikaciju ovisnika u klinikama ili psihijatrijskim odjeljenjima općih bolnica.

U programu rehabilitacije ovisnika se definiše mogućnost osnivanja udruženja ovisnika, udruženja roditelja i drugih članova porodica u cilju samopomoći i uzajamne pomoći kao i osnivanje terapijskih zajednica koje se mogu organizovati u sistemu socijalne zaštite pravosuđa, a mogu raditi i kao autonomne ustanove za odvikavanje i rehabilitaciju ovisnika u sistemu vjerskih i nevladinih organizacija i udruženja, privatnog sektora, u skladu sa zakonima i propisima iz tog područja.

U okviru principa organizacije i provođenja liječenja određuje se da mjere rehabilitacije i reintegracije u društvo, kao i smanjenja štete, mogu provoditi organizacije i udruženja nevladinog sektora i sektor socijalne zaštite u skladu sa postojećim zakonima i propisima.

U programu zamjene igala i šprica te ostale opreme za pripremu i injektiranje, se određuje rad zdravstvenih institucija, nevladinih organizacija ili udruženja uključenih u ove programe koji moraju biti potvrđeni (certificirani) od strane ministarstava odgovornih za zdravstvo i sigurnost.

8. Reduction of narcotic drugs supply;
9. Creation of an independent multi-sectoral Office for the Prevention of Drug Abuse at the state level.

Within the Strategy for supervision of narcotic drugs, preventive measures are identified as priorities in suppressing the abuse of narcotics. For the full implementation of the Strategy, and in particular for the implementation of preventive measures, cooperation between different sectors (health, social, educational, security, NGO, etc.) as well as cooperation between the administrative levels (state, entity, cantonal, district Brcko, and local governments) is emphasized as extremely important. The role of each stakeholder of this implementation should be clearly defined, and public health stands out as the focal point in the responsibility for the prevention of narcotic drugs abuse at all levels of the health system.

In the part of strategy about the treatments, the establishment of a multidisciplinary method is planned, where the treatment programs, beside health sector, education sector, social welfare, justice and the correctional units, include NGOs, religious groups, local communities, etc.

Implementation of the treatment is covered by a network of institutions such as the Departments for Addiction and Mental Health Centers – The Centers for prevention of addiction. The formation of Department for detoxification of addicts in clinics or psychiatric wards of general hospitals is proposed.

The program of rehabilitation of drug addicts defines the possibility of establishing associations of addicts, associations of parents and other family members for the purpose of self-help and mutual aid, as well as the establishment of therapeutic communities which can be organized in the judiciary social welfare system, and which can operate as autonomous institutions for detoxification and rehabilitation of drug addicts in a system of religious and non-governmental organizations and associations, the private sector, in accordance with the laws and regulations of the given area.

Within the process of organization and implementation of treatment, it is determined that the program of rehabilitation and reintegration into society, as well as harm reduction, can be carried out by organizations and associations from non-governmental sector and the sector of social protection, in accordance with existing laws and regulations.

Državni akcioni plan za borbu protiv zloupotrebe opojnih droga u BiH

Za realizaciju ciljeva definiranih Strategijom za nadzor nad opojnim drogama, sprječavanje i suzbijanje zloupotrebe opojnih droga u Bosni i Hercegovini 2009–2013 („Službeni glasnik BiH“, broj 31/09) izrađen je Državni akcioni plan borbe protiv zloupotrebe opojnih droga, koji je donijelo Vijeće ministara Bosne i Hercegovine na prijedlog Ministarstva sigurnosti BiH, a izradio tim tehničke pomoći, u saradnji sa Odjeljenjem za droge u Ministarstvu sigurnosti BiH, uz pomoć u vidu stručnog mišljenja, domaćih vladinih i nevladinih organizacija i međunarodnih institucija.

Akcionim planom se definišu odgovornosti nosilaca provođenja prioritarnih mjera i aktivnosti utvrđenih u Akcionom planu ali i suodgovornosti nadležnih institucija različitih nivoa vlasti u BiH, kao i organizacija civilnog društva. Od ključnog značaja se navodi i unaprijeđenje horizontalne i vertikalne koordinacije i međusobne saradnje nadležnih organa uprave u BiH, i njihove saradnje sa organizacijama civilnog društva u BiH.

Aktivnosti Akcionog plana se provode u određenoj mjeri, a provode ih nadležna entitetska ministarstva i institucije u Republici Srpskoj i u tri kantona Federacije Bosne i Hercegovine (Kanton Sarajevo, Tuzlanski i Zeničko-dobojski kanton).

Strategija za odgovor na HIV i AIDS u BiH 2011.–2016.

Kao odgovor na globalnu epidemiju HIV/AIDS-a, a u skladu sa UN Deklaracijom o posvećenosti HIV/AIDS-u i drugim međunarodnim dokumentima, Vijeće ministara BiH je 2002. godine formiralo Savjetodavni odbor za borbu protiv HIV-a i AIDS-a za Bosnu i Hercegovinu (NAB) sa zadatkom izrade strategije prevencije i borbe protiv HIV-a i AIDS-a.

Ključna vizija strategije za period 2011.–2016. je da Bosna i Hercegovina bude država u kojoj će se postepeno smanjivati broj novoinficiranih osoba virusom HIV-a i stvoriti okruženje koje će omogućiti svim osobama koje žive sa HIV-om dug, kvalitetan i zdrav život. Postavljeni opšti cilj Strategije je održavanje stope HIV-a u BiH ispod nivoa od 0,01%, a specifični ciljevi su identifikovani kao: univerzalni pristup prevenciji, tretmanu, njezi i društvenoj podršci; jačanje nadzora nad HIV-om i AIDS-om; jačanje intersektorske i multisektorske saradnje; izgradnja i jačanje kapaciteta; jačanje pravnog okvira za promociju, poštivanje i zaštitu ljudskih prava, smanjenje stigme i diskriminacije.

Through needles, syringes and other equipment for the preparation and injection exchange program, the work of health institutions, non-governmental organizations or associations involved in these programs, which must be certified by the ministries responsible for health and safety, is determined.

National Action Plan for the Fight against narcotic drugs abuse in Bosnia and Herzegovina

To achieve the objectives defined by the Strategy for the supervision of narcotic drugs, prevention and suppression of drug abuse in Bosnia and Herzegovina 2009–2013 ("Official Gazette", No. 31/09) the National Action Plan to combat illicit drugs was made, rendered by the Council of Ministers on a proposal from the Ministry of Security, and created by a team of technical assistance, in cooperation with the Department for drugs from the Ministry of Security, with the help from local government and non-governmental organizations and international institutions, in the form of expert opinion.

The Action Plan defines the responsibilities of priority measures implementation carriers and actions identified in the Action Plan as well as co-responsibility of the competent institutions of different levels of government and of civil society organizations. Of key importance is the improvement of the horizontal and vertical coordination and mutual cooperation between the competent administrative authorities in Bosnia and Herzegovina, and their cooperation with civil society organizations in Bosnia and Herzegovina.

Activities of the Action Plan are being implemented to some extent, and are carried out by the competent entity ministries and institutions in Republika Srpska and in three cantons of the Federation of Bosnia and Herzegovina (Cantons Sarajevo, Tuzla and Zenica-Doboj).

HIV and AIDS Response Strategy in Bosnia and Herzegovina 2011–2016

In response to the global epidemic of HIV / AIDS, and in accordance with the UN Declaration of Commitment to HIV / AIDS and other international documents, the Council of Ministers has, in the 2002., formed the Advisory Committee to combat HIV and AIDS in Bosnia and Herzegovina (NAB), with the task of developing the strategy for prevention and fight against HIV and AIDS. The key vision of the strategy for the period of 2011–2016 is for Bosnia and Herzegovina to be a country in which the number persons newly infected with HIV will

Aktivnosti Strategije kroz specifične mjere razvoja i provođenje efikasnih programa prevencije HIV – a, su usmjerene prema slijedećim ciljnim grupama: opšta populacija, populacije kojima prijeti viši nivo rizika (muškarci koji imaju seks sa muškarcima, seksualne radnice i njihovi klijenti, azilanti, izbjegla lica, mobilne populacije, injekcioni korisnici droga, zatvorenici, mladi i osobe koje žive na ili ispod granice siromaštva), te populacija izložena riziku od profesionalnog izlaganja HIV-u (zaposleni u zdravstvenim ustanovama koji dolaze u kontakt sa tjelesnim tekućinama i ostali zdravstveni radnici, policajci, vojnici, zatvorski uposlenici, vatrogasci, pripadnici službi spašavanja, pripadnici udruženja i fondacija koji pružaju usluge smanjenja štete i drugi).

Za realizaciju vizije i strateških ciljeva, uz mobilizaciju svih društvenih segmenata neophodno je i uključivanje udruženja i fondacije koje pružaju usluge smanjenja štete.

2.4. Institucionalna saradnja i saradnja sa nevladinim sektorom

2.4.1. Institucionalna tijela koja rade na problemima povezanim sa zloupotrebom droga

„Zakonom o sprječavanju i suzbijanju zloupotrebe opojnih droga definišu se tijela odgovorna za koordinaciju državne politike o drogama kao i tijela koja rade na problemima povezanim sa zloupotrebom droga:

- Komisija za suzbijanje zloupotrebe opojnih droga, (Komisija za opojne droge) koju na prijedlog Ministarstva bezbjednosti osniva Savjet ministara, koordinira aktivnosti ministarstava i nezavisnih administrativnih organizacija koje učestvuju u implementaciji zakona.
- Odsjek za borbu protiv zloupotrebe opojnih droga i prekursora pri Ministarstvu sugurnosti BiH koji djeluje pri Sektoru za borbu protiv terorizma, organizovanog kriminala i zloupotrebe narkotika, zadužen je za sistematično sakupljanje i obradu podataka potrebnih za sprječavanje i suzbijanje neovlaštenog prometa opojnim drogama i drugih krivičnih djela povezanih sa zloupotrebom opojnih droga, kao i za koordinaciju aktivnosti policije, carine i drugih tijela u borbi protiv zloupotrebe opojnih droga. Odsjek također radi na međunarodnim projektima saradnje sa državama u regiji i sa predstavnicima Evropske unije u domenu sigurnosti, te prati implementaciju Zakona o sprječavanju i suzbijanju zloupotrebe opojnih droga,

gradually decrease and in which environment that will allow long, good and healthy life to all people living with HIV will be created. General goal of the Strategy is to maintain the rate of HIV in Bosnia and Herzegovina under the level of 0.01%, with specific objectives identified as: universal access to prevention, treatment, care and social support, strengthening of control over HIV and AIDS; strengthening intersectoral and multisectoral cooperation, capacity building, strengthening the legal framework for the promotion, respect and protection of human rights, reduction of stigma and discrimination.

Activities of the Strategy are, through specific measures for development and implementation of effective HIV prevention programs, aimed at the following target groups: general population, the population at higher levels of risk (men who have sex with men, sex workers and their clients, asylum seekers, refugees, mobile populations, injection drug users, prisoners, young people and people living at or below the poverty line), and the population at risk of occupational exposure to HIV (health-care employees who come into contact with bodily fluids, other health care workers, police officers, soldiers, prison staff, firefighters, members of the rescue services, members of associations and foundations that provide harm reduction services, and others).

For vision and strategic objectives to be realized, besides mobilizing all segments of society, it is necessary to include associations and foundations that provide harm reduction.

2.4. Institutional cooperation and cooperation with NGOs

2.4.1. Institutional bodies working on issues related to drug abuse

"Law on Prevention and Suppression of Drug Abuse defines the authorities responsible for coordinating government policy on drugs as well as bodies working on issues related to drug abuse:

- Committee for Prevention of Drug Abuse (Committee for Narcotic Drugs), established by the Council of Ministers on proposal of the Ministry of Security, coordinates the activities of the ministries and independent administrative organizations that participate in the implementation of the law.
- Department for the fight against illicit drugs and precursors, part of the Ministry of Security of BiH, which operates within the Department for the fight

obavlja zadatke koje dobije od Komisije za opojne droge i vodi bazu podataka o uvozu i izvozu opojnih tvari, biljaka od kojih se dobijaju opojne droge i prekursori, te saraduje sa policijskim snagama na terenu po ovom pitanju.

- Agencija za lijekove i medicinska sredstva BiH, u skladu sa Zakonom o sprječavanju i suzbijanju zloupotrebe opojnih droga, odgovorna je za odobravanje opojnih i psihotropnih tvari u legitimne (medicinske) svrhe u BiH.
- Ministarstvo trgovine i ekonomskih odnosa je odgovorno za kontrolu biljaka koje sadrže opojne i psihotropne tvari.
- Carina i granična policija su odgovorni za kontrolu uvoza i izvoza droga i prekursora.¹

2.4.2. Saradnja vladinog i nevladinog sektora u BiH

„Značajan cilj u BiH je jačanje socijalne uključenosti. Proces socijalnog uključivanja zahtijeva pažnju i aktivnu ulogu društva u cjelini. Civilno društvo, a posebno nevladine organizacije su nezaobilazna karika u ovom procesu. Uključivanje svih strana znači ravnotežu, zajednički interes i podrazumijeva prevladavanje pojedinačnih. Prava snaga NVO sektora u BiH je u udruženim inicijativama, partnerstvu i razvoju inovativnih pristupa u svom radu. NVO-i su podrška društvu, a ne "kamen spoticanja" i ne mogu preuzimati odgovornost za tuđe propuste. Finansijska održivost NVO sektora nije problem samo nevladinih organizacija. Trebala bi biti važna za cijelo društvo, a jačanje partnerstva sa javnim i privatnim sektorom omogućava unapređenje kapaciteta i korištenje adekvatnih resursa za sve uključene strane. Održivost NVO-a u BiH i puno vlasništvo nad vlastitim aktivnostima, rezultatima i plodovima ovisi i o njihovoj promjeni kursa i fokusa koji bi trebali biti na domaćim izvorima sredstava, što znači i usmjerenost NVO-a ka lokalnim potrebama, uslugama i direktnim korisnicima. Ljudski resursi unutar NVO sektora u BiH su na veoma različitom nivou i stoga mogu biti limitirajući faktor u radu i opstanku određenog broja nevladinih organizacija. Kvalitet neke organizacije zasnovan je na kvalitetnim ljudima. Dakle, za jačanje uloge NVOa, a posebno u socijalnom uključivanju, veoma je važno razvijanje njihovih kapaciteta s naglaskom na inovativne pristupe. Proces daljnje profesionalizacije NVO-a u BiH uključuje uvođenje sistema osiguranja kvaliteta, što podrazumijeva uspostavljanje standarda i transparentnih procedura rada. Standardizacija je aktivnost koja za cilj ima unapređivanje kvaliteta procesa i usluga i utvrđivanje njihove namjene. Pristup

- against terrorism, organized crime and drug abuse, is responsible for systematically collecting and processing of data required for prevention and suppression of illicit narcotic drugs trafficking and other crimes related to drugs abuse, as well as for coordinating the activities of the police, customs and other authorities in the fight against illicit drugs. Department also works on international projects of cooperation with countries in the region and with representatives of the European Union in the field of security, monitors the implementation of the Law on Prevention and Suppression of Drug Abuse, performs tasks given by the Commission on Narcotic Drugs and runs a database on import and export of narcotic substances (herbs of which narcotic drugs and precursors are obtained), and, in regard to this matter, cooperates with the police forces in the field.
- Agency for Medicinal Products and Medical Devices of Bosnia and Herzegovina, in accordance with the Law on Prevention and Suppression of Drug Abuse, is responsible for the approval of narcotic and psychotropic substances for legitimate (medical) purposes in Bosnia and Herzegovina.
- Ministry of Trade and Economic Relations is responsible for the control of plants containing narcotic and psychotropic substances.
- Customs and Border Police are responsible for controlling the import and export of drugs and precursors."

2.4.2. Cooperation between governmental and non-governmental sector in Bosnia and Herzegovina

"An important goal in Bosnia and Herzegovina is to strengthen social inclusion. The process of social inclusion requires attention and active part of the entire society. Civil society, in particular NGOs, are indispensable link in this process. Involvement of all sides means balance, having common interest and overcoming individual ones. The real strength of the NGO sector in Bosnia and Herzegovina is in joint initiatives, partnerships and development of innovative approaches in their work. NGOs are a support to society, not a "stumbling block" and can not take responsibility for other people's mistakes. The financial sustainability of the NGO sector is not only a NGOs problem. It should be important for the whole society, because strengthening partnerships with public and private sector enables the improvement of capacities and use of adequate resources for all parties involved. Sustainability of NGOs in Bosnia and Herzegovina and

¹ Godišnji izvještaj o Stanju zloupotrebe opojnih droga u Bosni i Hercegovini za 2010. godinu; op.cit. str. 6-7. EMCDDA- IPA3, Septembar, 2011. godine

¹ Godišnji izvještaj o Stanju zloupotrebe opojnih droga u Bosni i Hercegovini za 2010. godinu; op.cit. str. 6-7. EMCDDA- IPA3, Septembar, 2011. godine

rada treba biti baziran na zadovoljstvu korisnika/klijenta i uslugama."²

U BiH nema trenutno održivog modela saradnje vladinog i nevladinog sektora. Saradnja je obično vezana za implementaciju određenih projekata, čijim završetkom ona prestaje. Saradnja se nastavlja putem ličnih kontakata koji mogu rezultirati eventualnom budućom saradnjom, odnosno novim projektom. Načinjeni su neki koraci, poput Sporazuma Vijeća ministara BiH i nevladinog sektora, ali koji nisu bitnije izmijenili ni unaprijedili način saradnje. Za saradnju je potrebno stvaranje okvira uspješnog djelovanja, kroz omogućavanje: jednakog pristupa informacijama, stalne konsultacije o pitanjima od javnog interesa, sudjelovanje u odlučivanju, dobre standarde i uslove kod dodjele grantova. Okvir za saradnju trebao bi sadržavati: sporazume između vlasti i nevladinih organizacija, zajednička načela i zajedničke projekte dok bi područja u kojima se saradnja može kvalitetno uspostaviti bila: informisanje i savjetovanje, donošenje zakona, strategija, akcionih planova, pružanje usluga, finansiranje i volontiranje.

Nakon provedenog Istraživanja postojećih mehanizama i pravnih okvira učešća organizacija civilnog sektora u zdravstvenom sektoru, te na osnovu pregleda legislative u oblasti zdravstva i mišljenja predstavnika institucija vlasti u Bosni i Hercegovini i nevladinim organizacijama, zaključeno je sljedeće:

- Nakon pregleda legislative iz oblasti zdravstva evidentan je manji broj zakona koji u nekom obliku definišu saradnju javnih institucija zdravstva i organizacija civilnog sektora/društva u BiH;
- Rad nevladinih organizacija je više razrađen u politikama, strategijama i akcionim planovima, te je njihov broj mnogo veći kada je u pitanju definisanje nekog oblika saradnje javnih i nevladinih institucija;
- U pojedinim dokumentima koji određuju saradnju vladinih i nevladinih organizacija u oblasti zdravstva nije dovoljno jasno definisana uloga nevladinog sektora, tj. nije dovoljno specificirano u kojim aktivnostima nevladin sektor može biti partner vladinom sektoru u njihovoj realizaciji;
- Pregledom zakona, strategija i politika donesenih prije desetak godina evidentan je napredak u uključivanju nevladinih organizacija u legislativu donešenu prije nekoliko godina. Organizacije civilnog društva su definisane kao aktivni učesnici u njihovom kreiranju i kasnijoj implementaciji;
- Mnogobrojni strateški dokumenti se ne provode na način na koji su formulisani i od institucija koje su

full ownership of its own activities, results and achievements, depends on their readiness to change their course and focus, which should be on domestic funding, which directs the focus of NGOs to local needs, services and direct customers. Human resources within the NGO sector in BiH vary greatly and therefore may be a limiting factor in the operation and survival of a number of NGOs. The quality of an organization is based on quality people. Therefore, to strengthen the role of NGOs, especially in social integration, it is important to develop their capacities, with an emphasis on innovative approaches. The process of further professionalization of NGOs in Bosnia and Herzegovina includes the introduction of a quality assurance system, which includes the establishment of standards and transparent work procedures. Standardization is an activity whose goal is to improve the quality of processes and services and determine their purpose. Method of work should be based on customer's satisfaction with service."²

Bosnia and Herzegovina does not have a sustainable model of cooperation between governmental and non-governmental sectors. Cooperation is usually related to the implementation of certain projects, upon completion of which it stops. Cooperation continues through personal contacts which may result in a possible future cooperation, or a new project. Some steps were made, such as the Agreement of the Council of Ministers and the non-governmental sector, but it did not significantly modify or enhance the way of cooperation. For good cooperation it is necessary to create a framework of successful action through enabling: equal access to information, ongoing consultations on matters of public interest, participation in decision-making, good standards and requirements when awarding grants. The framework for cooperation should include: agreements between government and the NGOs, common principles and common projects, while the areas in which cooperation can be quality achieved is: informing and counseling, legislation, strategies, action plans, provision of services, funding and volunteering

After carrying out the Research on existing mechanisms and legal frameworks of participation of civil society organizations in the health sector, and based on the review of legislation in the field of health care and on opinions of representatives of government institutions and non-governmental organizations in Bosnia and Herzegovina, the following was concluded:

- After reviewing the legislation in the field of health

² Jačanje profesionalnih kapaciteta nevladinih organizacija; op.cit. str. 7; Nezavisni biro za humanitarna pitanja (IBHI) Sarajevo, oktobar 2009.

