REPUBLIC OF ALBANIA

MINISTRY OF HEALTH

INSTITUTE OF PUBLIC HEALTH

TIRANE

NATIONAL AIDS PROGRAM

2012 Global AIDS Response Progress Reporting
2012 Universal Access in the Health Sector Reporting, and
2012 Dublin Declaration Reporting

Reporting period: January 2010-December 20011

I. Table of Contents

Acronyms

MOH	Ministry of Health
CCM	Country Coordination Mechanism
NAP	National AIDS Program
M&E	Monitoring and Evaluation
GF	Global Fund
NGO	Non Governmental Organization
VCT	Voluntary Counseling and Testing
IDU	Injecting Drug User
MSM	Man having sex with man
ARV	Anti Retroviral Therapy
MMT	Methadone Maintenance Therapy
MTCT	Mother to Child Transmission
UHCT	University Hospital Center Tirana
UNAIDS	Joint United Nations Programme on HIV/AIDS

II. Status at a glance

(a) The inclusiveness of the stakeholders in the report writing process

This report was prepared by the National AIDS Program at the Institute of Public Health. This report presents the progress made in the national response to HIV/AIDS during the period 2010-2011 in addressing the priorities defined within the national consultation process on Universal Access to prevention, treatment care and support.

National AIDS Program benefited from the active participation of all relevant national stakeholders and international partners through discussions on the report requirements and availability of national data. In the process of identification, provision and verification of the available epidemiological, clinical, programmatic and other data relevant for reporting to the proposed indicators, representatives from the Ministry of Health, Institute of Public Health, and the Department of Infectious Diseases, University Hospital Center have been included.

The National Composite Policy Index (NCPI) form was sent to the governmental institutions and representatives of the civil society sector active in the area of HIV/AIDS. Contributions to the National Composite Policy Index have been completed separate meetings of government and civil society organizations . The major partners gave their contribution to this report through the everyday work they have done during this reporting period and have helped the National AIDS Program when compiling the report through providing extensive consultations, promptly and expertly providing the information needed

During the whole process, technical support has been provided by UNAIDS and the Joint UN Team on HIV/AIDS.

(b) The status of the epidemic

Albania remains a low HIV prevalence country. As of December 2011, 485 cases of HIV have been identified; 72 new cases were identified during 2011. More than 90 % of these infections occurred due to sexual contact (82% heterosexual and 10% homo-bisexual), and the most affected age group is people between the ages of 25 and 44 years. HIV transmission via infected

blood has been confirmed in 3 percent of cases, and mother-to-child-transmission (MTCT) in 4 percent of the cases. However, country's specific socio-economic condition and the regional context of HIV/AIDS influence the vulnerability and the risk for rapid spread of HIV/AIDS epidemic, particularly among most-at-risk populations. Furthermore, the results from the repeated bio-behavioural surveillance studies in 2005 and 2008, and 2011indicate that high risk behaviours are still present among most-at-risk populations such Injecting Drug Users (IDU), Man who have Sex with Man (MSM).

(c) The policy and programmatic response

The highlights of the country response in the period 2010- 2011 include the following:
Continuation of activities through the HIV program supported by the Global Fund to fight AIDS, Tuberculoses and Malaria (GFATM), contributed to successful implementation of the key priorities and activities planned in line with the National Strategy and resulted in overall increase in coverage of clients reached and types of services provided.
The activities are strongly-focused on the sub-populations in Albania considered most vulnerable to HIV/AIDS, that is, injecting drug users (IDU), sex workers and men who have sex with men (MSM). These populations have been identified based both on evidence of epidemics in other countries, which have spread rapidly among one or more of these populations, and from in-country evidence of vulnerability factors such as unsafe sexual and injecting practices. The GFATM/HIV program has also contributed to improved collaboration and coordination between the governmental and non-governmental organizations, as essential precondition for implementation of services especially among hard to reach populations.

