

WITH END TO GLOBAL FUND SUPPORT IN BOSNIA AND HERZEGOVINA, SERVICES TARGETING ROMA MINORITIES AT RISK OF CLOSURE

With the end of eligibility for Bosnia and Herzegovina for Global Fund support, World Vision is drawing-down its long-running outreach program that worked to promote a better understanding of TB and HIV among the country's marginalized Roma populations.

From humble beginnings in 1999, the program has expanded to now include seven centers, staffed by trained Roma outreach counselors, who provide information about HIV and TB to communities that exist on the margins of society. Outreach programs include house visits and regular public meetings during which community members share experiences and receive updated information. Counseling, referrals, and transportation support to testing points is also available at the outreach centers, which are located in areas with high concentrations of Roma communities. The program has trained 41Roma outreach workers who serve 50 communities in BiH.

World Vision, current sub-recipient of the grant now administered by the UN Development Program (UNDP), has tried since 2012 to encourage the BiH government to take over financial responsibility for the program but has thus far been unsuccessful.

"World Vision is doing everything we can to sustain this unique program bringing healthcare services closer to Roma minorities," Slavica Bradvic Hanusic, health lead of World Vision in BiH, told Aidspan. "We have already requested that the PR apply for a no-cost extension [to the Global Fund grant]. Meanwhile, we are awaiting donor responses on the proposals we have already developed and submitted. Together with local government, we are actively involved in developing national HIV and TB transition plans led by

UNDP."

Roma communities are a visible marginalized minority in BiH. While there are no exact figures on the number of Roma in the country — their highly mobile status makes it difficult to count them during national census surveys — unofficial estimates suggest a community size of around 40-50,000 people.

The vast majority of the population is unemployed and living in precarious condition in informal settlements, without access to running water, sewerage or electricity. Their access to health services is curtailed due to their unregistered status and ineligibility for insurance programs. Illiteracy is high, which adds to the stigma and social isolation confronted by most Roma. These socio-economic hardships are major contributors to the population's burden of disease. HIV and TB infection rates are much higher than the national average, according to World Vision.

Over 2014, four TB centers serving Roma population and polyvalent patronage nurses referred 344 new patients to DOTS treatment. But according to Slavica Bradvic Hanusic, because of the discrimination most Roma face in BiH, it is not clear whether all of those new patients are members of the Roma community. "We can only assume based on their living conditions that TB rate within Roma communities might be higher," she said.

As an upper-middle-income country with a low HIV prevalence rate in both the general and high-risk populations, BiH was declared ineligible for Global Fund support under the new funding model (NFM). There are two Round 9 grants — one for TB and the other for HIV — that are set to close in 2015. UNDP is currently negotiating a no-cost extension of the TB grant to continue operations through 2016 while the hunt for additional funds continues.

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