² Jačanje profesionalnih kapaciteta nevladinih organizacija; op.cit. str. 7; Nezavisni biro za humanitarna pitanja (IBHI) Sarajevo, oktobar 2009.

zadužene za provođenje:

- Politike, strategije i akcioni planovi su kreirani na način da je provođenje velikog dijela planskih aktivnosti upitno i jedva moguće kako zbog vremenskog okvira tako i zbog ekonomskog stanja u zemlji, kao i njene organizacije;
- Nevladine organizacije, nažalost, još uvijek djeluju pojedinačno i nema značajnog uvezivanja među njima čime bi se povećao njihov uticaj u društvu;
- Ne postoji uspostavljen mehanizam saradnje nevladinih organizacija sa zdravstvenim ustanovama kao što su zavodi za javno zdravstvo, domovi zdravlja, privatni zdravstveni sektor itd.;
- U određenim zakonima eksplicitno se ne koristi naziv nevladine organizacije nego se spominje učešće javnosti što posredno znači da postoji mogućnost za rad nevladinih organizacija, ali njihova konkretna uloga nije definisana;
- Javni sektor zdravstva u mnogim slučajevima nije otvoren za saradnju sa civilnim sektorom;
- Određeni broj nevladinih organizacija iz oblasti zdravstva imaju slabe kapacitete i ograničene su na projekte nevladinih organizacija;
- Učešće nevladinih organizacija u sektoru zdravstva je minimalno i ne odgovara potrebama i mogućnostima saradnje i zajedničkih aktivnosti;
- Uloga civilnih organizacija je ograničena na pojedine teme kao što su dijabetes, HIV/AIDS, rak dojke itd.;
- Primjetno je odsustvo organizacija civilnog društva koje se bave ljudskim pravima u pitanju zagovaranja reformskih procesa u oblasti zdravstva;
- Uloga civilnog sektora je od velikog značaja posebno za pacijente i populacije pod povećanim rizikom od infektivnih bolesti u smislu pružanja bolje i kvalitetnije usluge;
- Nevladine organizacije nisu izdvojene u poseban segment za zdravstvo. Uloga nevladinih organizacija nije jasno definisana u nekim strateškim dokumentima. U BiH postoji prevelik broj nevladinih organizacija čiji poslovi nisu potpuno jasni i ometaju rad nevladinih organizacija koje doprinose poboljšanju zdravstva u BiH;
- Postojeća legislativa ne vodi suštinski računa o ozbiljnijoj poziciji civilnog društva u komunikaciji sa vlastima;
- Ne postoje jasne smjernice i pravilnici koji specificuju i izdvajaju rad nevladinih organizacija iz oblasti zdravstva i pružanja psihosocijalne pomoći od drugih nevladinih organizacija koje se bave drugim aktivnostima i oblastima humanog rada.”³

- exists, which in some form define cooperation between public health care institutions and civil society organizations / companies in Bosnia and Herzegovina;
- The work of NGOs is more developed in regard to policies, strategies and action plans, and their number is much higher when it comes to defining some form of cooperation between the public and non-governmental institutions;
- In some documents that define the cooperation between the government and non-governmental organizations in the area of health care, the role of the NGO sector is not clearly defined, meaning, the activities in which the NGO sector can be a partner to the government sector in their implementation are not sufficiently specified;
- By reviewing of legislation, strategies and policies adopted ten years ago, it is evident tha progress by involving the NGOs in legislation creating in regard to the ones created in prior years has been made. Civil society organizations are defined as active participants in their creation and implementation;
- By reviewing of legislation, strategies and policies adopted ten years ago, it is evident tha progress by involving the NGOs in legislation creating in regard to the ones created in prior years has been made. Civil society organizations are defined as active participants in their creation and implementation;
- Many strategic documents are not implemented in a way that are formulated, or by the institutions responsible for implementation;
- Policies, strategies and action plans are designed in such way that the implementation of a large part of the planned activities is questionable and hardly possible because of tha time frame, as well as the economic situation in the country and its organization;
- Non-governmental organizations, unfortunately, are still acting individually and no significant networking between them has been achieved, which would have increased their influence in society;
- There is no established mechanism of cooperation between non-governmental organizations and health care institutions such as public health institutes, health centers, private health care sector, etc.;Non-governmental organizations, unfortunately, are still acting individually and no significant networking between them has been achieved, which would have increased their influence in society;Certain laws do not explicitly use the name NGO but mentions public participation which indirectly means that there is a possibility for the work of NGOs, but their specific role is not defined;
- The public health sector in many cases is not open for cooperation with civil society;
- Certain number of non-governmental organizations from the field of health care have poor capacities

³ Istraživanje Udruženja Partnerstvo za zdravlje: „Postojeći mehanizmi i pravni okviri učešća organizacija civilnog sektora u zdravstvenom sektoru” op.cit, str. 59-60;

3. Situaciona analiza

3.1. Stanje zloupotrebe droga u Bosni i Hercegovini

Godišnji izvještaj o Stanju zloupotrebe opojnih droga u Bosni i Hercegovini za 2010. godinu (preuzeto iz Izvještaja)

Bosna i Hercegovina ne posjeduje metodološki jedinstven sistem evidencije i praćenja u oblasti zloupotrebe opojnih droga, te stoga i ne raspolaže tačnim podacima o ovoj pojavi, ali je opći utisak da je ona u porastu. Sporadična istraživanja koja su rađena na području BiH potvrđuju da se stanje u ovoj oblasti ne razlikuje u mnogome od stanja u zemljama u okruženju. Najčešće korištena droga je marihuana, koju koristi od 7-25% adolescenata, a procenat se mijenja u zavisnosti od uzrasta, sredine u kojoj žive i spola (procenat se povećava sa uzrastom, veći je u urbanim sredinama i u većim gradovima, te među muškom populacijom). U porastu je i korištenje sintetičkih droga, naročito među srednoškolskom omladinom. Veličine PWID populacije u državi procijenjena je na 9.500 – 15.500 osoba (prosječna vrijednost 12.500) uz prosječnu prevalencu od 0.47. (Izvještaj o procjeni veličine MSM, PWID i SW populacije u Bosni i Hercegovini, APMG, nov.2013). Rezultati istraživanja govore da je prosječna starosna dob osoba koje koriste drogu, oko 30 godina, od kojih je oko 90% muškog pola, a velika većina ih ubrizgava heroin. Prosječna dob prvog uzimanja je 15 godina, prvog injektiranja droga je 21 godina (18 godina u dobnoj skupini od 18-24), a prvog odlaska na liječenje između 22-25 godina. Pravilo je da ovisnik uzima više supstanci istovremeno, uobičajeno počinje sa alkoholom i marihuanom, te brzo prelazi na opijatska sredstva. Opijatski tip ovisnosti najprisutniji je među ovisnicima i čini oko 90% populacije koja dođe na liječenje.

Terapije protiv ovisnosti u okviru zdravstvenih sistema dostupne su u osam specijaliziranih centara, mreži sa oko 60 centara za mentalno zdravlje u zajednicama i kod doktora opšte prakse. Pored toga, postoji 11 centara za rehabilitaciju koji rade po principu terapijskih zajednica. Medicinske terapije dostupne su u bolnicama kao i u ambulantama. Opioidne zamjenske terapije metadonom, a u zadnje vrijeme i buprenorfinom, dostupne su u 8 specijalizovanih centara. U 2010. godini, u 8 specijalizovanih centara za liječenje, za pomoć se obratilo 1.544 pacijenata, od kojih je 364 pacijenta pomoć zatražilo po prvi put u životu (23.6% od ukupnog broja). Prosječna starosna dob klijenata je oko 30 godina, od kojih je 92% muškog pola, a najviše se koriste opijati iza kojih slijedi kanabis. Od ukupnog broja

- and are limited to projects of non-governmental organizations;
- Participation of NGOs in the health sector is minimal and does not correspond to the needs and possibilities of cooperation and joint activities;
- The role of civil organizations is limited to specific topics such as diabetes, HIV / AIDS, breast cancer, etc.;
- The absence of civil society organizations dealing with human rights in terms of advocating reforms in the health care system is noticeable;
- The role of civil society is of great importance especially for patients and populations at increased risk of infectious diseases in terms of providing better service;
- Non-governmental organizations are not isolated in a special segment of health care. The role of NGOs is not clearly defined in some policy documents. In Bosnia and Herzegovina there is an excessive number of non-governmental organizations whose activities are not entirely clear and disrupt the work of non-governmental organizations which contribute to the improvement of health in Bosnia and Herzegovina;
- The current legislation does not take into account the essentially serious position of civil society in communication with the authorities;
- There are no clear guidelines and rules that characterize and distinguish the work of NGOs in the field of health care and the provision of psychosocial assistance from other non-governmental organizations dealing with other activities and areas of humanitarian work.”³

3. Situation analysis

3.1. State of Drug Abuse in Bosnia and Herzegovina

Annual Report on the State of Drug Abuse in Bosnia and Herzegovina for the 2010th year (taken from the report) Bosnia and Herzegovina does not have a methodologically unique system of recording and monitoring in the field of illicit drugs use, and therefore does not have accurate data on this phenomenon, but the general impression is that it is growing. Sporadic studies that were done in the area of Bosnia and Herzegovina confirmed that the situation in this area does not differ greatly from the situation in the neighboring countries. The most commonly used drug is marijuana, used by 7-25% of adolescents, and the

³ Istraživanje Udruženja Partnerstvo za zdravlje: „Postojeći mehanizmi i pravni okviri učesća organizacija civilnog sektora u zdravstvenom sektoru“ op.cit, str. 59-60;

klijenata, 1.183 je pod zamjenskom terapijom. Tokom 2010. godine još 364 pacijenata je dovedeno u terapijske zajednice radi liječenja. Do kraja 2009. godine, u BiH registrovane su 163 HIV pozitivne osobe, od kojih je 21 (13%) injekcionih korisnika droga. Studije prevalencije koje su provedene među injekcionim korisnicima droga 2007. i 2009. godine pokazale su prevalenciju HIV-a ispod 1% i prevalenciju HCV-a od 20% do 50% u tri grada u kojima je provedena studija. Među pacijentima na zamjenskoj terapiji u 2010. godini bilo je 37% sa prevalencijom HCV virusa. U našoj zemlji je zabilježeno oko 14% slučajeva prenosa HIV infekcije putem injektiranja, od prvog registrovanog slučaja ove bolesti u BiH, 1986. godine. Zastupljenost infekcije virusom hepatitisa C u populaciji injekcionih korisnika opojnih droga je oko 44%. Evidentan je visok stepen nezaposlenosti u ovoj populaciji (72-91%). Podaci o smrtnim slučajevima zbog zloupotrebe droga koji su dobijeni od odjela za sudsku medicinu i okružnih tužilaštava koji obuhvataju oko 30% populacije BiH pokazuju da je 2010. godine bilo ukupno 8 smrtnih slučajeva predoziranja, od kojih je 5 izazvano nelegalnim drogama. Šest osoba je muškog i dvije su ženskog pola, a svi su bili starosne dobi od 20 do 34 godine.

Postoji 7 Drop-in centara koji rade na smanjenju štete, uključujući razmjenu i distribuciju opreme za ubrizgavanje, davanje informacija, savjetovanje, terenski rad i distribuciju kondoma za injekcije korisnike droga. Prema postojećim informacijama u BiH ima 10 komuna za rehabilitaciju ovisnika od kojih jedna čiji je osnivač vladina institucija, tj. Ministarstvo rada i socijalne zaštite Kantona Sarajevo i više centara/zavoda koji se bave detoksikacijom i održavanjem na metadonu opijatskih ovisnika.

Razne agencije za provedbu zakona izvijestile su da je u 2010. godini u BiH bilo ukupno 1.300 krivičnih djela u vezi s drogama. Između 30% i 70% zatvorenika je ovisno o drogama. Međutim u zatvorima još uvijek ne postoji specijalizovana terapija odvikavanja, niti u zatvorima postoji opšta strategija ili politika u odnosu na drogu. Nevladine organizacije nude sve više usluga zatvorenicima dok su u zatvoru kao i nakon puštanja iz zatvora. Bosna i Hercegovina je zemlja tranzita za sintetičke droge i kokain sa zapada, a heroin i kanabis sa istoka. Jedina droga koja se proizvodi u Bosni i Hercegovini je kanabis, a sve je veći kućni uzgoj genetski modifikovanih sorti kanabisa snažnog dejstva. 26.5 kg heroina, 1.5 kg kokaina i amfetamina i 465.6 kg biljke kanabis oduzeto je 2010. godine, kao i 16.500 tableta ekstazija i 7.800 stabljika kanabisa. Ulične cijene su 15-25 eura za gram heroina, 2.5-5 eura za gram biljnog kanabisa, 50-75 eura za gram kokaina i 1.5-2.5 eura za tabletu ekstazija. Ne postoji jedinstven program prevencije zloupotrebe droga na državnom

percentage varies depending on the age, the environment in which they live and sex (percentage increases with age, is higher in urban areas and major cities, and among male population). Use of synthetic drugs is also growing, especially among high school youth. Size of PWID population in the country is estimated at 9,500 to 15,500 people (average 12,500), with an average prevalence of 0:47. (Report on the assessment of the size of the MSM, PWID and SW population in Bosnia and Herzegovina, APMG, Nov.2013). Results of the research show that the average age of people who use drugs is around 30, of which about 90% are males, and the vast majority of them injects heroin. The average age of first use is 15, of the first drug injection 21 (18 years in the age group of 18-24), and of the first visit to treatment between 22 and 25 years. The general rule is that an addict takes more types of substances at the same time, usually starting with alcohol and marijuana, and quickly moves on to opiate agents. Opiate addiction is most common type of addiction among drug users and makes about 90% of the population that comes to treatment.

Therapies for addiction within health care systems are available in eight specialized centers, a network with about 60 mental health centers in communities and in GP. In addition, there are 11 rehabilitation centers that work on principle of therapeutic communities. Medical therapies are available in hospitals as well as clinics. Opioid substitution therapy with methadone, and recently buprenorphine are available in eight specialized centers. In 2010., in eight specialized treatment centers, 1,544 patients asked for help, of which 364 patients sought help for the first time in life (23.6% of the total). The average age of clients is 30, of which 92% are male. Mostly used drugs are opiates, followed by cannabis. Of the total number of clients, 1,183 is receiving replacement therapy. During the 2010., another 364 patients were brought into the therapeutic community for treatment. By the end of 2009., there were 163 HIV-positive people registered in Bosnia and Herzegovina, of whom 21 (13%) from PWID population. Prevalence study carried out among injecting drug users in 2007. and 2009. have shown the prevalence of HIV under 1%, and the prevalence of HCV of 20% to 50% in three cities in which the study was conducted. Among patients who were on replacement therapy in 2010., 37% were with a prevalence of HCV virus. Since the first registered case of this disease in Bosnia and Herzegovina in 1986., about 14% of cases of transmission of HIV infection through injection was recorded. The percentage of presence of hepatitis C virus infection in PWID population is around 44%. High unemployment rate in this population (72-91%) is also evident. Data on deaths due to drug abuse, which were obtained from Department of Forensic Medicine and district prosecutors' offices, which covers about 30% of

nivou, međutim programi prevencije, uključujući prevenciju u školama, provode se na lokalnim i regionalnim nivoima uz čest angažman nevladinih organizacija. Sistemi zdravstva i socijalne zaštite su uključeni u aktivnosti prevencije i fokusiraju se na rizične pojedince, porodice i druge grupe.

Analizom stanja može se konstatovati da je:

- U BiH velika dostupnost opojnim drogama;
- Sve veći procenat mladih i žena koji koriste opojne droge;
- Veliki broj saobraćajnih nesreća vezanih za upotrebu opojnih droga;
- Visoka korelacija korištenja opojnih droga sa samoubistvom, trovanjem, kriminalom i nasiljem;
- Značajan broj rizičnih grupa stvoren tokom rata: trajno onesposobljene osobe, raseljena lica, djeca bez roditelja, demobilizirani borci i druge rizične grupe;
- Skromna finansijska sredstva koja se izdvajaju za rješavanje ovog problema u domenu prevencije i edukacije, represije i tretmana.

Istraživanje rizičnog ponašanja u odnosu na HIV pozitivnih osoba na izdržavanju kazne zatvora 2011. (preuzeto iz Izvještaja)

Zatvori su mjesta očekivano veće prevalencije krvlju i spolno prenosivih infekcija nego u zajednici i to iz dva osnovna razloga: prvo, mnoge osobe na izdržavanju kazne zatvora su bivši ili aktualni injekcioni korisnici droga, te na taj način mogu imati veću učestalost krvlju i spolno prenosivih infekcija, osobito hepatitis C virusa. Drugi nedostatak su insuficijentne preventivne mjere (čiste igle i šprice, dostupnost besplatnih kondoma) u većini zatvora, u kombinaciji sa ekstremnim socijalnim uvjetima, što sve skupa stvara dodatne mogućnosti za prijenos krvlju i spolno prenosivih infekcija. Ubrizgavanje droge u zatvoru je posebno značajan faktor rizika s obzirom na opasnost prijenosa HIV-a i drugih krvlju prenosivih uzročnika, osobito ako je prisutna i razmjena korištenog pribora. Veća prevalenca HCV infekcije u zatvorima u poređenju sa općom populacijom registriira se uglavnom među injekcionim korisnicima droga.

Istraživanje rizičnog ponašanja u odnosu na HIV pozitivnih osoba na izdržavanju kazne zatvora je provedeno 2011. godine u 10 odabranih zatvora u BiH, na ukupnom uzorku od 620 ispitanika, primjenom standardiziranog upitnika i uzorkovanjem krvi za laboratorijsko testiranje na HIV i druge SPI (hepatitis B i C, sifilis). Ovo istraživanje je imalo za cilj procijeniti stanje s obzirom na HIV i druge SPI u zatvorima u BiH, što bi omogućilo donošenje i implementaciju sveobuhvatnih, na dokazima zasnovanih programa prevencije i liječenja HIV-a i drugih SPI.

the population of Bosnia and Herzegovina, indicate that in 2010., there were a total of eight overdose deaths, 5 of which were caused by illegal drugs. Of that number, six people were male and two were female, and all between 20 to 34 years of age.

There are seven drop-in centers that work on harm reduction, including the exchange and distribution of injecting equipment, providing information, counseling, field work and the distribution of condoms for people who inject drugs. According to existing information, Bosnia and Herzegovina has 10 communes for the rehabilitation of drug addicts, one of which is founded by government institutions, Ministry of Labour and Social Protection of Sarajevo Canton and more centers / institutes that deal with detoxification and maintenance of opiate addicts on methadone. Various law enforcement agencies have reported that in the 2010., there was a total of 1,300 criminal offenses related to drugs in Bosnia and Herzegovina. Between 30% and 70% of inmates are addicted to drugs. However, there is still no specialized therapy for withdrawal in prisons, nor is there a general strategy or policy in relation to drugs. NGOs offer more and more services to prisoners while they are incarcerated and after release from prison. Bosnia and Herzegovina is a transit country for cocaine and synthetic drugs from the west, and for heroin and cannabis from the east. The only drug which is produced in Bosnia and Herzegovina is cannabis, and home cultivation of genetically modified varieties of cannabis strong effect is ever increasing. 26.5 kg of heroin, 1.5 kilograms of cocaine and amphetamines and 465.6 kg of cannabis plants were seized in 2010., well as 16,500 ecstasy pills and 7,800 cannabis plants. Street prices are 15–25 euros for a gram of heroin, 2.5–5 euros for a gram of herbal cannabis, 50–75 euros for a gram of cocaine and 1.5–2.5 euros for a tablet of ecstasy. There is no unified drug abuse prevention program at the state level. However, prevention programs, including prevention in schools, are conducted at local and regional levels with frequent involvement of non-governmental organizations. Systems of health and social care are involved in prevention activities and focus on high-risk individuals, families and other groups.