The political support was crucial in formulation of the country future roadmap through identification of priorities within the national consultation process on Universal Access, development of the new National AIDS Strategy 2010-2015 and the approval of the new AIDS law (2008), and Anti Discrimination Law (2010)

Data reported for the UNGASS indicators (Table 1) are coming from the, surveillance studies on HIV prevalence and risk behaviours among most-at-risk-populations, conducted in 2011 clinical records and DHS, Demographic Health Survey 2008-2009.

Table 1. Overview of indicators data

Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015

Indicators for the general population	
1.1. Young People: Knowledge about HIV Prevention GARP DD	data available
Indicators for sex workers	
1.7. Sex Workers: Prevention programmes GARP DD	data available
1.8. Sex Workers: Condom Use GARP DD UA	data available
1.9. Sex Workers: HIV Testing GARP DD UA	data available
1.10. Sex Workers: HIV Prevalence GARP DD	data available

UA	
Indicators for men who have sex with men	
1.12. Men who have sex with men: Condom Use GARP DD UA	data available
1.13. Men who have sex with men: HIV Testing GARP DD UA	data available
1.14. Men who have sex with men: HIV Prevalence GARP DD UA	data available
Migrants	
1.18 Migrants: Condom Use DD	not relevant
1.19 Migrants: HIV Testing DD	not relevant
1.20 Migrants: HIV Prevalence DD	not relevant
Prisoners	
1.21 Prisoners: HIV Prevalence DD	no data available

Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015

	Submission
	Submission
2.1. People who inject drugs: Prevention Programmes GARP DD UA	data available
2.2. People who inject drugs: Condom Use GARP DD UA	data available
2.3. People who inject drugs: Safe Injecting Practices GARP DD UA	data available
2.4. People who inject drugs: HIV Testing GARP DD UA	data available
2.5. People who inject drugs: HIV Prevalence GARP DD UA	data available

Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths

	Submission
	Submission

	Submission
3.1. Prevention of Mother-to-Child Transmission GARP DD UA	data available

Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015

	Submission

	Submission
4.1b Treatment: Antiretroviral Therapy among People Diagnosed with HIV Infection GARP DD UA	data available
4.5 Late HIV Diagnosis DD UA	no data available

Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015

	Submission

	Submission
5.1. Co-Management of Tuberculosis and HIV Treatment GARP DD UA	data available

Target 6. Reach a significant level of annual global expenditure (US$22-24 billion) in low and middle-income countries

	Submission

	Submission
6.1 AIDS Spending - Domestic and international AIDS spending by categories and financing sources GARP DD	02-04-2012