Through the analysis of the situation, it can be concluded that in Bosnia and Herzegovina there is:

- high availability of narcotic drugs;
- increasing percentage of young people and women who use narcotic drugs;
- large number of traffic accidents related to the use of narcotics;
- high correlation between the use of narcotic drugs and suicide, poisoning, crime and violence;
- significant number of high-risk groups created

Rezultati istraživanja su pokazali da zatvorske ustanove, kao visoko rizična okruženja za pojavu i širenje krvlju i spolno prenosivih infekcija, zahtijevaju provođenje sveobuhvatnih preventivnih mjera i kontinuirani nadzor rasprostranjenosti rizičnih i protektivnih ponašanja osoba na izdržavanju kazne zatvora. Pri tome, izvodivost i isplativost sveobuhvatnih screening-a na krvlju i spolno prenosive infekcije u zatvorima bi trebalo vrednovati – da li za sve ili samo za one sa povijesti IKD s obzirom da je i ovo istraživanje pokazalo da je injekciono korištenje droga, osobito uz razmjenu pribora, najjači faktor rizika za HCV i obično odražava veću zastupljenost IKD u zatvorima. Drugi faktori rizika – tetoviranje uz razmjenu pribora, rizični spolni odnosi, nasilje, nedovoljno znanja i informiranosti o HIV/AIDS-u, putevima prijenosa, načinu zaštite, izraženoj stigmi, zahtijevaju primjenu sveobuhvatnih preventivnih mjera:

- IEC (informacija, edukacija, komunikacija) su esencijalni preduslov primjene HIV/STI preventivnih mjera u zatvorima. Osobe na izdržavanju kazne zatvora i osoblje u zatvoru trebaju biti informirani o tim mjerama, kroz strukturirane obrazovne programe, prihvatljive komunikacijske kanale, primjerene obrazovnom stepenu zatvoreničke populacije (u čijem kreiranju bi trebali i sami sudjelovati, a tu bi ključnu ulogu mogli imati «peer edukatori»).

- Dobrovoljno savjetovanje i testiranje (VCT) značajno je makar iz dva razloga – kao dio HIV preventivnih programa i podrška promjeni ponašanja, odnosno rana detekcija i uključivanje u tretman. Podaci istraživanja pokazuju da su VCT usluge dijelom dostupne, povremeno bi i one trebale biti rutinske ili na zahtjev, ali ne obavezno i kao sredstvo za segregaciju seropozitivnih osoba. Stoga je potrebno povećati dostupnost VCT usluga kao dio sveobuhvatnih HIV/SPI programa čiji je cilj jačanje svjesnosti rizika, poboljšanje dostupnosti zdravstvene njege, tretmana i podrške, smanjenje stigme i diskriminacije, zaštita povjerljivih medicinskih informacija pri čemu se sve forme prisile moraju izbjegavati. IEC nije dovoljna za odgovor na HIV/SPI u zatvoru bez pratećih kondom programa – dostupnih besplatnih kondoma, programa zamjene igala, supstitucijskih tretmana, mada je zamjena igala i šprica u zatvorima (pa i supstitucijski opioidni programi) kontroverzno pitanje koje bi izazvalo otpor osoblja zatvora. Provođenje redovitih survey programa na slučajnom uzorku osoba na izdržavanju kazne zatvora je važno jer omogućava praćenje trenda seroprevalence krvlju i spolno prenosivih infekcija, rizičnih i protektivnih ponašanja u zatvoreničkoj populaciji što traži dalje jačanje saradnje vladinog i nevladinog sektora.

Istraživanje o HIV stigmi i diskriminaciji među zdravstvenim radnicima u javnom i privatnom sektoru u

- during the war: permanent disability, displaced persons, orphans, demobilized soldiers and other high-risk groups;
- modest financial resources designated to solve this problem in the field of prevention and education, treatment and reduction of drug use.

The Survey of risky behavior in relation to HIV-positive persons serving prison sentences, 2011. (taken from the Report)

Prisons are places where prevalence of blood and sexually transmitted infections is expected to be higher than in the community because of the two main reasons: first, many people serving prison sentences are former or current injecting drug users, and thus may have a higher incidence of blood and sexually transmitted infections, particularly of hepatitis C virus. Second drawback are insufficient preventive measures (sterile needles and syringes, availability of free condoms) in most prisons, combined with extremely poor social conditions, all of which creates additional possibilities for the transfer of blood and sexually transmitted infections. Injecting of drugs in prison is a particularly important risk factor in regards to the risk of transmission of HIV and other blood-borne pathogens, particularly if exchange of used injecting equipment is present. The higher prevalence of HCV infection in prisons in comparison with the general population is registered mainly among people who inject drugs.

The Survey of risky behavior in relation to HIV-positive persons serving a prison sentence has been carried out during the 2011., in 10 selected prisons in Bosnia and Herzegovina, on the total sample of 620 subjects, using the standardized questionnaire and blood sampling for laboratory testing for HIV and other STIs (hepatitis B and C, syphilis). This survey aimed to assess the situation regarding HIV and other STIs in prisons in Bosnia and Herzegovina, which would allow for the passing and implementation of comprehensive, evidence-based program for prevention and treatment of HIV and other STIs.

Survey results showed that prison facilities, as a high-risk environment for the emergence and spread of blood and sexually transmitted infections, require the implementation of comprehensive preventive measures and continuous monitoring of the prevalence of risky and protective behaviors of persons serving prison sentences. In doing so, the feasibility and cost-effectiveness of comprehensive screening on blood and sexually transmitted infections in prisons should be valued – whether for all or only for those with a history of injecting drug use, given that the research showed

BiH (preuzto iz Istraživanja)

Stigmatizacija i diskriminacija koje prate HIV i AIDS u zdravstvenom sektoru ostavljaju snažne posljedice na tok epidemije. Strah od stigme i diskriminacije dovodi do nepovjerenja u zdravstvene radnike i zdravstveni sistem uopšte, izbjegavanja testiranja, otkrivanja svog HIV statusa i primjene visoko aktivne antiretrovirusne terapije. Postojanje stigme i diskriminacije prema PLHIV u zdravstvenom sektoru dovodi do kompromitovanja cjelokupnih napora zajednice u prevenciji HIV epidemije.

Istraživanje o HIV stigmati i diskriminaciji među zdravstvenim radnicima u javnom i privatnom sektoru u BiH je provedeno na teritoriji Bosne i Hercegovine, paralelno u entitetima u Republici Srpskoj i Federaciji BiH i distriktu Brčko.

Opšti cilj istraživanja je bio da se istraži postojanje stigme i diskriminacije u odnosu na HIV i AIDS kod zdravstvenih radnika u javnom i privatnom zdravstvenom sektoru, te utvrditi znanje, stavovi i ponašanje zdravstvenih radnika prema osobama koje žive sa HIV-om.

Istraživanje je pokazalo da znanje zdravstvenih radnika o načinima i putevima prenosa HIV-a, kao i drugim činjenicama vezanim za HIV/AIDS, nije na zadovoljavajućem nivou. Stepem poznavanja i primjene mjera zaštite na radu u kontekstu prevencije HIV-a je također nezadovoljavajući, a poražavajuće je da i stavovi zdravstvenih radnika ukazuju na značajan stepen stigme i diskriminacije prema osobama koje žive sa HIV-om.

that injecting drug use, particularly with the sharing of injecting equipment, has the strongest risk factor for HCV and usually reflects a greater prevalence of injecting drug use in prisons. Other risk factors – tattooing with non-sterile tattooing equipment, risky sexual activity, violence, lack of knowledge and awareness about HIV / AIDS, ways of transmission, methods of protection, stigma, require the application of comprehensive preventive measures:

- IEC (information, education, communication) are an essential precondition for the application of the HIV / STI prevention measures in prisons. People serving prison sentences and prison staff should be informed of these measures, through structured training programs, acceptable communication channels, appropriate educational level of the prison population (in whose creation they themselves should take part, and where "peer educators" should have a crucial role).
- Voluntary counseling and testing (VCT) is important because of two reasons at least – as a part of HIV prevention programs and as a support to behavior change, in a way of early detection and inclusion in treatment. Data show that VCT services are partly and occasionally available, they should be routine or on request, but not as mandatory or as a means for segregation of sero-positive persons. Therefore, it is necessary to increase the availability of VCT services as a part of comprehensive HIV / STI program aimed at boosting awareness of the risks, improving access to health care, treatment and support, reducing stigma and discrimination, and protection of confidential medical information, where all forms of coercion must be avoided. IEC is not sufficient for the response to HIV / STIs within prison, without the supporting programs – available free condoms, needle exchange programs, substitution treatment, although the replacement of needles and syringes within prisons (including opioid substitution programs), is a controversial issue which would probably provoke the resistance of prison staff. Conducting regular survey program on a random sample of persons serving a prison sentence is important, because it allows monitoring of the trend of seroprevalence of blood and sexually transmitted infections, and of risky and protective behaviors within the prison population, which requires further strengthening of cooperation between governmental and non-governmental sectors.

Research on HIV stigma and discrimination among health care workers within public and private sectors in Bosnia and Herzegovina (taken from Research) Stigmatization and discrimination that accompany HIV

4. Smanjenje potražnje droga, harm reduction, prevencija i tretman HIV-a i Hepatitisa C

Smanjenje potražnje droga kao jednog od vidova prevencije njene zloupotrebe definisano je Akcionim planom za borbu protiv zloupotrebe opojnih droga u Federaciji Bosne i Hercegovine 2012–2013 kroz oblasti: obrazovanja (dijelovi edukacije i prevencije), zdravstva (dijelovi smanjenja štete, kompletno liječenje, dijelovi prevencije) i socijalne zaštite (rehabilitacija, resocijalizacija, dijelovi programa smanjenja štete).

4.1. Harm reduction (smanjenje štete), programi zamjene igala, šprica i ostale opreme za pripremu i injektiranje droga

Harm reduction se odnosi na politiku, programe i praksu čiji je primarni cilj da smanji štetne zdravstvene, socijalne i ekonomske posljedice korištenja legalnih ili ilegalnih droga, koje ne uključuju nužno smanjenje konzumacije. Politika smanjenja štete se temelji na posvećenosti ljudskom zdravlju i ljudskim pravima. Polazna pretpostavka je da upotreba droge u društvu postoji, postojala je i uvijek će postojati. Mnogi ljudi širom svijeta koriste droge, uprkos naporima da se to spriječi. Harm reduction prihvata činjenicu da mnogi korisnici droge nemaju mogućnosti ili nemaju volje da prestanu sa korištenjem droga. Ovi programi ne isključuju apstinenciju, nego je prepoznaju kao jednu od mogućnosti prevencije. Moralni principi koji se koriste prema korisnicima podrazumjevaju lični kontakt, anonimnost, povjerljivost, humanost i pragmatičnost.

U okviru principa organizacije i provođenja liječenja definisanih u Državnoj strategiji nadzora nad opojnim drogama, sprječavanja i suzbijanja zloupotrebe opojnih droga u Bosni i Hercegovini uvršteni su programi smanjenja štete i programi zamjene igala, šprica i ostale opreme za pripremu i injektiranje droga. Ove programe provodi osoblje koje je educirano iz oblasti ovisnosti od psihoaktivnih supstanci, naročito o štetnim posljedicama konzumiranja supstanci i ovisnosti te o infekcijama virusima hepatitisa B, C i HIV-om. Istovremeno se provode aktivnosti savjetovanja, informiranja i obuke ovisnika o štetnim posljedicama uzimanja droga i sigurnijim načinima upotrebe droga, a naročito za žensku populaciju i trudnice o efektima i opasnostima konzumiranja droga u trudnoći i rizičnom ponašanju. Ministarstva odgovorna za zdravstvo u entitetima, kantonima i Brčko Distriktu uskladu sa svojim mogućnostima određuju sastav kompleta za programe zamjene igala, šprica i ostale opreme za pripremu i injektiranje i načine za sigurno uklanjanje

and AIDS in the health sector creates a strong effect on the flow of the epidemic. Fear of stigma and discrimination leads to mistrust towards health care workers and the health system in general, avoidance of testing, disclosure of HIV status and application of highly active antiretroviral therapy. The existence of stigma and discrimination against PLHIV in the health sector is compromising the overall efforts of the community in the prevention of the HIV epidemic.

Survey on HIV-related stigma and discrimination among health care workers in public and private sectors in Bosnia and Herzegovina was conducted on the whole territory of Bosnia and Herzegovina, simultaneously in Republika Srpska, Federation of Bosnia and Herzegovina and Brcko district.

The general objective of this survey was to investigate the existence of stigma and discrimination relating to HIV and AIDS among health workers in public and private health sector, and to determine the knowledge, attitudes and behavior of health workers towards people living with HIV.

Research has shown that the knowledge of health professionals about the ways of transmission of HIV, as well as other information relating to HIV / AIDS, is not at a satisfactory level. The degree of knowledge and application of work safety measures in the context of HIV prevention is also unsatisfactory, and the devastating fact is that the attitudes of health workers are showing significant degree of stigma and discrimination against people living with HIV.

4. Drug demand reduction, harm reduction, prevention and treatment of HIV and Hepatitis C

Drug demand reduction, as one of the ways for preventing its abuse, is defined by the Action Plan for the fight against illicit drug abuse in the Federation of Bosnia and Herzegovina 2012–2013, through the following areas: education (parts of education and prevention), health care (parts of harm reduction, the whole medical treatment, parts of prevention) and social care (rehabilitation, social reintegration, parts of harm reduction programs).

4.1. Harm reduction, programs for exchange of needles, syringes and other equipment for preparing and injecting of drugs

Harm reduction refers to policies, programs and

korištenih igala i šprica. Zdravstvene institucije, nevladine organizacije ili udruženja uključena u ove programe moraju biti potvrđeni (certificirani) od strane ministarstava odgovornih za zdravstvo i sigurnost. Ova ministarstva će propisom odrediti izgled dozvole (certifikata) za učestvovanje u pomenutom programu, načine kontrole sprovođenja i druga pitanja bitna za ovaj program. Dozvole (certificiranje) za pojedince koji će provoditi ovaj program tokom rada na terenu izdaje nadležno ministarstvo iz oblasti sigurnosti.

Rad na terenu omogućava da se pomoć i usluge nude na mjestima gdje su osobe koje upotrebljavaju nedozvoljene droge borave ili na mjestima gdje oni injektiraju droge, a provode ih zdravstvene i socijalne institucije, nevladine organizacije, vjerske institucije i udruženja građana.

Program razmjene igala i šprica je veoma jednostavan i jeftin, a njegova strategija se bazira na znanju. Korisnici ovih servisa dobijaju informacije o promjenama koje trebaju napraviti u svom ponašanju, a dobijaju i stvari koje će im pomoći da naprave te promjene. To uključuje podjelu sterilnih igala i šprica, destilirane vode, citrična kiselina, kondome i sl. Međusobno dijeljenje opreme za injektiranje kod ovisnika je vrlo često, bez obzira na svjesnost o mogućnosti infekcije HIV-om, Hepatitisom B i C. Zato, omogućavanje sterilne opreme ovisnicima koji ne žele ili ne mogu da prestanu sa injekcionim korištenjem droga, u zamjenu za već upotrijebljenu, smanjuje širenje infekcija i mijenja rizično ponašanje. Suština ovog programa nije da poveća korištenje droga, nego da smanji rizik prenošenja infekcije HIV-a i ostalih krvno prenosivih infekcija kod ovisničke populacije, posebno u slučaju zajedničkog korištenja pribora za injektiranje.

Četiri nevladine organizacije u BiH aktivne su na području smanjenja štete, primjenjujući pristupe low-threshold (niski prag dostupnosti) i outreach program (rad na terenu). Tri provode program za zamjenu igala i šprica (NSP):

- Programi rada na terenu i u drop-in centrima (centar u kojem ovisnici imaju slobodan pristup savjetovanjima, edukativnim materijalima, priboru i programima koji se provode u centru) organizacija Margina provodi u Tuzli, Zenici i Mostaru.
- UG PROI u Sarajevu, Brčkom i Bihaću vodi drop-in centar i program rada na terenu.
- Viktorija u Banja Luci, Doboju, Prijedoru i Trebinju nudi low-threshold program i vodi terapijsku zajednicu.
- Poenta, također iz Banjaluke, vodi dva drop-in centra u Banjaluci, te jedan u Bijeljini i pruža usluge na terenu."

practices whose primary goal is to reduce the harmful medical, social and economic consequences of the use of legal or illegal drugs, which do not necessarily involve reducing consumption. Policy of Harm reduction is based on the commitment to human health and human rights. The initial assumption is that the use of drugs in society exists, has existed and always will exist. Many people around the world use drugs, despite efforts to prevent it. Harm reduction accepts the fact that many drug users do not have the capabilities or are unwilling to stop using drugs. These programs do not exclude abstinence, but they recognize it as one of the possibilities of prevention. Moral principles that are used towards users imply personal contact, anonymity, confidentiality, humanity and pragmatism.

Within the principles of organizing and implementing treatment that are defined in the National Strategy Supervision of Narcotic Drugs, Prevention and Suppression of Drug Abuse in Bosnia and Herzegovina, are included harm reduction programs and needles, syringes and other equipment for preparing and injecting of drugs exchange programs. These programs are carried out by personnel who have been trained in the field of psychoactive substances dependence, particularly on the harmful effects of drinking and substance addiction, on infections such as hepatitis B, C and HIV. At the same time the activities are carried out , such as counseling, information providing and training of addicts about harmful consequences and safer ways of drug use, and especially counseling for the female population and pregnant women about the effects and dangers of drug use during pregnancy and risky behavior. Ministries responsible for health care in the entities, cantons and Brcko District will, in accordance with their capabilities, determine the composition of the kits that will be distributed in the needle, syringes and other equipment for preparing and injecting exchange programs, and methods to safely dispose of used needles and syringes. Health institutions, NGOs or associations involved in these programs must be approved by the ministries responsible for health care and safety. This ministry will through regulations specify the appearance of a license (certificate) required for participation in the mentioned program, ways to control the implementation and other issues relevant for this program. License (certification) for individuals who will carry out this program during fieldwork will be issued by the competent ministry in the field of security.

Fieldwork allows for assistance and services to be offered at places where people who use illicit drugs are staying or at places where they inject drugs, and are carried out by health and social institutions, non-governmental organizations, religious institutions and citizen associations.

The needles and syringes exchange program is very

4.2. Supstitucionna terapija

- Terapija supstitucije je medicinska briga za ovisnike, koja koristi lijekove u zamjenu za primarno sredstvo ovisnosti. Namijenjena je onima koji se ne mogu riješiti svoje ovisnosti do potpune apstinencije.

Ciljevi supstitucione terapije su:

- smanjenje apstinencijalnih simptoma;
- stabilizacija i normalizacija života;
- očuvanje zdravlja;
- smanjenje korištenja nepropisanih lijekova ili droga;
- smanjenje opasnosti od infekcije HIV-om, hepatitisom B i C i drugim krvlju prenosivih infekcija;
- poboljšanje psihičkog i fizičkog stanja;
- poboljšanje društvenog i porodičnog života.

Česti oblici supstitucije u slučaju opijatske ovisnosti su metadon i suboxon. Pomoću metadonskog programa ovisniku se poboljšava individualna, socijalna, profesionalna i porodična funkcija. Metadonska terapija je također korisna radi prevencije HIV infekcije, hepatitisa B i C i ostalih spolno prenosivih infekcija, jer mijenja ovisnikovo ponašanje. Ovisnik prestaje sa injekcionim korištenjem droga pa se isključuje rizik kod zajedničkog korištenja igala i šprica. Metadon smanjuje i kriminalna djela kod ovisnika, koji besplatno dobija potrebnu supstancu. Metadon ovisniku omogućava da eliminiše simptome apstinencijalne krize i da prestane razmišljati o tome na koji način će doći do novca za heroin. Metadonski centri u BiH su u: Sarajevu, Zenici, Mostaru, Sanskom mostu, Doboju i Banjaluci.

Suboxon je također oblik supstitucijske terapije u tretmanu ovisnosti. Terapija suboxonom postoji u Tuzli, u sklopu Psihijatrijske klinike UKC Tuzla, u Zenici u sklopu kantonalnog Zavoda za prevenciju u liječenje ovisnosti i u Centru za izvanbolničko liječenje u Mostaru.

4.3. Centri za Dobrovoljno Povjerljivo Savjetovanje i Testiranje (DPST) na HIV i Hepatitis C

DPST centri predstavljaju preventivni model rada u oblasti sprječavanja i prevencije HIV-a, koncipiran kao model pružanja informacija, psihosocijalne podrške, testiranja, savjetovanje, te pružanje odgovora na pitanja vezanih za HIV/AIDS status i dalji tretman.

U DPST se svi građani mogu anonimno i besplatno testirati te od stručnog lica dobiti savjet kako se zaštititi od HIV infekcije i drugih spolno prenosivih infekcija, te u slučaju potrebe dobiti pomoć pri upućivanju na službe

simple and inexpensive, and its strategy is based on knowledge. Users of the service can obtain information about the changes that they need to make in their behavior, and can receive things that will help them make these changes. This includes the distribution of sterile needles and syringes, distilled water, citric acid, condoms, etc. Sharing of injecting equipment among drug addicts is very common, regardless of the awareness of the possibility of HIV infection, hepatitis B and C. Therefore, providing sterile equipment to drug users who do not want or can not stop with injecting drug use, in exchange for the already used equipment, reduces the spread of infection and changes risky behavior. The essence of this program is not to increase the use of drugs, but to reduce the risk of transmission of HIV and other blood transmitted infections among the population of drug addicts, especially in the case of sharing injecting equipment.