Target 7. Critical enablers and synergies with development sectors

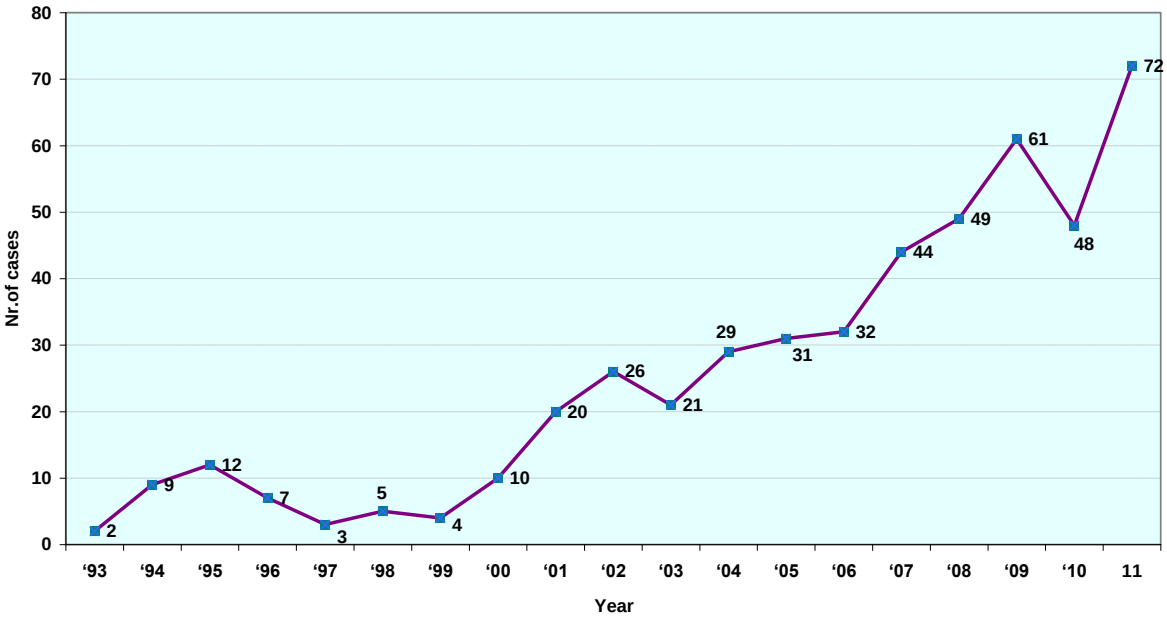
	Submission

	Submission
7.1 NCPI GARP DD	
7.1c European Supplement to the NCPI DD	02-04-2012

III. Overview of the AIDS epidemic

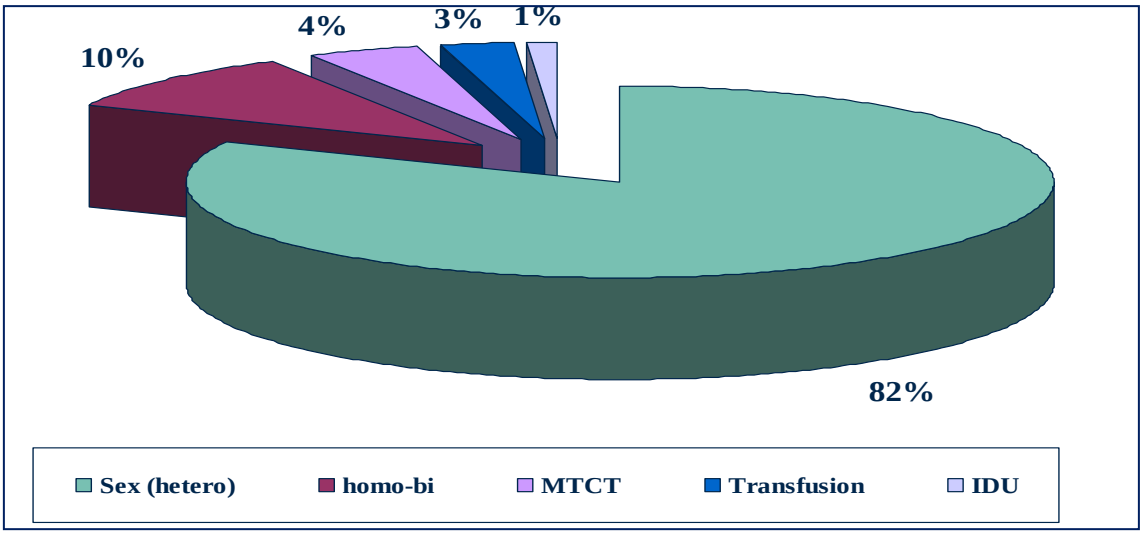
Albania remains a low HIV prevalence country. Nevertheless the trend of HIV infection is going up and the estimates show a high number of undiagnosed cases. This fact emphasizes that is very important to strengthen continually the Surveillance System and to promote the Voluntary and Counseling Centers (VCT) especially for vulnerable groups. As of December 2011, 485 cases of HIV have been identified; 72 new cases were identified during 2011.