Four non-governmental organizations in Bosnia and Herzegovina are active in the field of harm reduction using low-threshold approaches (low threshold access) and outreach program (fieldwork). Three of them carry out a program for the exchange of needles and syringes (NSP):

- Work programs in the field and drop-in centers (centers where addicts have free access to counseling, educational materials, injecting equipment and programs implemented in the center) organization Margina implements in Tuzla, Zenica and Mostar.
- NGO PROI runs a drop-in center and field work program in Sarajevo, Bihac and Brcko
- Victoria offers a low-threshold program and runs a therapeutic community in Banja Luka, Doboj, Prijedor and Trebinje.
- Poenta, also from Banja Luka, runs two drop-in centers in Banja Luka, as well as one in Bijeljina and provides services in the field. "

4.2. Substitution therapy

Substitution therapy is a medical care for addicts, which uses medications in exchange for the primary means of addiction. It is intended for those who can not get rid of their dependence until achieving complete abstinence.

The objectives of replacement therapy are:

- reducing withdrawal symptoms;
- stabilization and normalization of life;
- preservation of health;
- reducing the use of of non-approved medications or drugs;
- reducing the risk of infection with HIV, hepatitis

liječenja i podrške. Savjetovanje i testiranje u ovim centrima je potpuno dobrovoljno, povjerljivo, anonimno (obavlja se pod šifrom) i besplatno. Preventivno savjetovanje (uključuje savjetovanje prije i savjetovanje poslije testiranja) je sastavni dio dobrovoljnog povjerljivog savjetovanja i testiranja. Prilikom savjetovanja korisnik dobija sve neophodne informacije o HIV-u i hepatitisu C, načinu prenošenja, infekciji, mogućnostima liječenja i sl.

Ciljevi dobrovoljnog, povjerljivog savjetovanja i testiranja su:

- saznanje i procjena rizika korisnikovog ponašanja vezano za dobijanje ili prenošenje HIV infekcije i hepatitisa C;
- poticanje promjene u načinu ponašanja s ciljem izbjegavanja odnosno smanjivanja utvrđenog rizika za HIV infekciju i infekciju hepatitisom C;
- priprema HIV i hepatitis C-inficirane osobe radi daljnjeg kliničkog postupanja i liječenja, pružanje informacija HIV i hepatitis C negativnim osobama o riziku prenošenja HIV-a i hepatitisa C, a za HIV i hepatitis C pozitivne smanjenje mogućnosti prenošenja virusa na druge;
- iniciranje obavješćavanja partnera o savjetovanju, uslugama i načinima zaštite za partnera HIV i hepatitis C pozitivnih osoba.

Na području Federacije Bosne i Hercegovine trenutno djeluje 13 centara za dobrovoljno, povjerljivo savjetovanje i testiranje na HIV koji se većinom nalaze pri infektivnim klinikama i kantonalnim zavodima za javno zdravstvo.

- B and C and other blood-borne infections;
- improving mental and physical condition;
- improving social and family life.

Common forms of substitution in the case of opiate addiction are Methadone and Suboxone substitution therapy. By using Methadone program, an addict improves individual, social, professional and family functions. Methadone therapy is also useful for the prevention of HIV infection, hepatitis B and C and other sexually transmitted infections, because it changes the behavior of an addict. Addict ceases injecting drug use, by which the risk involved in sharing of needles and syringes is eliminated. Methadone reduces criminal activities among drug addicts, who receives the necessary substance for free. Methadone enables an addict to eliminate the symptoms of the withdrawal syndrome and to stop thinking about how to get money to buy heroin. Methadone centers in Bosnia and Herzegovina are in Sarajevo, Zenica, Mostar, Sanski Most, Dobož and Banja Luka.

Suboxone is also a form of substitution therapy for the treatment of addiction. Suboxone therapy exists in Tuzla, as a part of Psychiatric Clinic of Clinical Center Tuzla, in Zenica, as a part of the Cantonal Institute for the Prevention in the Addiction Treatment and Center for outpatient treatment in Mostar.

4.3. Centers for Voluntary Confidential Counseling and Testing (VCCT) for HIV and Hepatitis C

VCCT centers represent a preventive work model in the field of HIV prevention, conceived as a model for the provision of information, psychosocial support, testing, counseling, and providing answers to questions related to HIV / AIDS status and further treatment.

In VCCT, all citizens can be tested anonymously and free of charge, and be advised by a qualified person on how to protect themselves from HIV infection and other sexually transmitted infections, and, if necessary, get help with referral to treatment and support services. Counseling and testing at these centers is completely voluntary, confidential, anonymous (done under the code) and free of charge. Preventive counseling (including counselings before and after testing) is an integral part of voluntary confidential counseling and testing. During the counseling, the client receives all necessary information on HIV and hepatitis C, way of transmission, infection, treatment options, etc.

The objectives of the voluntary, confidential counseling and testing are:

- cognition and risk assessment of the user's

4.4. Antiretroviralna terapija

U okviru specifičnih mjera tretmana i njege predviđenih Strategijom za odgovor na HIV i AIDS u Bosni i Hercegovini 2011.– 2016., identifikovano je i obezbjeđenje dostupnosti antiretroviralne terapije bez ograničenja, što podrazumijeva:

- omogućavanje antiretroviralne terapije za sve osobe koje žive sa HIV-om;
- kontinuirano revidiranje postojeće liste ARV lijekova koji su raspoloživi pacijentima bez naknade;
- osiguravanje određene količine lijekova za postekspozicijsku profilaksu (PEP) u slučaju incidentnih kontakata medicinskih radnika i drugih, s krvlju HIV pozitivnih osoba;
- uspostavljanje metoda otkrivanja pojave rezistencije na antiretroviralne lijekove i osiguravanje ažuriranja liste antiretroviralnih lijekova sa pedijatrijskim oblicima lijekova.

U Federaciji BiH antiretroviralna terapija dostupna je korisnicima u Kliničkom centru univerziteta u Sarajevu i Univerzitetskom kliničkom centru u Tuzli.

4.5. Prevencija i tretman HIV –a i hepatitisa C

Prema Centru za kontrolu i prevenciju bolesti (CDC), koinfekcija HIV i hepatitis C virusa je veliki problem, posebno među injekcionim korisnicima droga. HCV i HIV su krvlju prenosive infekcije. Oko 25% ljudi zaraženih HIV-om takođe su zaraženi i HCV-om. CDC procjenjuje da se tokom vremenskog perioda od 5 godina injekcionog korištenja droga 50%–80% injekcionih ovisnika zaraze HCV-om. Isti izvor procjenjuje da 50%–90% injekcionih korisnika droge koji su zaraženi HIV-om, ima i hepatitis C infekciju. Do 2002. godine u SAD-u oboljenje jetre prouzrokovano hepatitisom C kao i koinfekcijom HCV/HIV je postao vodeći uzrok smrti, a ne AIDS. S uvođenjem djelotvornih terapija, ljudi s HIV-om žive duže ali u slučajevima kad postoji koinfekcija HCV/HIV, javlja se puno više komplikacija koje vode ka cirozi, raku jetre i krajnjem stadiju oboljenja jetre – dekompenziranoj cirozi jetre.⁴

• behavior in relation to obtaining or transmitting HIV infection and hepatitis C;

- encouraging changes in the behavior with the aim of avoiding or reducing the identified risk for HIV infection and hepatitis C infection;
- preparing of HIV and hepatitis C–infected individuals for further clinical procedures and treatment, providing information to HIV and hepatitis C negative people about the risk of transmission of HIV and hepatitis C, and, to HIV and hepatitis C positive persons, about reducing possibilities of transmitting the virus to others;
- initiating notification of partners of HIV and hepatitis C positive people on consulting, services and methods of protection

In the Federation of Bosnia and Herzegovina currently operates 13 centers for voluntary, confidential counseling and testing for HIV, which mostly operate at Infectious Disease Clinics and cantonal Public Health Institutes.

4.4. Antiretroviralna terapija

Within the framework of specific measures of treatment and care, planned by the Strategy for response to HIV and AIDS in Bosnia and Herzegovina 2011. – 2016., is ensuring the availability of antiretroviral (ARV) therapy, without limitation, which includes:

- providing antiretroviral therapy for all people living with HIV;
- continuous review of the existing list of ARV drugs that are available to patients free of charge;
- ensuring a certain amount of medications for post-exposure prophylaxis (PEP) in the the case of incidental contact of medical workers and others, with the blood of HIVpositive persons;
- establishing methods of detection of resistance to antiretroviral medications and providing updated lists of antiretroviral drugs with pediatric dosage forms.

In the Federation of Bosnia and Herzegovina, antiretroviral therapy is available to users at the Clinical Center of the University of Sarajevo and at the University Clinical Center in Tuzla.

4.5. Prevention and treatment of HIV and hepatitis C

According to the Center for Disease Control and Prevention (CDC), coinfection with HIV and hepatitis C virus is a major problem, especially among injecting drug users.

HCV and HIV are blood-transmitted infections. About

⁴ Hepatitis Foundation International – <http://www.hepfi.org/HEPATITIS/Hepatitis-HIV.html>

Prevenција i tretman HIV –a i hepatitisa C u BiH se sprovodi kroz usluge koje se pružaju u vladinom i nevladinom sektoru (primarna prevencija kroz edukacije u školama, savjetovalištim i prijateljskim centrima za mlade, te kroz programe razmjene igala i šprica, a tretman liječenja ARV terapijom, sredstvima obezbijeđenim iz Zavoda zdravstvenog osiguranja Federacije BiH i Fonda zdravstvenog osiguranja Republike Srpske).

Preporuke sadržane u Vodiču SZO o sigurnoj krvi naglašavaju potrebu za uvođenje standarda dobre prakse u radu službi za transfuziju krvi, pri čemu se zemaljama članicama posebno naglašava značaj ulaganja u razvoj ljudskih resursa i edukaciju zdravstvenih radnika o korištenju standarda dobre prakse u prikupljanju, testiranju i proizvodnji komponenti od krvi, skladištenja, distribucije i izdavanja krvi i komponenti od krvi za potrebe zdravstvene zaštite pacijenata i kao mjera prevencije HIV/AIDS-a i krvlju prenosivih oboljenja.

Velika podrška funkcioniranju sistema zdravstvene zaštite i rada službi za transfuziju krvi predstavlja informiranje i edukacija javnosti za razvijanje svijesti o kulturi doniranja krvi i putem razvijanja intersektorijalne saradnje i mobilizacije relevantnih ustanova i NVO u aktivnostima promocije dobrovoljnog davalaštva krvi u zajednici.

4.6. Edukacija i informisanje o rizicima

Prevenција je glavni oslonac odgovora na HIV u BiH koja je prepoznata kao najbolja mjera kontrole HIV epidemije i uvrštena je u strateške ciljeve Strategije za odgovor na HIV u Bosni i Hercegovini 2011–2016 (Cilj 1: Univerzalni pristup prevenciji, tretmanu, njezi i društvenoj podršci). Prevencija i tretman su sinergističke komponente ove strategije i svaka ponaosob ovisi i potiče uspjeh druge. Efikasni preventivni naporu su usmjereni na mjere i aktivnosti pružanja informacija, sticanja vještina i znanja, kao i obezbjeđenje pristupa preventivnim mjerama. Da bi prevencija bila uspješna neophodno je dobro poznavati načine prenosa infekcije u svom okruženju i postaviti prioritete u skladu sa prepoznatim problemima kontrole i nadzora HIV infekcije.

Kao jedna od specifičnih mjera prevencije identifikovanisu razvoj i provođenje efikasnih programa prevencije HIV-a prema specifičnim karakteristikama i potrebama različitih ključnih populacija, koji uključuju: obezbjeđenje kontinuirane edukacije zaposlenih u institucijama zdravstveno–socijalne zaštite, bezbjednosno – sigurnosnim službama, pripadnicima oružanih snaga BiH, pripadnicima policijskih agencija, dijelovima civilne zaštite i NVO za kreiranje i sprovođenje programa prevencije; obezbjeđenje kontinuirane edukacije ciljnih grupa, kreiranje i

25% of people infected with HIV are also infected with the HCV. The CDC estimates that over a period of 5 years of injecting drug use, 50% –80% of injecting drug addicts gets infected with HCV. The same source estimates that 50% –90% injecting drug users who are infected with HIV, also has an infection of hepatitis C. By 2002., in the United States, liver disease caused by hepatitis C, as well as HCV / HIV co-infection, has become the leading cause of death, not AIDS. With the introduction of effective therapy, people with HIV are living longer, but in the cases when there is a coinfection of HCV / HIV, there is a lot more complications that lead to cirrhosis, liver cancer and end-stage liver disease – decompensated cirrhosis of the liver.⁴

Prevention and treatment of HIV and hepatitis C in Bosnia and Herzegovina is conducted through the services provided by the government and non-government sector (primary prevention through education in schools, counseling centers and friendly youth centers, and through needles and syringes exchange programs, and process of treatment with ARV therapy, by the funds provided from the Health Insurance Institute of the Federation of Bosnia and Herzegovina and the Health Insurance Fund of the Republika Srpska).

The recommendations contained in the Guide of the WHO on safe blood, stress the need for the introduction of standards of good practice in the work of the blood transfusion services, whereby it particularly emphasizes to the member countries, the importance of investment in the human resources development and education of health care workers on the use of standards of good practice in the process of collecting, testing and producing of blood components, storing, distributing and issuing of blood and blood components for the need of patients health care protection and as a measure of prevention of HIV / AIDS and blood-borne diseases.

Great support to the functioning of the health care system and the work of the services for blood transfusion represents informing and educating of the public in order to develop awareness about the culture of donating blood and developing of the intersectorial cooperation and mobilization of the relevant institutions and NGOs for the promotion of voluntary blood donation in the community.

4.6 Educating and informing about the

⁴ Hepatitis Foundation International – <http://www.hepfi.org/HEPATITIS/Hepatitis-HIV.html>

provođenje novih preventivnih programa za sve ciljne grupe, zasnovanih na prethodno verifikovanim činjenicama i procjeni dosadašnjih programa te primjerima dobre prakse.

4.7. Vakcinacija protiv Hepatitisa B

Hepatitis B virus (često poznat kao HBV) je infekcija koja može uzrokovati ozbiljna oštećenja jetre, a ponekad rezultira i smrću. Ova infekcija je vrlo česta širom svijeta. Mnoge osobe s HIV-om su također zaražene virusom hepatitisa B, a infekcija je česta i kod osoba koje injektiraju drogu. Ove infekcije se nazivaju koinfekcije.

Razlog zašto toliko osoba s HIV-om ima hepatitis B je sličan način širenja obje infekcije: kontaktom sa zaraženim tjelesnim tekućinama kao što su krv, sperma i vaginalni fluid, sa majke na bebu tijekom trudnoće, porođaja ili dojenja.

Univerzalna imunizacija novorođenčadi se propagira kao daleko najefektivnija preventivna mjera protiv oboljenja uzrokovanim HBV-om, a uspješni programi vakcinacije protiv hepatitisa B, uzrokom smanjenja stope hroničnog hepatitisa koji je u vezi sa HBV-om, cirozom jetre i hepatocelularnim rakom.

Smatra se da bi rutinskoj vakcinaciji novorođenčadi protiv hepatitisa B trebalo dati visoki prioritet u zemljama sa srednjom endemičnom HBV-a, kao što je Bosna i Hercegovina, jer se važna proporcija hroničnih infekcija stiče kroz prijenos HBV-a na rođenju sa majke na dijete i tokom ranog djetinjstva.

Na globalnom nivou, administrirano je preko jedne milijarde doza vakcina protiv hepatitisa B novorođenčadi, djeci, adolescentima i odraslima. Ova vakcina se pokazala kao sigurna, dobro tolerirana i imunogenična kod zdravih osoba.

Vakcinacija novorođenčadi protiv hepatitisa B uvedena je u program rutinske imunizacije u Bosni i Hercegovini, 2004. godine i od tada Svjetskoj zdravstvenoj organizaciji nikada nisu prijavljene ozbiljne neželjene reakcije nakon vakcinisanja.

risks

Prevention is the mainstay of the response to HIV in BiH, which is recognized as the best way to control the HIV epidemic and has been included in strategic objectives of the Strategy for response to HIV in Bosnia and Herzegovina 2011–2016 (Objective 1: Universal approach to prevention, treatment, care and social support). Prevention and treatment are synergistic components of this strategy and each individually depends on and promotes the success of the other. Effective prevention efforts focus on measures and activities of providing information, acquiring of skills and knowledge, as well as providing access to preventive measures. In order for prevention to be successful, it is essential to know the ways of transmission of infection in the environment and set priorities in accordance with the recognized problems of control and surveillance of HIV infection.

One of the specific prevention measures is the development and implementation of effective HIV prevention programs, in accordance with the specific characteristics and needs of different key populations, which include: providing continuous education about the creation and implementation of prevention programs to the employees in health and social protection institutions, safety – security services, members of the Armed Forces, members of law enforcement agencies, parts of Civil Protection and NGOs, providing continuous education of the target groups, creation and implementation of preventive programs for all target groups, which will be based on previously verified facts and assessment of existing programs and good practice examples.

4.7. Hepatitis B Vaccination

Hepatitis B virus (often known as HBV) is an infection that can cause severe liver damage, sometimes resulting in death. This infection is very common worldwide. Many people with HIV are also infected with hepatitis B virus, and the infection is also common among people who inject drugs. These infections are called co-infections.

The reason why so many people with HIV have hepatitis B, is a similar way of spreading of both infection: contact with infected bodily fluids such as blood, semen and vaginal fluid, from mother to baby during pregnancy, childbirth or breastfeeding.

Universal infant immunization is propagated as the most effective preventive measure against HBV infection, and successful vaccination programs against hepatitis B, as the the cause of reduced rates of chronic hepatitis associated with HBV infection, liver cirrhosis and hepatocellular cancer.

5. Aktivnosti međunarodnih donatora u BiH

Bosna i Hercegovina od 2006. godine dobija sredstva Globalnog fonda za borbu protiv AIDS-a, tuberkuloze i malarije (GFATM), čija finansijska podrška značajno pomaže Bosni i Hercegovini u ostvarenju krajnjeg cilja u borbi protiv HIV/AIDS-a, a to je: smanjiti stopu prenošenja HIV infekcije, poboljšati liječenje HIV/AIDS-a, kao i brigu i podršku populacijama najviše izloženim riziku, te zadržati stopu infekcije ispod 1% u općoj populaciji i ispod 5% u populacijama najviše izloženim riziku HIV infekcije. Na osnovu „Strategije prevencije i borbe protiv HIV/AIDS-a u BiH za period od 2004.–2009. godine, koju je izradio Savjetodavni odbor za borbu protiv HIV/AIDS-a za BiH imenovan od strane Vijeća ministara, a Vijeće ministara usvojilo 2004. godine, omogućena je aplikacija za korištenje sredstava Globalnog fonda za borbu protiv HIV/AIDS-a, tuberkuloze i malarije (GFATM).

Prva sredstva BiH je iskoristila već kroz tzv. Rundu 5, a u Rundi 9, BiH je također dobila podršku od GFATM-a za provedbu petogodišnjeg Programa, koji je započeo sa I Fazom projekta u 02. mjesecu 2011. godine. Ova faza je trajala do 30.11. 2012. godine, od kada traje period ekstenzije, koji se od 01.04.2013. godine nastavlja II fazom projekta u trajanju od tri godine.

Od decembra 2006. do novembra 2012. godine u BiH u HIV program investirano je oko 26 miliona američkih dolara iz granta Globalnog fonda. U posljednje dvije godine ovim programom obuhvaćeno je oko 7.000 pripadnika visoko rizičnih grupa populacije, 12.500 Roma, migranata i povratnika, a preventivne usluge su pružene i za 770 zatvorenika. U naredne 2,5 godine, projekat će nastaviti sa aktivnostima koje su usmjerene ka prevenciji HIV-a sa fokusom na populacije pod povećanim rizikom (injekcioni korisnici droga, seksualne radnice, muškarci koji imaju seks sa muškarcima, Romi, migranti i zatvorenici). Pristup na polju prevencije temeljit će se na principima smanjenja stepena štete, što obuhvata komunikaciju sa zajednicom, raznovrsne usluge liječenja lijekovima, usluge testiranja i savjetovanja, borba protiv stigme i diskriminacije kao i druge promotivne aktivnosti.

Globalni fond nastavlja pružanje finansijske pomoći Bosni i Hercegovini za borbu protiv AIDS-a kroz grant Runde 9 koja je nastavak granta Runde 5 uz podršku UNDP-a koji ima ulogu Primarnog Primaoca sredstava Globalnog fonda. Osnova podrške Globalnog fonda je Državna Strategija za odgovor na HIV i AIDS-a u Bosni i Hercegovini 2011–2016, koja ima za cilj da smanji prijenos, poboljša liječenje i unaprijedi njegu i pomoć oboljelima od HIV/AIDS-a.

It is believed that a routine vaccination of infants against hepatitis B should be given a high priority in countries with intermediate endemicity of HBV, such as Bosnia and Herzegovina, as an important proportion of chronic infections is acquired through transmission of HBV at birth from mother to child and during early childhood.

At the global level, over one billion doses of hepatitis B vaccines were administered to infants, children, adolescents and adults. The vaccine has proven safe, well tolerated and immunogenic in healthy individuals.

Vaccination of infants against hepatitis B was introduced into the routine immunization program in Bosnia and Herzegovina in 2004., and since then no serious, undesirable reactions after vaccination have ever reported to the World Health Organization.

5. The activities of international donors in Bosnia and Herzegovina

Since 2006., Bosnia and Herzegovina receives funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), whose financial support significantly aids Bosnia and Herzegovina in achieving the final goal in the fight against HIV/AIDS: to reduce the rate of transmission HIV infection, improve the treatment of HIV/AIDS, as well as care and support for most at risk populations, and to keep the infection rate below 1% in the general population and less than 5% in the populations most at risk of HIV infection. Based on the "Strategy for prevention and fight against HIV/AIDS in Bosnia and Herzegovina for the period 2004–2009, made by the Advisory Committee for the Fight against HIV/AIDS in Bosnia and Herzegovina, appointed by the Council of Ministers and which the Council of Ministers approved in 2004., the application for the use of funds from the Global Fund to Fight HIV / AIDS, Tuberculosis and Malaria (GFATM) was made possible.

Bosnia and Herzegovina has already used the first funds through so-called. Round 5. In Round 9., it has again received support from the GFATM for the implementation of the five-year program, which, in the 2nd month of 2011., began with Phase I of the project. This phase lasted until Nov. 30, 2012, when the period of extension starts. From Apr. 01, 2013., starts Phase II of the project which will last for a period of three years.

From December, 2006. until November, 2012., in the HIV program of Bosnia and Herzegovina has been invested about 26 million U.S. dollars from the Global Fund grant. During the last two years, this program covered approximately 7,000 members from high-risk groups

Grant ima tri cilja:

1. Maksimalno pokriti populaciju efektivnom prevencijom HIV-a sa akcentom na rizične grupe (muškaraci koji imaju seksualne odnose s muškarcima, injekcioni korisnici droga, seksualne radnice, zatvorenici, mladi i Romi, te druga migranatska populacija). Aktivnosti uključuju povećanje pristupa informacijama, testiranje i savjetovanje kroz osnovane drop-in - centre i kroz terenske aktivnosti. Za populaciju injekcionih korisnika droge program smanjenja štete uključuje: zamjenu igala i šprica i tretman opijatne supstitucije kroz uspostavljene centre liječenja.
2. Osigurati odgovarajuću prevenciju, liječenje, njegu i podršku za osobe koje žive sa HIV-om i AIDS-om. Ovaj cilj je usmjeren na zadovoljavanje potreba ljudi koji žive s bolešću i jačanje mreže pružatelja njege koji ih podržavaju. Aktivnosti uključuju pružanje savjetovanja, podršku dobrovoljnom savjetovanju i testiranju na HIV, te razvoju kurikuluma za osposobljavanje medicinskih davalaca usluga i obuku o važnosti testiranja na HIV.
3. Jačati kapacitete za koordinaciju i implementaciju programa odgovora na HIV/ AIDS-a. Ovaj cilj je usmjeren na izgradnju institucionalnih kapaciteta, s posebnim naglaskom na dva entitetska zavoda za javno zdravlje. Aktivnosti uključuju uspostavljanje resursnih centara za razmjenu i širenje informacija o HIV/AIDS-u i podršku praćenju i evaluaciji programa aktivnosti te operativnim istraživanjima.

Partneri u implementaciji HIV programa u Bosni i Hercegovini finansijski podržanog od Globalnog fonda su brojne multilateralne agencije u zemlji: Zajednički tim Ujedinjenih nacija, koji uključuje brojne agencije Ujedinjenih nacija (UNAIDS, UNFPA, UNICEF, WHO i dr.) i Svjetska banka obezbijedili su podršku mnogim aktivnostima iz strategije nadzora i upravljanja (učešće u sastancima državnog koordinacionog tijela, podrška u razvoju nacionalne HIV/AIDS strategije), tehničke podrške (prikupljanje podataka i izvještavanje) i operativne podrške (direktna podrška i asistencija u implementaciji kampanje podizanja svijesti). Osim toga, UNICEF i UNFPA učestvuju u radu Državnog savjetodavnog odbora za HIV koje je nadležno za sva strateška pitanja vezana za HIV i odgovorna za implementaciju Akcionog plana za HIV.

of the population, 12,500 Roma, migrants and refugees, and preventive services were provided for 770 inmates. In the next 2.5 years, the project will continue activities aimed at HIV prevention, with a focus on populations at increased risk (injection drug users, sexual workers, men who have sex with men, Roma, migrants and prisoners). Access to the area of prevention will be based on the principles of reducing harm level, which includes communication with the community, a variety of medication therapies, counseling and testing services, fight against stigma and discrimination as well as other promotional activities.

The Global Fund continues to provide necessary financial aid to Bosnia and Herzegovina for the fight against AIDS through Round 9 grant, a continuation of Rounds 5 grant, with the support of UNDP, which has the role of Principal Recipient of the Global Fund resources. The basis for the support of the Global Fund is the National Strategy for Response to HIV and AIDS in Bosnia and Herzegovina 2011–2016, which aims to reduce the spread, improve treatment and enhance care and support to those suffering from HIV/AIDS.

The grant has three objectives:

1. Maximum coverage of the population with effective HIV prevention with emphasis on high-risk groups (men who have sex with men, injection drug users, sex workers, prisoners, young and Roma, and other migratory populations). Activities include increasing access to information, testing and counseling through established drop-in - centers and through field work. For a population of injecting drug users, harm reduction program includes: exchange of needles and syringes and opiate substitution treatment through established treatment centers.
2. Providing adequate prevention, treatment, care and support for people living with HIV and AIDS. This objective is aimed at meeting the needs of people living with the disease and strengthening the network of care providers who support them. Activities include providing counseling, support to voluntary counseling and HIV testing, and developing curriculum for the training of medical providers and the training about the importance of HIV testing.
3. Strengthening the capacities for coordination and implementation of the HIV/AIDS response program. This objective is aimed at institutional capacity building, with a special emphasis on the institutes for public health of both entities. Activities include establishing resource centers for the exchange and spreading of information on HIV/AIDS, for providing support to monitoring and evaluation of program activities and to operational research.

6. Preporuke sa simpozijuma „Analiza isplativosti servisa za prevenciju, liječenje i tretman HIV-a i Hepatitisa C, među populacijom injekcionih korisnika droga na području FBiH“ za dalje aktivnosti i buduće pravce djelovanja

- Niska prevalenca HIV-a u BiH smatra se upitnom, zbog relativno malog broja testiranih osoba. Predlaže se intenziviranje rada na promotivnim aktivnostima u lokalnim zajednicama, kako bi se broj testiranih na HIV/HCV povećao.
- Saradnja između relevantnih sektora, kada je u pitanju zbrinjavanje ovisnika je nedovoljna i različita po kantonima. Predlaže se unaprijeđivanje saradnje zdravstvenog i socijalnog sektora, te pravosuđa u cilju kvalitetnog i sveobuhvatnog zbrinjavanja ovih pacijenata uz primjenu pozitivnih iskustva organizacije multisektorijskog zbrinjavanja ovisnika u Zeničko-dobojskom kantonu.
- Program supstitucione terapije za ovisnike nije isti u svim kantonima što dovodi do problema i negativne prakse kada su u pitanju ovisnici koji su na supstitucionoj terapiji, a nalaze se na izdržavanju zatvorske kazne u drugom kantonu u kojem se ne primjenjuje isti model terapijskog pristupa. Neophodno je ujednačiti terapijski pristup pacijentima koji su na supstitucionoj terapiji i detox programu, na području cijele FBiH, te definisati jedinstven put pacijenta – ovisnika, po pitanjima dijagnostike, terapije i rehabilitacije.
- Tretman ovisnika u okviru zdravstvenog sistema ne treba biti samo briga zavoda za bolesti ovisnosti. Ambulante porodične medicine mogu biti referentni centri za implementaciju terapije u okviru decentralizacije sistema, kako bi se izbjeglo nepotrebno pravljenje troškova u kantonima u kojima adekvatne, specijalizovane ustanove nisu do sada osnovane. Pored toga, uključivanje ambulanti porodične medicine u smislu izdavanja recepata za supstitucionu terapiju, uz nalaz neuropsihijatra i koordinaciju sa zavodima za bolesti ovisnosti doprinijelo bi izbjegavanju nepotrebnih putnih troškova za pacijente, rasterećenju zavoda i obezbjeđivanju kvalitetnije zdravstvene usluge.
- Stigma prema pacijentima – ovisnicima i HIV/HCV pozitivnim osobama je još uvijek jako izražena među zdravstvenim radnicima. Preporučuje se kontinuirana i sveobuhvatna edukacija osoblja u zdravstvenim ustanovama širom FBiH.

Partners in implementing HIV program in Bosnia and Herzegovina, which is financially supported by the Global Fund, are numerous multilateral agencies in the country: Joint United Nations team, which includes a number of UN agencies (UNAIDS, UNFPA, UNICEF, WHO, etc.) and the World Bank have provided support for many of the activities of the strategy for control and governance (participation in meetings of the national coordination body, support in development of national HIV / AIDS strategy), technical support (data collection and reporting) and operational support (direct support and assistance in the implementation of awareness-raising campaigns). In addition, UNICEF and UNFPA participate in the work of the National Advisory Committee for HIV, which is responsible for all strategic issues related to HIV and for the implementation of the Action Plan for HIV.

6. Recommendations from the symposium "The analysis of the cost-effectiveness of services for the prevention, cure and treatment of HIV and Hepatitis C among population of injecting drug users in Federation of Bosnia and Herzegovina" for future activities and courses of action

- The low prevalence of HIV in Bosnia and Herzegovina is considered questionable, because of the relatively small number tested persons. It is proposed to intensify work on promotional activities in local communities, in order for number of tested for HIV / HCV to increase.
- The cooperation between the relevant sectors, when it comes to care for drug addicts is insufficient and at different level in each canton. The improvement of cooperation between health, social and justice sectors is proposed, in order to provide comprehensive, quality care for these patients with the use of positive experience from multisectoral care of drug addicts in the Zenica-Doboj Canton.
- The program of replacement therapy for addicts is not the same in all cantons, which leads to problems and negative practices when it comes to addicts who are on replacement therapy and are serving prison sentences in another canton, which does not apply the same model of therapeutic approaches. It is necessary to standardize the therapeutic approach to patients who are on replacement therapy and detox program in the entire Federation, and define the unique path for the patient-addict, in

- Nedostatak edukovanog zdravstvenog osoblja za rad u HIV savjetovalištim (DPST centrima) koja su locirana u bolnicama je evidentan, te je neophodno povećati broj kadra osposobljenog za rad u ovim savjetovalištim.
- Iskustva na terenu pokazuju da je spremnost zdravstvenih radnika na društveno-korisni rad u zajednici u porastu, te se preporučuje poticanje razvoja volontarizma u javnom i privatnom zdravstvenom sektoru, u cilju efikasnije prevencije, dijagnostike, terapije i rehabilitacije ovisnika, HCV i HIV pozitivnih osoba.
- matters of diagnosis, treatment and rehabilitation.
- Treatment of addicts within the health care system should not concern only Institute for the addiction disease. FM ambulantas can be reference centers for the implementation of the therapy within the decentralization of the system, in order to avoid creating unnecessary costs in cantons where appropriate, specialized institutions have not been established so far. In addition, the inclusion of FM ambulantas in terms of prescription for substitution therapy, with a referral from neuropsychiatrist and in coordination with the Institutes for the addiction disease, would contribute to avoiding unnecessary travel costs for patients, unburdening of the Institute and securing quality health services.
- StigmaThe stigma towards patients – addicts and HIV / HCV-positive people is still strong among health care workers. It is recommended that continuous and comprehensive training of staff in health facilities throughout the Federation should be conducted.
- The lack of health personnel educated for work in HIV counseling centers (VCCT centers) located in hospitals is evident. It is necessary to increase the number of staff trained to work in these counseling centers.
- Experience in the field shows that the willingness of health workers for providing community service in community is on the rise, and the encouraging of the development of voluntarism in the public and private health sector is recommended, for the purpose of achieving more efficient prevention, diagnosis, treatment and rehabilitation of drug users, HCV and HIV positive people.



ANALIZA ISPLATIVOSTI PROGRAMA ZA SMANJENJE ŠTETE OD UPOTREBE DROGA U FBIH

7. Analiza isplativosti harm reduction programa

(Godišnji izvještaj o Stanju zloupotrebe opojnih droga u Bosni i Hercegovini za 2010. godinu)

Ukupni troškovi implementacije politike koja se odnosi na zloupotrebu droga u BiH nisu poznati, međutim u sljedećim paragrafima data je procjena troškova liječenja. Standardna tarifa za bolničko liječenje ovisnika u FBiH iznosi 92 KM na dan, što je približno 2.800 KM (1.400 eura) mjesečno. Prema procjeni troškova terapijskih zajednica, mjesečni troškovi po korisniku kreću se od 500 KM do 670 KM (260–340 eura). Troškovi uključuju hranu, higijenu, medicinske usluge, iznajmljivanje prostora, komunalne troškove, kancelarijske troškove, investicije u infrastrukturu i plate uposlenika. Kao primjer, dati su troškovi najvećeg i najstarijeg centra za terapiju ovisnika u BiH – Zavod za alkoholizam i toksikomaniju u Sarajevu. Ukupni troškovi bolničkog i ambulantskog liječenja alkoholičara i ovisnika o drogama u Zavodu tokom 2010. godine, izuzev zamjenske terapije (od kojih je 625 korisnika droga)⁵ iznose 2.8 mil. KM (1.4 mil. eura). Budžet za zamjensku terapiju (359 pacijenata u zamjenskoj terapiji) u Zavodu tokom 2010. godine bio je 350 hiljada KM (180 hiljada eura). Nakon ekstrapolacije (pacijenata) u 8 centara u BiH specijalizovanih za medicinsko liječenje od ovisnosti, ukupni procijenjeni troškovi medicinskog liječenja od ovisnosti u BiH tokom 2010. godine iznose 8.0 mil. KM (4.1 mil. eura). Informacije o troškovima liječenja dostupne su kod 5 terapijskih zajednica: Kampus Rakovica – Sarajevo, Centar savremenih inicijativa „Izlaz“ u Ilijašu, „Viktorija“ u Banjoj Luci, UG PROI u Kaknju, i Izvor – Kruh Svetog Ante u Plehanima. Oni predstavljaju približno pola kapaciteta terapijskih zajednica za liječenje ovisnosti (postoji ukupno 11 zajednica u BiH). U gore pomenutim terapijskim zajednicama, godišnji troškovi u 2010. godini bili su 3.5 mil. KM (1.8 mil. eura). Nakon ekstrapolacije u 11 zajednica u BiH, ukupni troškovi terapijskih zajednica u BiH mogu se procijeniti na 7.7 mil. KM (3.9 mil. eura).

Prema podacima UNDP-a o programima za injekcione korisnike droga, aktivnosti prevencije HIV-a među populacijom koja je najviše izložena riziku planirane su za 2011. godinu i uključuju: uključivanje kolega edukatora (NVO-e, PROI, Viktorija, Margina), osoblje u centrima za terapiju metadonom, osoblje u drop-in centrima (NVO-e, PROI, Viktorija, Margina, Poenta), smanjenje štete, obuka zdravstvenih radnika, nabavka sigurnosne kutije, nabavka opreme za smanjenje štete, kondoma,

7. Analysis of cost effectiveness of harm reduction programs

(Annual Report on the State of Drug Abuse in Bosnia and Herzegovina for 2010.)

The total costs of implementing policies relating to drug abuse in Bosnia and Herzegovina are not known. However, the following paragraphs provide an estimation of the costs of treatment. Standard rate for hospital treatment of drug addicts in Federation is 92 KM per day, which is approximately 2,800 KM (1,400 euros) per month. According to the cost estimation of therapeutic communities, the monthly cost per user range from 500 to 670 KM (260–340 euros). Costs include food, hygiene, medical services, rental space, utilities, office expenses, investment in infrastructure and salaries of the staff. As an example, the costs of the largest and oldest center for therapy of drug addicts in Bosnia and Herzegovina – Institute for Alcoholism and drug users in Sarajevo is given. The total cost for hospital and ambulance treatment of alcohol and drug addicts in the Institute during the 2010., excluding replacement therapies (of which 625 are drug users)⁵ is 2.8 million KM (1.4 million euros). Budget for replacement therapy (359 patients in the replacement therapy) in the Institute during the 2010., was 350,000 KM (180,000 euros). After extrapolation (of patients) in eight centers specialized for medical treatment of addiction in Bosnia and Herzegovina, the total estimated cost for the medical treatment of addiction in Bosnia and Herzegovina during the 2010., amounts to 8.0 million KM (4.1 million euros). Information about the costs of treatment are available in five therapeutic communities: Kampus Rakovica – Sarajevo, Center of contemporary initiatives "Izlaz" in Ilijas, "Viktorija" in Banja Luka, UG PROI in Kakanj, and „Izvor – Kruh Sv.Ante“ in Plehani. They represent about half the capacity of therapeutic communities for addiction treatment (there is a total of 11 communities in Bosnia and Herzegovina). In the above mentioned therapeutic communities, the annual cost of in 2010th year were 3.5 million KM (1.8 million euros). After extrapolation from 11 communities in Bosnia and Herzegovina, the total cost of the therapeutic communities in Bosnia and Herzegovina can be estimated at 7.7 million KM (3.9 million euros).

According to UNDP records on programs for injection drug users, HIV prevention activities among the most at risk population are planned in 2011. year and include: engaging peer educators (NGOs, PROI, Viktorija,

⁵ Godišnji izvještaj o Stanju zloupotrebe opojnih droga u Bosni i Hercegovini za 2010. godinu; op.cit. str. 7–8.EMCDDA– IPA3, Septembar, 2011. godine

⁵ Annual Report on the State of Drug Abuse in Bosnia and Herzegovina for the 2010., op. p. 7–8.EMCDDA–IPA3, September, 2011.

nabavka metadona, IT opreme za centre, čuvanje metadona, održavanje i rekonstrukcija objekta, renta za drop-in centre, itd. Ukupni očekivani troškovi za gore navedene aktivnosti u 2011. godini iznose 1.1 mil. USD (1.5 mil. KM ili 780 hiljada eura).

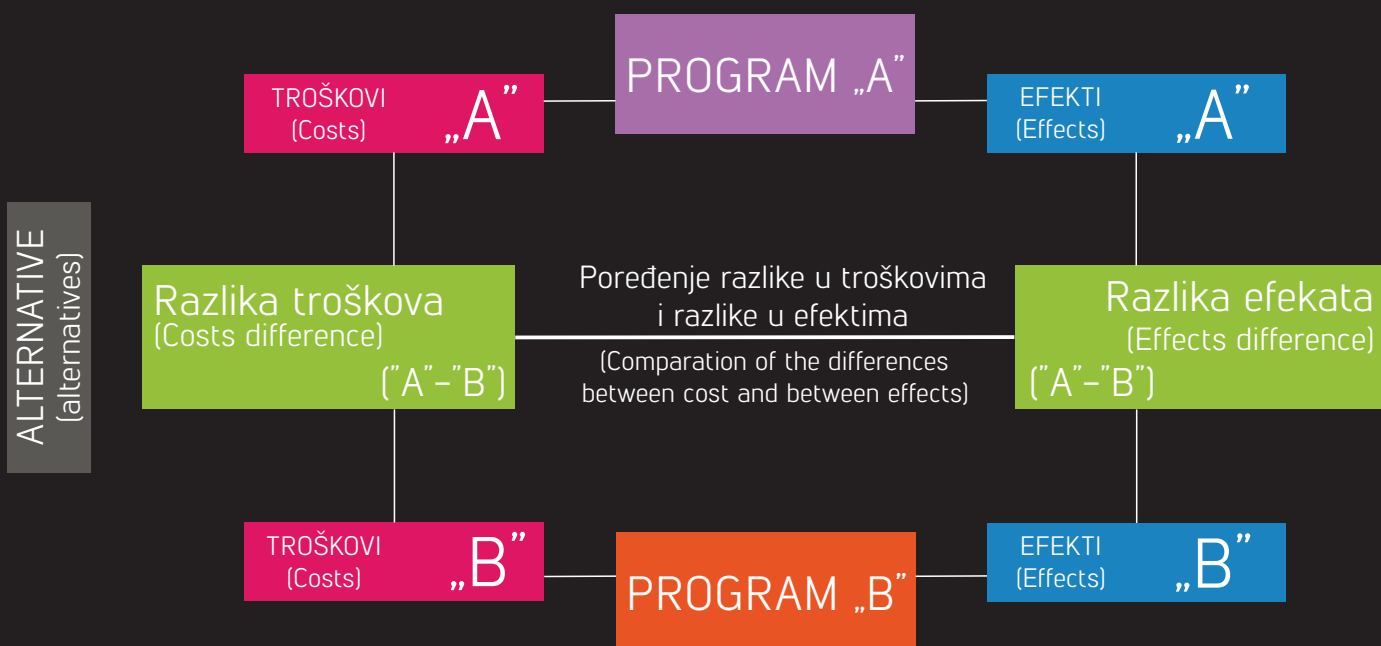
U 2010. godini troškovi tečnog metadona (ukupno 11.498 bočica od 150 ml koncentracije 10mg/ml, što iznosi 1.724.700 ml tečnog metadona u koncentraciji mg/ml) iznose 280 hiljada KM (140 hiljada eura). Prema Agenciji za lijekove i medicinska sredstva BiH, troškovi uvezenog Suboxona u 2010. godini iznosili su 450 hiljada KM (231 hiljada eura).