Figure 1. Distribution of HIV and AIDS cases in years (1993-2011)



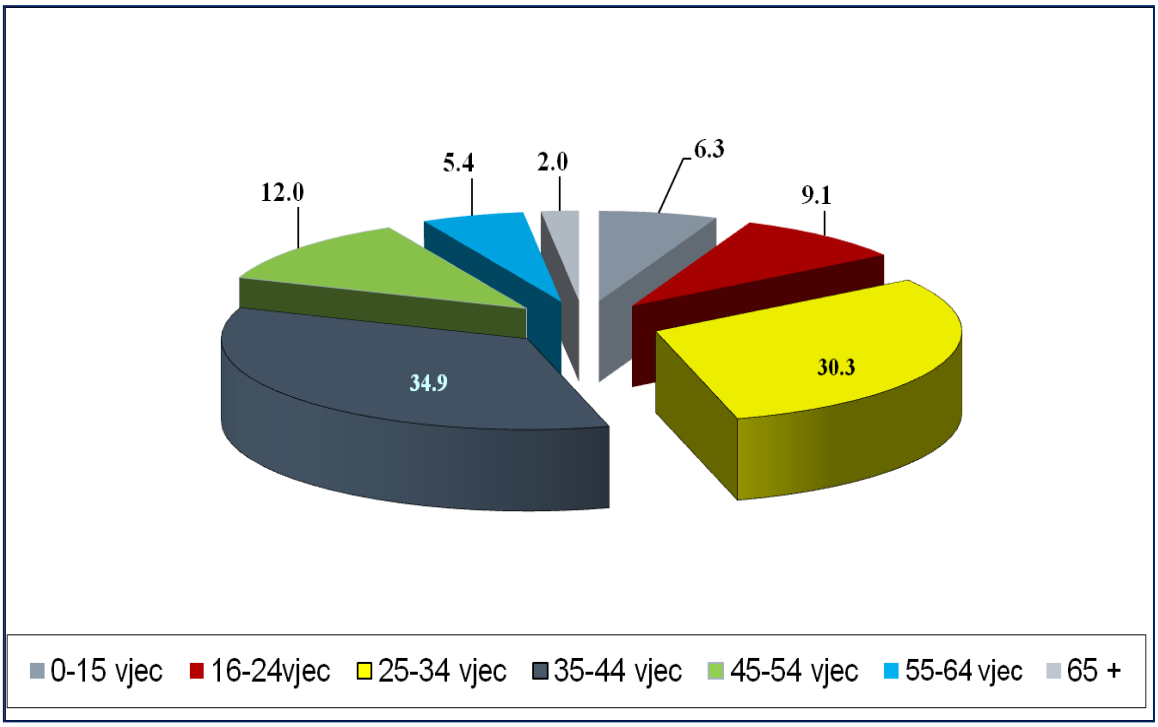
More than 90 % of these infections occurred due to sexual contact (82% heterosexual and 10% homo-bisexual). HIV transmission via infected blood has been confirmed in 3 percent of cases, and mother-to-child-transmission (MTCT) in 4 percent of the cases.

Figure 2. Distribution of HIV cases by mode of transmission



The most affected age group is people between the ages of 25 and 44 years

Figure 3. Distribution of HIV cases by age group



IV. National response to the AIDS epidemic

The Albanian response to HIV/AIDS had been focused on prevention, and includes measures of primary, secondary and tertiary prevention. A large proportion of measures for HIV/AIDS prevention are based on health education in the general sense, especially focusing on populations with high risk behaviour, with the goal of changing such behaviour. Due to the low level of HIV/AIDS risk in Albania these measures are predominantly focused on promotion of protective behaviour in general population and adolescent population and on prevention of determined risk behaviour within certain most–at–risk groups. A part of these measures refers to risk reduction among populations such as MSM, IDUs, SWs, promiscuous persons, sexual partners of HIV positive persons and others. Protection measures against nosocomial infections as well as blood control and control of immunobiologic preparations are continually conducted in Albania and these measures should be conducted further on. Respecting and promoting human rights of HIV infected persons is also of exceptional importance. HIV infected people have a right to privacy, normal education, health care, housing and nondiscriminating relations in all aspects of their life.

The National HIV/AIDS Strategic Plan 2010–2015 states that the National HIV/AIDS/STI Programme is responsible for coordinating the efforts of government agencies, NGOs and international organisations to achieve programme objectives, and for ensuring adherence to national policies. The National HIV/AIDS Programme is located within the Institute of Public Health (IPH). It coordinates all reference laboratories and departments within IPH, relevant clinics and other strategic partners in regard to HIV/AIDS/STI. Despite its successes, the established strategic partnership needs to be strengthened further in order to increase the effort for implementing effective interventions, better planning, and strengthening civil society and government, public, and private partnerships.

Legal acts ensuring health and human rights

Laws and regulations in Albania have been developed and implemented in line with the HIV/AIDS epidemiological situation and the country's economic and social development. The revised Law on Preventing the Spreading of HIV/AIDS in the Republic of Albania was adopted by the Albanian Parliament in 2008. The law addresses the most critical legal aspects of HIV/AIDS including discrimination, the right to keeping one's job, information consent, confidentiality, free access to information and treatment, the establishment of "safe places" where affected people have access to life saving treatment, and a complaints mechanism. The law provides for the right to treatment and care, and it also provides opportunities for new scientific research in HIV/AIDS.

The Assembly of the Republic of Albania, on 04.02.2010 passed law No. 10 221, "For the protection against discrimination". Pursuant to this law, the Commissioner for the protection from Discrimination was established as an institution which exercises its authority independently, which ensures efficient protection from discrimination and any kind of behaviour which incites discrimination due to gender, race, colour, ethnicity, language, gender identity, sexual orientation, political, religious or philosophical beliefs, economic, education or social situation, pregnancy, parentage, parental responsibility, age, family or marital condition, civil status, residence, health status, genetic predispositions, disability, affiliation with a particular group, or for any other reason.

Confidential and voluntary counselling and testing

HIV transmission can be reduced by promoting behaviour change and providing psychosocial support to people with HIV/AIDS. Research has shown that VCT programs are; effective in promoting behaviour change, cost-effective, and practical as one of the most effective strategies for HIV infection prevention in countries with limited resources. HIV/AIDS counselling and testing plays two major roles in preventing and controlling HIV/AIDS: first, prevention through behaviour change, using risk assessments and reduction planning; and second, care through psychosocial support to help patients plan their future. People who receive negative test results have a chance to change their behaviour in order to keep their HIV test results negative and those who are HIV-positive can protect themselves against reinfection and opportunistic infections, can seek medical care for early symptoms and, perhaps most importantly protect other people who they could infect.

VCT centres have been established in all prefectures (12) providing counseling and voluntary testing for HIV/AIDS and other STIs.

Diagnostic and Treatment capacity

ARVs have been provided to people living with HIV/AIDS in Albania since mid-2004, and is carried out in inpatient and outpatient settings at TUHC and Infectious Disease Service. An Outpatient Clinic for persons with HIV/AIDS was opened with Global Fund support at the end of 2007. The clinic provides services in the areas of ART, its monitoring, psychosocial support, voluntary HIV/STI counselling and testing, TB diagnosis test (skin test), and preventive medication service. Diagnostic capacities of IPH have increased and viral load measurement techniques were introduced.

ARV therapy is started, applied and monitored on the basis of a guideline approved by the Infective Disease Department and Service and the Albanian Infective Diseases Association. The therapy and its side effects are monitored through routine check-ups and various laboratory tests including the measurement of CD4 levels, which helps monitor the therapy progress more accurately. In addition, IPH has started to apply the measurement of viral load for the HIV infection.

Community involevement

There are about 16 NGOs (mainly under the global fund grant) which focus their activities on HIV/AIDS, but many more also include HIV/AIDS prevention activities and harm reduction activities in their programs. Stop AIDS, Aksion Plus, implement harm reduction programs and MMT for injecting drug users. ACPD, NAPH work with Roma communities in Tirana, Durres, Elbasan, Lezha, Shkodra, Fier, and Vlora. MSM organizations have started to organize prevention activities among their community (SGA and ALGA). The PLWHA Organization has actively addressed the needs of persons living with HIV/AIDS.