Prema gore navedenim ciframa, gruba procjena ukupnih godišnjih troškova specijalizovanog medicinskog liječenja ovisnosti, socijalne integracije u terapijskim zajednicama i smanjenje štete u BiH bila bi oko 18 mil. KM (9.2 mil. eura).

Margin), staff in centers for methadone therapy, the staff in drop-in centers (NGOs, PROI, Viktorija, Margin, Poenta), harm reduction, training of health workers, procurement of safety boxes, procurement of equipment for harm reduction, supply of condoms, methadone, IT equipment for the centers, storing methadone, maintenance and reconstruction of the building, rent for drop-in centers, etc. Total projected costs for these activities in 2011., amount to 1.1 million USD (1.5 million KM or 780,000 euros).

In 2010., cost of liquid methadone (a total of 11,498 bottles, 150 ml of volume, concentration of 10mg/ml, which amounts to 1,724,700 ml of liquid methadone in mg/ml concentration) is 280 thousand KM (140 thousand euros). According to the Agency for Medicinal Products and Medical Devices of Bosnia and Herzegovina, the cost of imported Suboxone in 2010., amounted to 450,000 KM (231,000 euros).

Summing up the above mentioned numbers, a rough estimate of the total annual cost of specialized medical treatment of addiction, social integration in therapeutic communities and harm reduction program in Bosnia and Herzegovina would be about 18 million KM (9.2 million euros).



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 Originalni izvor: prilagođeno iz Drummond i saradnici, 1997.

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 Medical Statistics and Computer Science
 Original source: adapted from "Drummond and associates," 1997.

8. ANALIZA EFEKTIVNOSTI TROŠKOVA

Analiza efektivnosti troškova (Cost-Effectiveness Analysis) predstavlja ekonomsku metodu poređenja troškova različitih regulatornih opcija i programa. Najčešće se primjenjuje prilikom razmatranja regulatornih opcija i programa u oblastima poput zdravstva, sigurnosti saobraćaja ili obrazovanja, kada se direktne koristi ne mogu izraziti u novcu, odnosno kada je određene efekte lakše izraziti u fizičkim jedinicama, kao što su smanjene stope smrtnosti ili bolji sistem obrazovanja.

CEA se koristi kada je rezultat teško mjerljiv u novčanim jedinicama. Slična je analizi odnosa troškova i dobiti, izuzev što se dobit, umjesto u novčanim jedinicama, izražava u jediničnim mjerama rezultata koji se žele postići (npr. broj spašenih godina života ili broj dana bez bolesti).

CEA je vrlo specifična, usko usmjerena vrsta ekonomske, ali u jednom dijelu i društvene, analize koja inicijalno nema puno mogućnosti za improvizaciju. Uprkos tome, u praksi je čest slučaj da se zbog problema pri mjerenju i obradi podataka, uslijed nedostatka istih, ipak mora pristupiti određenim modifikacijama same metodologije. Ona počiva na prilično jednostavnoj formuli koja često dodatno komplikuje stvari tamo gdje nisu dostupni svi traženi podaci. Naime, radi se o postavljanu razlike između dva omjera, i to troškovi/efekti A i troškovi/efekti B programa.

Uslijed velikog broja faktora koji se trebaju razmotriti u procesu donošenja odluka, poput cijene koštanja, dostupnosti, koristi za zdravstveni sektor i drugih,

MATRICA ODNOSA TROŠKOVA I EFEKATA
(Costs&effects relations matrix)

		EFEKTI (effects)	
		-	+
TROŠKOVI (costs)	+	ISKLJUČENI (excluded)	COST EFFECTIVE
	-	UPITNI (questionable)	DOMINANTNI (dominant)

8. COST-EFFECTIVENESS ANALYSIS

Cost-Effectiveness Analysis-CEA is an economic method of comparing the costs of different regulatory options and programs. It is most often used when considering regulatory options and programs in areas such as health, traffic safety or education, when the direct benefits can not be expressed in money, or when certain effects are easier to express in physical units, such as reduced rates of mortality or a better education system.

CEA is used when the result is hard to measure in monetary units. It is similar to the analysis between the costs and profit ratio, except that the gain is, instead in monetary units, expressed in the unit measures of results that are planned to be achieved (eg, number of rescued years of life or the number of days without illness).

CEA is very specific, narrowly focused kind of economic, but also, in one part, social analysis which initially does not have much possibilities for improvisation. Nevertheless, in practice, it is often case that, because of the problems in measuring and processing of data, due to the lack of the same, a certain modification of the methodology must be used. It is based on a fairly simple formula which often further complicates things in the case when some of the required information are not available. Specifically, it represents the set-up of the difference between the two ratios: costs/effects A and costs/effects B of the program.

Due to the large number of factors that should be considered in the decision making process, such as cost, availability, benefits for the health sector, etc., analysis of costs and effects ratio is emerging as an indispensable tool for decision makers. It can and should be a guide for finding the best way to spend limited resources, and for deciding which services to include in the package of health services, in order for

U slučaju kada određeni alternativni program daje bolje rezultate uz veće troškove (najčešći slučaj), pitanje je da li dodatna korist opravdava dodatni trošak

(In a case where a certain alternative program gives better results, but with higher costs (which is the most often case), the question arises whether the additional benefit justifies the additional cost)

analiza odnosa troškova i efekata se nameće kao nezaobilazan alat za donosiocelu odluku. Ona može i treba da bude vodič na koji način najbolje utrošiti limitirane resurse, te koje usluge uvrstiti u paket zdravstvenih usluga, kako bi ponuđeni servisi na najbolji način odgovorili zdravstvenim potrebama ciljane populacije

U našem slučaju, koristi se za poređenje zdravstvenih programa i tehnologija koje imaju istu namjenu ili teže ka jednakom krajnjem rezultatu. Cost-effectiveness analiza nastoji utvrditi alternativni program koji uz najmanje troškova osigurava ostvarenje unaprijed utvrđenog cilja ili skupine komplementarnih ciljeva.

Kod ove analize, važno je da se bira između svih mogućih alternativa koje vode ostvarenju istog cilja ili iste grupe srodnih ciljeva.

Ova analiza bazira se na dvije implicitne marginalističke pretpostavke:

- da društvene koristi od ulaganja u konkretni program, mjerene u društvenom ili ekonomskom izrazu, moraju osigurati barem povrat ulaganja;
- da optimalni program odbacuje dobitak kojeg nadmašuju ulaganja u taj program

U idealnom obliku, Cost-effectiveness principi teži da:

1. maksimiziraju zdravstvene efekte
2. minimiziraju troškove
3. maksimiziraju efekte bez prekoračenja raspoloživih resursa

Cost-effective tehnologija je ona koja pruža "good value for money", što nužno ne znači i jeftino. Odabrani program ujedno ne mora obavezno da donese uštede, niti je stvaranje ušteda kroz program jedan od osnovnih prioriteta.⁶

8.1 Cilj analize

Generalni cilj ove vrste analize je svakako procjena ekonomskog tereta za društvo (izračunavanje svih troškova) određenog oboljenja, stanja (ili grupe bolesti i stanja), ili nekih programa/aktivnosti u sistemu zdravstvene zaštite. Kad je u pitanju konkretna oblast „Harm-reduction-a (Smanjenje štete) metodologije kod injekcionih korisnika droga, cilj je ukazati na efikasnost HR programa kao oblika sekundarne prevencije širenja

those services to, in the best way, respond to health needs of the target population.

In our case, it is used to compare health programs and technologies that have the same purpose or strive for the same end result. Cost-effective analysis seeks to establish an alternative program that, with least cost, ensures the achievement of predetermined goal or group of complementary goals.

In this analysis, it is important to select from all the possible alternatives that lead to the achievement of the same goal or the same group of related goals.

This analysis is based on two implicit marginal assumptions:

- That social benefits of investing in a specific program, measured in social or economic terms, must provide at least the return of investment;
- That optimal program rejects gain which is surpassed by the investment in this program

In the ideal form, Cost-effective principles seek to:

1. maksimizirajumaximize health effects
2. minimize costs
3. maximize effects without exceeding available resources

Cost-effective technology is the one that provides "good value for money", which does not necessarily mean that it is cheap. Selected program also does not necessarily generate savings, nor is generating savings through the program one of the main priorities.⁶

8.1 Objective of the analysis

The overall goal of this type of analysis is certainly assessment of the economic burden for society (calculation of all costs) of a disease, condition (or group of diseases and conditions), or of some programs/activities in the health care system. When it comes to the specific area of "harm-reduction" (Reducing the harm) methodology with injection drug users, the goal is to show the effectiveness of HR programs as a form of secondary prevention of HIV/AIDS, hepatitis and other sexually transmitted diseases. This particular analysis is a modified model of classical CEA, because of very specific and complex health care field, and because of very limited and partial

⁶ Dr. Nataša Milić, Uvod u integrativne studije: „Ekonomska analiza“ Univerzitet u Beogradu, Medicinski fakultet, Institut za Medicinsku statistiku i informatiku, Informatika za istraživače, Katedra za medicinsku statistiku i informatiku http://www.old.med.bg.ac.rs/downloads/posledip%202010_2011/sas/informatik a/Ekonoms ka%20analiza.pdf

⁶ Dr. Nataša Milić, Introduction to integrativ studies: „Economic Analysis“ University of Belgrade, School of Medicine, Institute of Statistics and Informatics, Informatics for Researchers, Department for Statistics and Informatics http://www.old.med.bg.ac.rs/downloads/posledip%202010_2011/sas/informatik a/Ekonoms ka%20analiza.pdf

HIV/AIDS-a, Hepatitisa i drugih SPB-a. Ova konkretna analiza predstavlja modifikovani model klasične CEA, kako zbog vrlo specifične i kompleksne zdravstvene oblasti, tako i zbog vrlo limitiranih i parcijalnih izvora svih informacija i podataka neophodnih da se jedna CEA provede u konzervativnom obliku. Mora se istaći da nije bilo moguće provesti klasičnu komparativnu komponentu ove analize jer su programi koji su dostupni u mnogočemu tehnološki i metodološki drugačiji. Jedan dio konačnog cilj svih programa se može smatrati jednakim, a to je sprečavanje pomenutih infekcija, međutim ostatak teži drugačijim pravcima. Zbog toga također nije bilo moguće uporediti u potpunosti programe, te samim time i njihove rezultate i troškove.

Poseban izazov kod CEA jesu problemi pri mjerenju, te česta nemogućnost direktnog poređenja različitih zdravstvenih intervencija iako imaju sličan ili komplementaran cilj. Tako je i u našem slučaju bilo nemoguće uspostaviti direktni komparativni sistem unutar klasične formule na kojoj se bazira CEA, a koja ima zadatak izračunati odnose razlike troškova i efekata programa A i B. Naime, HR metodologija pored sekundarne prevencije teži ka bihevioralnoj promjeni u ponašanju korisnika, te kao takva nema alternativni program unutar sistema javnog zdravstva koji se prevashodno bavi tretmanom i liječenjem, kao i jednim manjim dijelom primarne prevencije.

Zbog toga, odlučili smo se na alternativni model pri mjerenju kreirajući dva scenarija koja će biti predmet posmatranja. Prvi scenario predviđa postojanje HR servisa u obimu u koji je trenutno prisutan uz moguću varijablu obima, te drugi scenario u kojem pomenuti servisi ne postoje. I taj model je imao svoje probleme, jer relevantna mjerenja kada je naša država u pitanju, nisu provedena u periodu kada HR servisi nisu bili primjenjivani u oblasti rada sa osobama koje injektiraju droge. S druge strane lokacijski izazov u kompleksnom sistemu naše države, također se može smatrati limitirajućim faktorom, jer usloženost zdravstvenog sistema po različitim administrativnim nivoima u praktičnom smislu traži izradu ovakvih analiza za svako područje posebno. S tim u vezi mi smo te probleme prevazišli modifikirajući osnovni CEA pristup na način da poredimo jedan centar (grad ili kanton) u prvom scenariju, sa relevantnim inostranim slučajevima koji odgovaraju parametrima potrebnim za drugi scenario. Tako imamo referentni model Zenice u scenariju u kojem postoje HR servisi, dok se u drugom scenariju oslanjamo na zvanične podatke iz zemalja Rumunije i Grčke. Poseban razlog zašto su baš ove dvije zemlje identifikovane kao adekvatne komparativne komponente, jeste činjenica da pored demografskih i geografskih sličnosti, postoje i programske. Također pored tih programskih sličnosti, postoje i evidentne

sources of information and data necessary to carry out a CEA in its conservative form. It should be noted that it was not possible to conduct a classical comparative component of this analysis, because the programs that are available, in many ways technologically and methodologically differ. One part of the final goal of all programs can be considered the same: preventing the aforementioned infections. However, the rest tends to go in different direction. Therefore, it was also impossible to compare the programs entirely, and thus to compare their results and costs.

A special challenge of the CEA is the measurement problem, and the frequent impossibility of direct comparison of different health interventions, although they have a similar or complementary goal. In our case, it was impossible to establish a direct comparative system within the classical formula on which the CEA is based, which would have the task to calculate the differences related to costs and effects of the programs A and B. Specifically, HR methodology, in addition to secondary prevention, aims to change the behavior of users, and as such, it has no alternative program within the public health system which is primarily engaged in treatment and therapy, and, in a smaller part, in primary prevention.

Therefore, we decided to use an alternative model for measuring, creating two scenarios that will be the subject of observation. The first scenario predicts the existence of HR services to the extent in which it is currently present, with a possible variation of volume, and a second scenario in which the aforementioned services do not exist. This model has also had its problems, because the relevant measurements, when our country is considered, were not conducted in the period when HR services were not applied in the areas of work related to injection drug users. On the other hand, locational challenge of our country's system complexity, can also be considered a limiting factor, because the overall complexity of the health system, at different administrative levels, practically requires making such analyzes for each area separately. Having all that in mind, we overcame these problems by modifying the basic CEA approach, in a way that we compared one center (city or canton) in the first scenario, with the relevant foreign cases that fit the parameters needed for the second scenario. Thus, in a scenario where HR services exist, we have a reference model of Zenica, while in the second scenario, we rely on the official data from the countries of Eastern Europe, Romania and Greece. A particular reason for why exactly these two countries were identified as adequate comparative component, is the fact that, in addition to demographic and geographic similarities, there are also program similarities. Also, in addition to these programming similarities, there are also evident

razlike u trendovima, kako metodološkim, tako i finansijskim, što se može iskoristiti kao model u kojem bi se BiH mogla naći u periodu koji je pred nama.

S druge strane, dio koji je uporediv sa sistemima javnog zdravstva jeste dio vezan za troškove liječenja koji nastaju kod oboljelih od HIV/AIDS-a i HCV-a. Analiza tako prikazuje podatke opravdanosti postojanja HR servisa, mogućnošću prevencije infekcije u odnosu prema troškovima liječenja pacijenta.

8.2. Troškovi

U sklopu ove ekonomske analize kao i većine sličnih analiza, jedna od značajnih oblasti jesu i troškovi. Oni ne uključuju samo direktne troškove pojedinih tretmana nego i troškove neželjenih efekata, dalje hospitalizacije itd., te oportunitetne troškove koji su često najteži za identifikaciju i analizu.

Od svih klasifikacija troškova ova je na praktičan način najbliža onoj koja je sastavni dio ove analize.

- Direktni troškovi – mogu se direktno povezati s pružanjem usluge
- Indirektni troškovi – odnose se na troškove koji nisu direktno uključeni u pružanje neke usluge, već na neki način potpomažu proces pružanja te usluge
- „Ciljani trošak“ je troškovna komponenta za koju se mora imati definisana jedinica mjere – to može biti jedinica usluge, program, odjel ili organizacija u cjelini

Razumijevanje ponašanja troškova ključni je element uspješne analize troškova, a time i praćenja ostvarenja željenih efekata i rezultata.

Jedan od bitnih elemenata CEA jesu svakako

differences in trends, methodological as well as financial, which can be used as a model in which Bosnia and Herzegovina could find itself in a period which lies ahead.

On the other hand, a part which is comparable with the systems of public health, is a part related to the cost of treating patients suffering from HIV / AIDS and HCV. Analysis of the data shows the justification for the existence of HR services, through the ability to prevent infection in relation to the cost of treatment of the infected patient.

8.2. Costs

Within this economic analysis, as well as within most similar analysis, one of the most important areas are the costs. They include not only direct costs of certain treatments, but also the costs of adverse effects, hospitalization etc., and the opportunity costs that are often most difficult to identify and analyze.

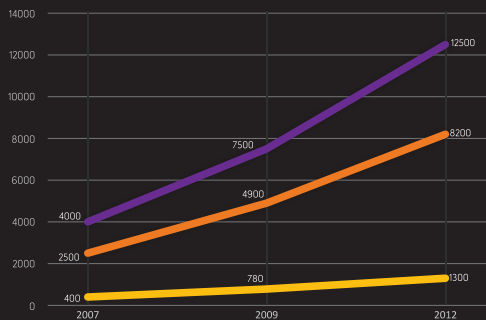
Of all the classifications cost, this one is, in a practical way, the closest to the one which is an integral part of this analysis.

- Direct costs – can be directly linked to the provision of service
- Indirect costs – related to the costs that are not directly involved in the provision of certain service, but in some way support the process of providing that service
- "The target cost" is the cost component for which the unit of measure must be defined – it can be a unit of service, program, department, or of organization as a whole

Understanding the behavior of costs is a key element for a successful cost analysis, and thus, for the monitoring of realization of desired effects and results.

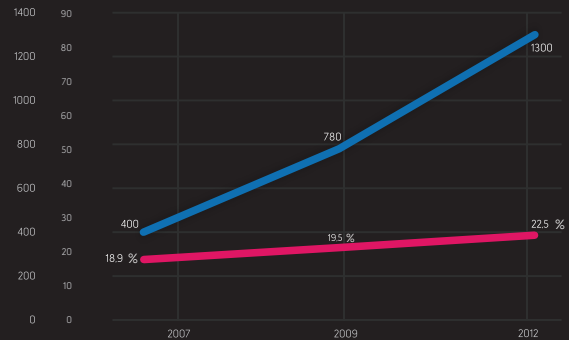
KATEGORIJA (category)	2007	2009	2012
Rast populacije osoba koje injektiraju droge BiH (The growth of the population of people who inject drugs in Bosnia and Herzegovina)	4000	7500	12500
FBiH – Rast populacije osoba koje injektiraju droge (Federation of Bosnia and herzegovina – Growth of the population of people who inject drugs)	2500	4900	8200
Zenica – Rast populacije osoba koje injektiraju droge (broj) Zenica – Growth of the population of people who inject drugs (in number)	400	780	1300
Prevalenca HCV (%) (The prevalence of HCV %)	18,9	19,5	22,5
Prevalenca HIV (%) (The prevalence of HIV %)	0	0	1,1
Procenat korištenja HR servisa i NEP na području Zenice (%) (Percentage of HR and NEP services usage in the area of Zenica %)	0	23,6	84,2

Rast populacije osoba koje injektiraju droge (broj)
Growth of the population of PWID (in number)



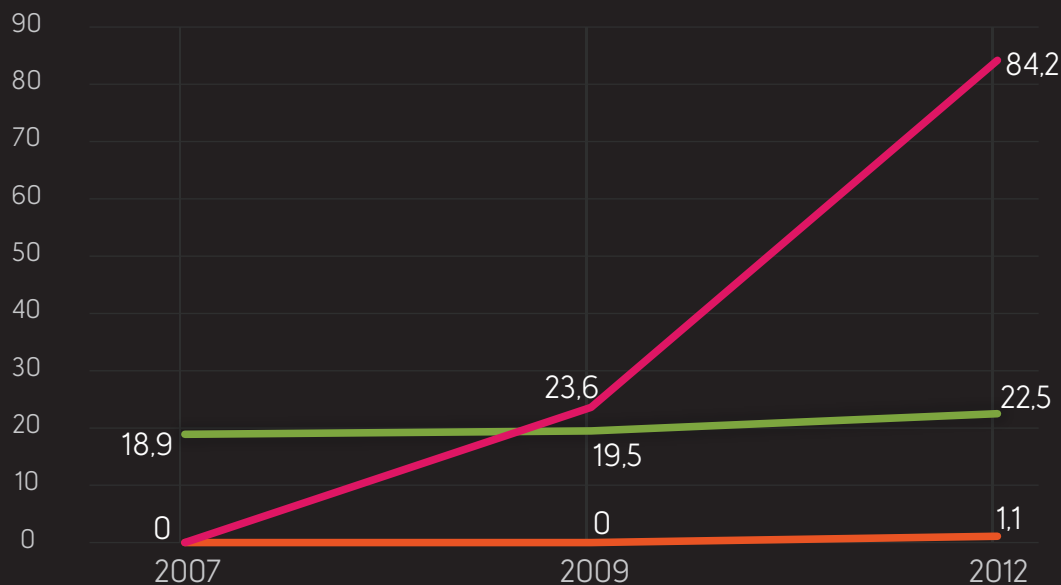
- Rast populacije osoba koje injektiraju droge BIH
(The growth of the population of people who inject drugs in Bosnia and Herzegovina)
- FBiH – Rast populacije osoba koje injektiraju droge
(Federation of Bosnia and Herzegovina – Growth of the population of people who inject drugs)
- Zenica – Rast populacije osoba koje injektiraju droge
(Zenica – Growth of the population of people who inject drugs)

Odnos rasta populacije i prevalencije HCV-a na području Zenice
PWID Population and HCV prevalence growth ratio in Zenica



- Zenica – Rast populacije osoba koje injektiraju droge (broj)
Zenica – Growth of the population of people who inject drugs (in number)
- Prevalenca HCV (%)
(The prevalence of HCV %)

Odnos prevalencije HCV-a, HIV-a i procenta korištenja HR servisa i programa zamjene igala i šprica
HCV and HIV prevalence compared to percentage of usage of HR services and Needle Exchange Program (NEP)



- Procentat korištenja HR servisa i NEP na području Zenice (%) (Percentage of HR and NEP services usage in the area of Zenica %)
- Prevalenca HIV (%) (The prevalence of HIV %)
- Prevalenca HCV (%) (The prevalence of HCV %)

oportunitetni troškovi koji nastaju indirektno implementacijom nekog programa. U slučaju predmeta ove analize neki od tih troškova za društvo jesu:

- Socijalni teret za zajednicu
- Privredna nesposobnost i ekonomska neproduktivnost
- Troškovi nastali krivičnim i prekršajnim djelima
- Troškovi pravosuđa (procesni dio)
- Troškovi pravosuđa (sankcije – služenje kazne u zatvorskim sistemima i dr.)

S obzirom na limitiranost i orijentaciju ove konkretne CEA, u našem slučaju ovi troškovi nisu predmet posebne analize.

8.3. Pregled stanja populacije osoba koje injektiraju droge, prevalenci hiv-a i hcv-a po modifikovanom modelu jednog grada

Kao što je već objašnjeno u ranijim poglavljima, kompleksnost administrativno-političkog uređenja BiH uzrokovala je da se klasični model CEA modifikuje na način da se poredi jedan takav administrativni centar kao zasebna cjelina. U tabeli desno se može vidjeti pregled stanja osoba koje injektiraju droge po godinama, te prevalenca HIV-a i HCV-a. također je zanimljiv podatak o procentualnom omjeru korištenja HR servisa i to u dijelu programa razmjene igala i šprica. U grafičkim prikazima ispod se može jasno utvrditi u kojem obimu i pravcu su se kretala ova stanja i podaci u proteklom periodu. Indikativno je da se u BiH bilježi kontinuiran rast populacije osoba koje injektiraju droge, dok se prevalenca pomenutih virusa drže u vrlo kontrolisanom obimu. Iz primjera koji dolaze iz zemalja koje su identifikovane kao komparativne, ovi podaci su u priličnoj mjeri drugačiji.

One of the essential elements of cost analysis are, of course, the opportunity costs that arise through indirect implementation of a certain program. In the case of the subject of this analysis, some of these costs to society are:

- The social burden for the community
- Economic disability and economical unproductiveness
- Costs incurred by criminal and delinquent acts
- Judiciary costs (processing part)
- Judiciary costs (sanctions – serving sentence in the prison systems, etc.)

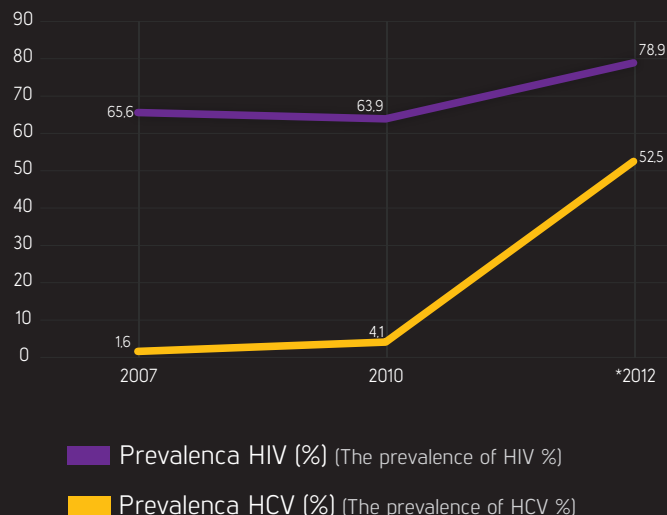
Due to the limited and specific orientation of the CEA, in our case these costs are not the subject of analysis.

8.3. Overview of the PWID population growth in regard to HIV and HCV prevalence through a modified model of one city

As already explained in the previous chapters, the complexity of the administrative and political system of Bosnia and Herzegovina has caused for a classic model of CEA to be modified in a way to compare one such administrative center as a separate unit. In the table to the right an overview of people who inject drugs by age and prevalence of HIV and HCV can be seen. Also, interesting is the fact about the percentage ratio of usage of HR services in the segment of needles and syringes exchange program. In the graph below it can be clearly determined to what extent and in which direction this conditions and data have moved in the previous period. It is indicative that Bosnia and Herzegovina has seen consistent growth of population of people who inject drugs, while the prevalence of the aforementioned viruses is kept in a controlled volume. From the examples that come from countries that have been identified as comparative studies, these data are to a significant extent different.

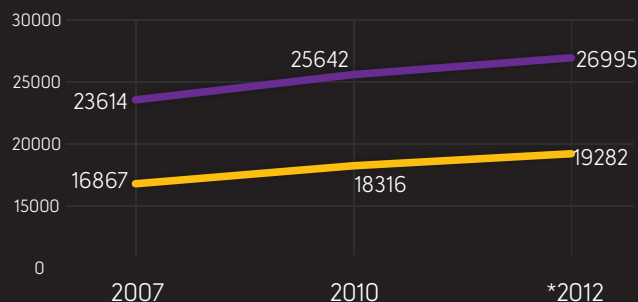
Odnos prevalencije HCV-a, HIV-a (Rumunija)

HCV and HIV prevalence (Romania)



Rast populacije osoba koje injektiraju droge – RUMUNIJA

(The growth of the population of people who inject drugs – ROMANIA)



- Rast populacije osoba koje injektiraju droge RUMUNIJA (The growth of the population of people who inject drugs in ROMANIA)
- Bukurešt (60% ukupne populacije osoba koje injektiraju droge) – Rast populacije (Bucharest – 60% of total PWID population in Romania) – Growth of the population

PRIMJER RUMUNIJE

U ovom primjeru su evidentni komparativni elementi značajni za Bosnu i Hercegovinu. Naime, može se utvrditi da postoji sličnost kod kategorije rasta populacije osoba koje injektiraju droge, te razlika u kretanju prevalencija infekcija koje su predmet ove analize. Dodatnu važnost ovoj komparaciji daje i činjenica da su slični trendovi finansiranja HR servisa u Rumuniji prestali postojati sa 2010. godinom. Nakon toga, evidentan je enorman rast prevalencije HIV-a, te značajan rast već visoke prevalencije HCV-a. Analizirajući ove podatke, dolazi se do zaključka da uprkos konstantnom rastu u obimu populacije osoba koje injektiraju droge, izostanak HR servisa (u najvećoj mjeri programa sekundarne prevencije) je alarmantno uslovio rast prevalencija. Ovaj scenario je komparativan sa BiH u dva segmenta. Prvi, kao trenutni u kojem su trendovi finansiranja slični, te drugi, kao budući u kojem postoji realna opasnost negativnih kretanja trendova finansiranja i investiranja u HR servise i programe u BiH.

EXAMPLE OF ROMANIA

In this example, there are evident comparative elements important for Bosnia and Herzegovina. In fact, it can be determined that there is a similarity in categories of population growth of persons who inject drugs, and a difference in the movement of the prevalence of infections which are the subject of this analysis. Additional importance of this comparison gives the fact that similar trends of funding of HR services in Romania ceased to exist in 2010. After that, there is an evident enormous growth of the prevalence of HIV, as well as a significant growth of already high prevalence of HCV. By analyzing this data, we come to the conclusion that, in spite of constant increase in the volume of population of people who inject drugs, the absence of HR services (mostly of the programs of secondary prevention) caused an alarmingly high increase of the prevalence. This scenario is comparative with Bosnia and Herzegovina in two segments. First, as the current one, where the trends of financing are similar, and the second, where there is a realistic risk for development of negative trends of financing and investment in HR services and programs in Bosnia and Herzegovina.

KATEGORIJA (category)	2007	2009	2012*
Rast populacije osoba koje injektiraju droge – RUMUNIJA (The growth of the population of people who inject drugs – ROMANIA)	23614	25642	26995
Bukurešt (60% ukupne populacije osoba koje injektiraju droge) – Rast populacije (Bucharest – 60% of total PWID population in Romania) – Growth of the population	16867	18316	19282
Prevalenca HCV (%) (The prevalence of HCV %)	65.6	63.9	78.9
Prevalenca HIV (%) (The prevalence of HIV %)	1.6	4.1	52.5
* NAPOMENA – procjena prema prosječnom godišnjem rastu populacije osoba koje injektiraju droge (* NOTE – assesment based on avg. annual growth of PWID population)			

PRIMJER GRČKE

Kada govorimo o primjeru Grčke, ona ima svoje specifičnosti u odnosu na oba druga scenarija. Naime, trendovi u finansiranju nisu u tolikoj mjeri slični sa slučajevima BiH i Rumunije, ali ponajviše u kontekst izvora i obima finansiranja. Predmet finansiranja je ipak komparativan iako u „grčkom“ primjeru postoje određena odstupanja s obzirom da je veći dio pomenutih sredstava, u odnosu na druga dva primjera, dolazio iz javnog sektora.

Uslijed ekonomske krize koja je ovu zemlju u najvećoj mjeri pogodila, došlo je do logičnog smanjenja i filtriranja kada je riječ o finansiranju, što se gotovo odmah, odrazilo na kategorije koje su predmet posmatranja.

Također, postoje određena odstupanja i u drugim posmatranim trendovima, ali ako se slika posmatra sveobuhvatno, može se uočiti jasan komparativni element. U Grčkoj je u proteklom periodu koji je predmet posmatranja i analize, kretanje populacije osoba koje injektiraju droge u kontekstu obima, išlo drugačijim putem, te se može utvrditi određeni pad u ukupnom obimu. Nedostatak podataka nam nije omogućio detaljnije posmatranje specifične administrativne cjeline kao u prethodnim slučajevima, ali se na globalnom nivou to ne odražava značajno na trendove u prevalenci posmatranih infekcija. Od 2008. godine u Grčkoj je došlo da značajnih rezova u dijelu finansiranja, te su time, uz sve druge probleme, HR servisi u priličnoj mjeri redukovani.

EXAMPLE OF GREECE

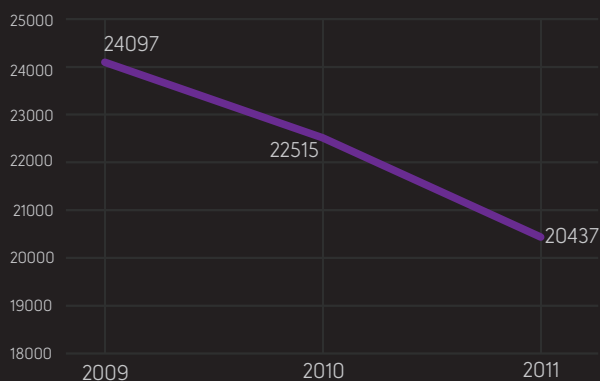
When talking about the example of Greece, it has its own peculiarities in comparison to two other scenarios. Namely, the trends in funding were not so much similar with the cases of Bosnia and Herzegovina and Romania, especially in the context of the sources and extent of funding. The subject of financing is still comparative, although, in "Greek" example, there are some discrepancies considering that the greater part of mentioned means, as compared to the other two examples, was coming from the public sector.

Due to the economic crisis this country is highly affected by, a logical reduction and filtration when it comes to financing happened, which almost immediately reflected on the categories that are the subject of observation.

Also, there are some discrepancies in other observed trends as well, but if the image is viewed comprehensively, one can observe a clear comparative element. In Greece, during the last period, which is the subject of the observation and analysis, the movement of the population of people who inject drugs, in the context of scale, went in a different way, and a decline in the total volume can be determined. Lack of data did not allow a more detailed observation of specific administrative unit as in previous cases, but on a global level, that does not significantly reflect on observed trends in the prevalence of infection. Since 2008, in Greece has suffered significant cuts in financing part, and thus, in addition to all other issues, HR services have been to a significant extent reduced.

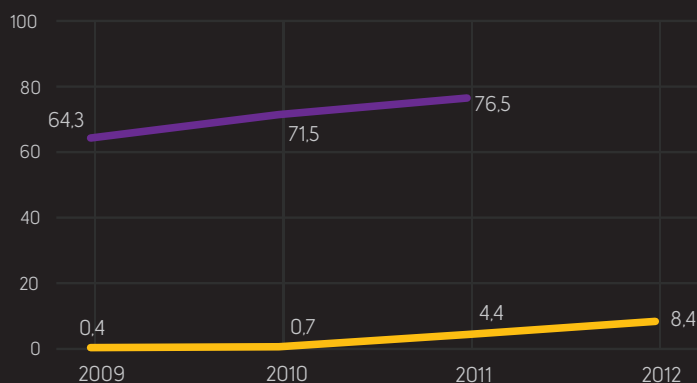
KATEGORIJA (category)	2009	2010	2011	2012
Rast populacije osoba koje injektiraju droge – GRČKA (The growth of the population of people who inject drugs – GREECE)	24097	22515	20437	N/A
Prevalenca HCV (%) (The prevalence of HCV %)	64	71.5	76.5	
Prevalenca HIV (%) (The prevalence of HIV %)	0.4	0.7	4.4	8.4
<p>NAPOMENA – zbog nedostatka preciznih podataka za pojedine godine, nedostajuće vrijednosti za adekvatno formiranje krive su izračunate uzimajući u obzir dostupne zvanične podatke i trendove</p> <p>NOTE – due to the lack of data for certain years, missing values, needed for adequate graph curve creation, were calculated using available official data and trends</p>				
<p>Izvori podataka za kalkulacije/Sources of data for calculations:</p> <ul style="list-style-type: none"> • HIV outbreak among injecting drug users in Greece – An updated report to the EMCDDA 2012, ANNEX 1 - FIGURES AND TABLES, pg. 32-44 • ECDC and EMCDDA guidance (2011), 'Prevention and control of infectious diseases among people who inject drugs', EMCDDA/ECDC, Stockholm, October 2011 p 30-50 • Joint EMCDDA and ECDC rapid risk assessment 2012- HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania p 3-24 				

Rast populacije osoba koje injektiraju droge – GRČKA
(The growth of the population of people who inject drugs – GREECE)



Rast populacije osoba koje injektiraju droge GRČKA
(The growth of the population of people who inject drugs in GREECE)

Odnos prevalencije HCV-a, HIV-a
HCV and HIV prevalence



Prevalenca HIV (%) (The prevalence of HIV %)
Prevalenca HCV (%) (The prevalence of HCV %)

Iz toga možemo izuzeti OST kao složen sistemski program, ali on također ne utiče na posmatrane vrijednosti. Za razliku od Rumunije, značajan porast prevalenciji nije evidentiran odmah po smanjenju obima finansiranja, iz najvećeg razloga što ono nije drastično smanjeno prestankom jednog programa kao što se desilo u Rumuniji. Međutim u narednim godinama, efekat koji je prouzrokovalo negativno kretanje u finansijskim trendovima, je vrlo sličan. To ukazuje da su trendovi u finansiranju ovih programa od ključnog značaja za efektivnost istih.

From this we can exclude the OST, as a complex system program, but it also does not affect the observed values. Unlike Romania, a significant increase in prevalence was not recorded immediately after the reduction of financing volume, mostly because it was not drastically reduced by the end of a single program, as was case in Romania. However, in the following years, effect caused by negative movements in financial trends, is very similar. This suggests that the trends in funding of these programs are crucial for the effectiveness the same.

Pregled troškova koštanja Drop-in centra sa uključenim terenskim HR programom na bazi većeg urbanog centra

Pregled troškova za DROP-IN + OUTREACH HR program za jedan grad (cca 120.000 stanovnika) sa godišnjim obimom od cca 500 korisnika						
Tip troška	Trošak	Jedinica	Cijena	Godišnja količina	Total na godišnjem nivou	
Infrastruktura	Najam prostora	mjesec	600	12	7200	Total Infrastruktura
	Komunalni troškovi i komunikacije	mjesec	250	12	3000	
	Kancelarijski materijal	mjesec	200	12	2400	
	Terensko vozilo	kom	10000	1	10000	
	Oprema	ured	8800	1	8800	
						31400
Ljudski resursi	Drop-in operator	mjesec	1100	12	13200	Total ljudski resursi
	Terenski radnik	mjesec	1200	12	14400	
	Administrator	mjesec	1100	12	13200	
	Socijalni radnik	mjesec	400	12	4800	
	Pravnik	mjesec	400	12	4800	
	Medicinski tehničar	mjesec	400	12	4800	
	Gatekeeper (5 radnika)	mjesec	1000	12	12000	
						67200
Materijali za NeedleExchange program	Igla	kom	0,047	9600	451,2	Total materijali za NeedleExchange program
	Sprica LDS	kom	0,066	4800	316,8	
	Inzulinka LDS	kom	0,057	48000	2736	
	Kondom	kom	0,037	3600	133,2	
	Cooker	kom	0,22	14400	3168	
	Voda	kom	0,068	28800	1958,4	
	Podvezica	kom	0,32	2000	640	
	Krema	kom	4,09	6000	24540	
	Alkoholna maramica	kom	0,018	48000	864	
	Citrik	kom	0,077	24000	1848	
	Medicinski materijal za previjanje i čišćenje rana i apscesa – KIT	kom	30	12	360	
	Safety box	kom	3,1	320	992	
	PVC Pakovanje za HR kit	kom	0,045	9500	427,5	
						38435,1
Promotivni i edukativni materijali	Paket edukativnih brošura (4 vrste)	kom	0,28	3000	840	Total IEC materijal
	Promo materijal	kom	0,13	1000	130	970
Ostalo	Gorivo	l	2,45	840	2058	Total ostalo
	Registracija vozila i servis	kom	1000	1	1000	
	Reciklaža nesterilnog pribora	kg	5,4	180	972	
	Anti-stres program za uposlenike HR servisa (mjesečne sportske i rekreativne aktivnosti)	kom	200	12	2400	6430
TOTAL troškovi za prvu godinu						144435,1
Total troškovi za svaku narednu godinu programa (umanjeno za vrijednost opreme i vozila koja je jednokratna + amortizacija)						127515,1

Cost overview for Drop-in center with included outreach HR program on the basis of a larger urban center

Overview of DROP IN + OUTREACH HR program costs for one city (approximately 120,000 residents), with an annual scope of approximately 500 users						
Type of cost	Cost	Unit of measure	Price	Annual amount	Total annual cost	
Infrastructure	Lease	month	600	12	7200	Total costs for Infrastructure
	Utility and Communications costs	month	250	12	3000	
	Office materials	month	200	12	2400	
	Vehicle for outreach work	pc	10000	1	10000	
	Equipment	office	8800	1	8800	
						31400
Human Resources	Drop-in operator	month	1100	12	13200	Total costs for human resources
	Outreach worker	month	1200	12	14400	
	Administrator	month	1100	12	13200	
	Social worker	month	400	12	4800	
	Legal adviser	month	400	12	4800	
	Medical technician	month	400	12	4800	
	Gatekeeper (5 workers)	month	1000	12	12000	
						67200
Materials for NeedleExchange Program	Needle	pc	0,047	9600	451,2	Total costs for materials for NeedleExchange program
	Syringe LDS	pc	0,066	4800	316,8	
	Single use syringes LDS	pc	0,057	48000	2736	
	Condom	pc	0,037	3600	133,2	
	Cooker	pc	0,22	14400	3168	
	Medical water for injection	pc	0,068	28800	1958,4	
	Tourniquet	pc	0,32	2000	640	
	Krema	pc	4,09	6000	24540	
	Alcohol prep pad (sachet)	pc	0,018	48000	864	
	Citric	pc	0,077	24000	1848	
	Medical supplies for cleaning and bandaging wounds and abscesses - KIT	pc	30	12	360	
	Safety box	pc	3,1	320	992	
	Plastic bag for HR kit	pc	0,045	9500	427,5	
						38435,1
Promotional and educational materials (IEC)	A set of educational brochures (4 types)	pc	0,28	3000	840	Total costs for IEC materijals
	Promotional material	pc	0,13	1000	130	970
Other costs	Fuel	l	2,45	840	2058	Total for Other costs
	Vehicle registration and service	pc	1000	1	1000	
	Recycling of non-sterile equipment	kg	5,4	180	972	
	Anti-stress program for employees of HR services (monthly sports and recreational activities)	pc	200	12	2400	
Total costs for the first year						144435,1
Total costs for each subsequent year of the program (minus the value of equipment and vehicles, which is a one-time expense + depreciation)						127515,1

PREGLED TROŠKOVA LIJEČENJA HIV/AIDS-A I HCV-A

Prosječni godišnji troškovi liječenja jedne osobe koja boluje od HCV-a

Tip troška	Trošak	Jedinica	Cijena	Godišnja količina	Total na godišnjem nivou	Total
Lijekovi	Pegasys (100 mg)	ampula	410,6	52	21351,2	21635,9
	Ribavirin	tableta	0,78	365	284,7	
Medicinski materijal i bolnički troškovi (bez ležanja, dijagnostike, drugih koinfekcija i komplikacija)	Prosječni troškovi	dan	4,5	52	234	234
TOTAL						21635,9

NAPOMENA: Na BH konsenzusu o liječenju hepatitisa C za 2003 godinu, ocijenjeno je da u BiH ima 50 000 osoba oboljelih od HCV-a. Indirektno istraživanje, provedeno od strane Ljekarske komore i Kliničkog Centra Tuzla, koje je rađeno na osnovu testiranja na području TK, procijenilo je taj broj na oko 35 000 osoba (istraživanje još uvijek nije publicirano). Nema zvaničnih informacija koje govore o omjeru broja oboljelih od HCV-a i PWID populaciji.

„Svjetska Zdravstvena Organizacija“ procijenjuje da u BiH ima oko 40 000 osoba oboljelih od HCV-a. Skoro polovinu novih i hroničnih infekcija HCV-a čini populacija osoba koje injektiraju droge. Smatra se da se nakon 1 godine injektiranja, 70% osoba koje injektiraju droge zarazi HCV-om, dok je, nakon 5 godina injektiranja, taj broj porastao na 90%.”

„AIDS i virusni Hepatitis: bolesti koje prijete“; Sarajevo, 2006.god.

(Prof.dr.sc. Danko Lupi.)

Minimalni prosječni godišnji troškovi liječenja jedne HIV pozitivne osobe u stadiju AIDS-a

Tip troška	Trošak	Jedinica	Cijena	Godišnja količina	Total na godišnjem nivou	Total
Lijekovi	Kombinacija ARV terapije sa ostalim medikamentima za osobu u stadiju AIDS-a	Dnevna doza	50,66	365	18490,9	18490,9
Medicinski materijal i bolnički troškovi (bez ležanja i dijagnostike)	Prosječni troškovi	dan	4,5	52	234	234
TOTAL						18490,9

NAPOMENA: Najnovije istraživanje provedeno u SAD je pokazalo kako prosječna osoba koja otkrije da ima HIV može očekivati da će živjeti još 24 godine.

Znanstvenici s Weill Cornell Medical Collegea u New Yorku su izračunali i da će liječenje HIV pozitivne osobe u tih nešto više od 2 desetljeća stajati oko 620.000 dolara, odnosno slično kao i doživotno liječenje bolesti srca ili nekih hroničnih bolesti kod žena.

I očekivano trajanje života i cijena liječenja su oko 40% veći od onih utvrđenih u nekim ranijim procjenama, što istraživači objašnjavaju razvojem sve skupljih i djelotvornijih terapija.

Rezultati istraživanja su objavljeni u stručnom časopisu Medical Care, a temelje se na praćenju 7.000 HIV pozitivnih Amerikanaca.

COSTS OVERVIEW OF TREATMENTS FOR HIV/AIDS & HCV

The average annual costs of treating a person suffering from HCV						
Type of cost	Item	Unit of measure	Price	Annual amount	Total annual cost	Total cost
Medicaments	Pegasys (100 mg)	ampoule	410,6	52	21351,2	21635,9
	Ribavirin	pill	0,78	365	284,7	
Medical supplies and hospital costs (excluding the cost of a hospital stay, diagnosis, co-infection and other complications)	The average costs	day	4,5	52	234	234
TOTAL						21635,9

NOTE: At BiH consensus on the treatment of hepatitis C for 2003, it was estimated that in Bosnia and Herzegovina there are 50.000 persons infected with HCV. Indirect research, conducted by Doctors Association and the Clinical Centre Tuzla, which was done on the basis of testing in Tuzla Canton, has estimated that number to at about 35.000 people (research not yet published). No official information about the ratio of the number of patients with HCV and PWID population exists.

"World Health Organization" estimates that in Bosnia and Herzegovina approximately 40.000 people is infected with HCV. Almost half of new, chronic HCV infections comes from population of people who inject drugs. It is believed that after 1 year of injecting, 70% of people who inject drugs become infected with HCV, while, after 5 years of injecting, that number increases to 90%."

"AIDS and Viral Hepatitis: diseases that threaten"; Sarajevo, 2006.

(Prof. dr. sc. Danko Lupi)

Minimum average annual costs of treating one HIV-positive person in AIDS stage

Type of cost	Item	Unit of measure	Price	Annual amount	Total annual cost	Total cost
Medicaments	Combination of ARV therapy with other medicaments for the person in the stage of AIDS	Daily dosage	50,66	365	18490,9	18490,9
Medical supplies and hospital costs (excluding the cost of a hospital stay, diagnosis, co-infection and other complications)	The average costs	day	4,5	52	234	234
TOTAL						18490,9

"NOTE: The most recent survey conducted in the U.S. showed that the average person who discovers thathe/she is HIV positive can expect to live for another 24 years.

Researchers from Weill Cornell Medical College in New York have also calculated that treating people with HIV during those slightly more than two decades will cost around \$ 620.000, which is similar to the lifelong treatment of heart disease or some chronic diseases among women.

Both, life expectancy and the cost of treatment, are approximately 40% higher than those established in some earlier estimates, which the researchers explain by the development of more expensive and more effective treatment.

The research results were published in the journal Medical Care and are based on monitoring of 7.000 HIV-positive Americans."

PREGLED OST-A ZA PODRUČJA ZENICE I SARAJEVA KAO REFERENTNIH MODELA ZA FBiH
 Overview of OST for areas of Zenica and Sarajevo as referent models for Federation of B&H

ZENICA								
METADON	2011	2012	2013	OMJER	SUBOXON	2011	2012	2013
Broj korisnika terapije	647	713	815	Procentualni udjel korisnika terapije 95,52/4,48 %	Broj korisnika terapije	18	32	52
Nabavna cijena 1ml	0,7389	0,7389	0,7389		Nabavna cijena 2 mg (tableta)	n/a	3,5*	0
Ukupno nabavljeno	231000	264000	345000		Nabavna cijena 8 mg (tableta)	n/a	13,57	13,57
Nabavljeno posredstvom UNDP-a (GF)	100%	100%	100%	Prosječna vrijednost odnosa cijene koštanja terapije po pacijentu na godišnjem nivou 285,37/550,89 KM	Nabavljeno posredstvom UNDP-a (GF)	n/a	100%	100%
Nabavljeno posredstvom kantonalnog Zavoda	5693mg*	0	0		Nabavljeno posredstvom kantonalnog Zavoda	n/a	0	0
Ukupno potrošeno KM	170686	195070	254921		Ukupno potrošeno KM	n/a	3713	52478
* Napomena: u 2011. godini nabavljeno je 5693 mg posredstvom kantonalnog Zavoda po nabavnoj cijeni od 0,04329 KM - total: 246.45 KM					* Napomena: u 2012. godini nabavljeno je 70 kutija od po 2 mg posredstvom UNDP-a po nabavnoj cijeni od 3,50 KM - total: 1715 KM			

SARAJEVO								
METADON	2011	2012	2013	OMJER	SUBOXON	2011	2012	2013
Broj korisnika terapije	360	355	340	Procentualni udjel korisnika terapije 89,1/10,9 %	Broj korisnika terapije	14	35	80
Nabavna cijena po pakovanju	28,058	28,058	17,828		Nabavna cijena a2mg/1sc	n/a	19,65	19,65
Ukupno nabavljeno	5485	5419	3317		Nabavna cijena a8mg/1st	n/a	78,36	78,36
Nabavljeno posredstvom UNDP-a (GF)	445	399	617	Prosječna vrijednost odnosa cijene koštanja terapije po pacijentu na godišnjem nivou 509,08/210,38 KM* (obratiti pažnju da podaci za Suboxon nisu kompletni jer je ovdje samo dio koji se koristi za indukciju u liječenju)	Nabavljeno posredstvom UNDP-a (GF)	n/a	100%	100%
Nabavljeno posredstvom kantonalnog Zavoda	5040	5020	2700		Nabavljeno posredstvom kantonalnog Zavoda	n/a	0	0
Ukupno potrošeno KM	263292	257962	158223		Ukupno potrošeno KM	n/a	3139	21055
Napomena – METADON: S obzirom da postoje razlicita pakovanja, radi lakšeg prikaza sve vrijednosti Metadona su pretvorene u pakovanja od 100 ml					Napomena – SUBOXON: U JU Zavodu za alkoholizam i druge toksikomanije KS Suboxon se koristi samo u indukciju (uvodenje u terapiju), održavanje Suboxonom se provodi preko pisanja receptata, a terapiju finansira Zavod zdravstvenog osiguranja KS. Suboxon lingvalette se nalaze na esencijalnoj listi. Prosječna pojedinačna doza je 12 mg.			

ZENICA								
METHADONE	2011	2012	2013	RATIO	SUBOXONE	2011	2012	2013
Number of therapy users	647	713	815	Percentage share of therapy users 95,52/4,48 %	Number of therapy users	18	32	52
The purchase price 1ml	0,7389	0,7389	0,7389		The purchase price 2mg (pill)	n/a	3,5*	0
Total procured	231000	264000	345000		The purchase price 8 mg (pill)	n/a	13,57	13,57
Procured through UNDP (GF)	100%	100%	100%	The average value of therapy cost per patient per annum 285,37/550,89 KM	Procured through UNDP (GF)	n/a	100%	100%
Procured through Cantonal Institute	5693mg*	0	0		Procured through Cantonal Institute	n/a	0	0
Total spent KM	170686	195070	254921		Total spent KM	n/a	3713	52478
* Note: in 2011., a 5693 mg were procured through the Cantonal Institute at a price of 0.04329 KM - Total: 246.45 KM					* Note: in 2012., 70 boxes, 2 mg in volume, were procured through UNDP at a price of 3.50 KM - Total: 1715 KM			

SARAJEVO								
METHADONE	2011	2012	2013	RATIO	SUBOXONE	2011	2012	2013
Number of therapy users	360	355	340	Percentage share of therapy users 89,1/10,9 %	Number of therapy users	14	35	80
The purchase price per pack	28,058	28,058	17,828		The purchase price a2mg/1sc	n/a	19,65	19,65
Total procured	5485	5419	3317		Total procured	n/a	78,36	78,36
Procured through UNDP (GF)	445	399	617	The average value of therapy cost per patient per annum 509,08/210,38 KM* (Note that the data for Suboxone is not complete, because only the part used for the induction into the treatment is stated here)	Procured through UNDP (GF)	n/a	100%	100%
Procured through Cantonal Institute	5040	5020	2700		Procured through Cantonal Institute	n/a	0	0
Total spent KM	263292	257962	158223		Total spent KM	n/a	3139	21055
Note – METHADONE: Given that there are different volume packages, for easier display, all values of Methadone are converted into 100 ml packs					Note – Suboxone: In the Institute for Alcoholism and Substance Abuse of Canton Sarajevo, Suboxone is used only for the induction (entering into the therapy). Suboxone maintenance is carried out through writing prescriptions, while therapy is funded by Health Insurance Fund of Canton Sarajevo. Suboxone lingualetae are in the essential list. The average single dose is 12 mg.			

9. ZAKLJUČAK NALAZA CEA

Ako se sagledaju komparativni podaci iz scenarija koje je ova analiza obradila, dolazi se do zaključka da trendovi u finansiranju zdravstvenih intervencija/programa koji imaju slične i komplementarne ciljeve, od esencijalne važnosti za provodivost istih. U kontekstu HR metodologije koju smo obradili jasno je da bi potencijalni prestanak finansiranja postojećih, ali i novih programa, mogao imati slične ili čak teže zdravstvene posljedice. Ukoliko se spremno ne dočeka odlazak glavnog finansijera HR-u u BiH, Global Fund-a, posljedice bi mogle dobiti katastrofalni epilog. Država neće moći preuzeti održivost programa u punom kapacitetu jer finansijska i fiskalna situacija nije povoljna te je za pretpostaviti da će u narednim godinama biti i teža. Mora se adekvatno pripremiti teren za pronalazak novog strateškog partnera, jer rezultati koje je HR uspio ostvariti u BiH, se neće moći održati ukoliko ne bude nastavka u trendovima finansiranja. OST kao dio HR-a, sam po sebi nije dovoljan i, kao što je slučaj u primjeru Grčke, neće biti u stanju održati zdravstvene efekte na željenom nivou.

Da bi se ovakvi scenariji u budućnosti izbjegli, neophodno je sinergijsko djelovanje svih dionika u ovom zdravstvenom pod-sektoru, kako bi se održivost ovih programa učinila mogućom.

Svi ovi podaci nas dovode do velikog pitanja ISPLATIVOST ili OPRAVDANOST ovih servisa u Bosni i Hercegovini posebice u širem društvenom kontekstu i vremenu velike finansijske krize, kao i generalno velikih socijalnih problema na koje ni puno organizovaniji i racionalniji sistemi ne bi dali adekvatnu podršku.

Poredeći podatke ovog dijela koji spada u dijelove prevencije i tretmana, sa tretmanom oboljelih od najraširenije infekcije Hepatitisom C, bez drugih mogućih koinfekcija, moramo istaći da je ovo veoma efikasan, svrsishodan i obavezujući program koji se mora nastaviti u budućim godinama u Bosni i Hercegovini, kako ne bi pretrpjeli scenarije Rumunije i Grčke.

Ovakav prikaz je čak i matematički vrlo teško prikazati, ali on je prisutan u praksi u tim zemljama koje još uvijek nisu dale adekvatan odgovor na eksploziju incidence među populacijom ovisnika o opijatima putem injekcijskog apliciranja.

Osnovna preporuka i zaključak je da su svi pobrojani servisi, politike i mjere koje se trenutačno provode u Bosni i Hercegovini i više nego potrebne, opravdane i

9. FINDINGS SUMMARY OF COST-EFFECTIVENESS ANALYSIS

If we consider comparative data from the scenario that this analysis has dealt with, we came to the conclusion that the trends in the financing of health interventions/programs that have similar and complementary objectives are of essential importance for the implementation of the same. In the context of HR methodology that we have processed, it is clear that a potential termination of existing financing, and of new programs, could have similar or even more serious health consequences. If not ready for the upcoming departure of the main financiers of HR in Bosnia and Herzegovina, the Global Fund, the consequences could have catastrophic epilogue. The State will not be able to take over the sustainability of the program to its full capacity, because the financial and fiscal situation is not favorable and it can be assumed that in the coming years it will be even worse. We must adequately prepare the ground for finding new strategic partners, because the results which the HR managed to achieve in Bosnia and Herzegovina, will not be sustainable unless there is a continuance in funding trends. OST, as part of HR, is itself not sufficient and, as is the case in the example of Greece, will not be able to sustain the health effects at the desired level.

To avoid such scenarios in the future, it is necessary to achieve synergy between all stakeholders in the health sub-sector, in order for sustainability of these programs to be possible.

All these data lead us to the big issue of FEASIBILITY or JUSTIFICATION of these services in Bosnia and Herzegovina, especially in the broader social context and time of great financial crisis, as well as generally large social problems that even a lot more organized and rational systems would not provide adequate support.

Comparing the data of this part, which falls in parts of prevention and treatment, the treatment of patients with the most widespread infection, hepatitis C, with no other possible co-infection, we must emphasize that this is very effective, meaningful and binding program that must be continued in future years in Bosnia and Herzegovina, in order to avoid scenarios of Romania and Greece.

This review is even mathematically very difficult to show, but it is present in practice in those countries that have not yet yielded an adequate response to the explosion of incidence among the population of injection applying opiate addicts.

isplative bez obzira na njihovu visinu jer samo jedan mali primjer može vrlo plastično prikazati da ako dospijemo do tretmana i liječenja oboljelih od Hepatitisa C, javni i privatni fondovi neće biti dostatni da pokriju tu vrstu tretmana, pri tome se ne osvrćući o nedostatku smještajnih bolničkih kapaciteta, kao i složenost društvenog sistema koji uvjetuje i složenost zdravstvenog sistema posebice na području Federacije Bosne i Hercegovine.

I na samom kraju želimo uputiti zdravstvenu i akademsku zajednicu da u budućim planiranjima i strateškim promišljanjima o budućnosti zdravstvenih fondova, imaju u vidu i rezultate jedne ovakve analize koja daje realnu sliku trenutnog stanja u Bosni i Hercegovini, kao jednu od potencionalnih vrlo visokih prijetnji kako po zdravlje pacijenata tako i po opstojnost zdravstvenih fondova uopće.

OST kao dio HR, mora biti usaglašen i unificiran što je više moguće bez obzira na pomenutu administrativnu kompleksnost. Zbog toga je važno ukazati na primjere dobre prakse ne samo u zdravstvenom smislu, već i u finansijskom kako bi takve modele na što jeftiniji i efikasniji način multiplicirali na druge dijelove FBiH, ali i BiH. Ovdje su navedena dva slična modela koja ističu potrebu za mogućnošću izbora terapije, u cilju postizanja što boljih efekata za pacijenta ali i sistem javnog zdravstva, što nije slučaj u svim dijelovima FBiH.

The main recommendation and conclusion is that all of the listed services, policies and measures that are currently being implemented in Bosnia and Herzegovina, are more than necessary, justified and cost-effective, regardless of their height, as just one small example can show that, if it comes to the curing and treatment of patients with hepatitis C, both public and private funds will not be sufficient to cover this type of treatment, not considering the lack of hospital accommodation capacity, as well as the complexity of the social system which conditions the complexity of the health system, particularly in the area of the Federation of Bosnia and Herzegovina.

At the very end, we call upon the medical and academic community to, in future planning and strategic thinking about the future of health care funds, bear in mind the results of one such analysis, which shows a realistic picture of the current situation in Bosnia and Herzegovina, as one of very high potential threats to the health of patients and to the existence of health funds in general.

Continuous implementation of organized preventive educational programs in families, schools, healthcare institutions, associations, religious communities and public media (primary prevention);
Early detection, treatment, rehabilitation and social reintegration of drug addicts (secondary prevention)
Early detection and monitoring of occasional drug users (secondary prevention);
Other measures in accordance with the National Strategy of supervision of narcotic drugs and prevention of drug abuse in Bosnia and Herzegovina.

OST, as a part of HR, must be harmonized and unified as much as possible, regardless of the aforementioned administrative complexity. Therefore, it is important to point out the examples of good practice, not only in terms of health, but also in financial terms, in order for such models to be, in a cheaper and more efficient way, multiplied to other parts of the Federation, and of Bosnia and Herzegovina. Here we have shown two similar models that emphasize the need for an option to select therapy, which currently is not the case in all parts of the Federation, in order to achieve better effects for the patient, but also for the public health system.

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