Representatives of NGOs have organized IEC activities especially targeting young people, using a variety of methods, including TV and radio programs, publication of posters, booklets and leaflets, seminars, conferences, painting exhibitions, competitions etc. Training of peer educators is a method commonly used in schools, army, and prisons. Involvement of NGOs in activities organized in the framework of International Campaigns against AIDS (finalized with World AIDS Day) has been highly effective.

Periodical NGO meetings on HIV/AIDS have taken place since late 2002, as a result of UNICEF and IPH initiatives

Surveillance

The responsibility for HIV surveillance in Albania has been with the Institute of Public Health (IPH). The IPH is the central level institution under the MoH that is responsible for prevention and control of infectious diseases. The IPH operates through the District Primary Health Directorates, and collects infectious disease surveillance information from disease-based and syndrome-based systems.

Until 2005, sentinel clinic surveillance was the most common method of monitoring prevalence of HIV infection in Albania. Sentinel groups were established in Tirana to measure the trends of the epidemic among injecting drug users (IDUs), pregnant women, and new military recruits.

In 2005, a ***second-generation HIV-surveillance (SGS) system*** was initiated in accordance with UNAIDS/WHO guidelines. SGS is a surveillance system, capable of monitoring HIV-related biological and behavioural trends on a regular basis (every three years). It allows monitoring the

impact of HIV/AIDS prevention, care and treatment programmes, and provides the basis for planning and programming decisions. The first Bio-BSS study in 2005 (IDU, MSM, and Roma population) provided a solid base for ongoing surveillance of high-risk behaviour as an integral part of the Albanian National AIDS Programme's Monitoring and Evaluation Plan. The second and the third round of Bio-BSS were conducted in 2008 and 2011, allowing to establishtrends in HIV rates and related risk behaviours among key most-at-risk populations (MARP), which provided an indication of the combined effects of different interventions.

V. Best Practices

Albania has implemented a GFTAM grant for the period 2007 – 2012, which provided essential services to the most vulnerable sub-populations to fill these critical gaps.

Highlights of the intervention under the GFTAM include:

- *Expanding existing harm reduction programs and establishing new ones* – currently 4 harm reduction programs are functioning, offering a range of services to IDU
- *Establishing and expanding drug substitution therapy with Methadone* - from one center offering this services in capital city, now 5 other centers are established in other districts.
- *Expanding of VCT services by establishing new VCT centers* - prior to the Global Fund project there were only two voluntary counseling and testing (VCT). Starting from 2010 all the VCT centers are taken over by the Ministry of health, assuring the continuity and sustainability of this service
- *Establishment of Outpatient Clinic for HIV/AIDS*- the services provided at the Department of Infectious Diseases were strongly focused on in-patient services, it was a necessity the establishment of an outpatient clinic. For this purpose a ward within the building of the hospital was renovated and fully equipped.

- *Establishing and expanding preventive programs with Roma community* - aimed at increasing awareness of Roma community on the HIV/AIDS prevention issues though promoting preventive approaches regarding STI/HIV/AIDS, and encourage voluntary testing among Roma People and though strengthening the capacities among medical staff and peer educator in areas where Roma are located.

- *Multisectoral cooperation has significantly improved* thanks to the Global fund project, notably resulting in involvement of civil society in the policymaking process through civil society representatives' active role in the CCM.

VI. Major challenges and remedial actions

Obstacles to expanding the national response

- Lack of sustainability of services, especially for the harm reduction programs, as Albania closed of the GF grant end of March 2012, and is not anymore eligible to apply. This will lead to inadequate funding of many preventive programs, especially for Most At risk Population

- Lack of integration of existing health programs results in ineffective services and awareness, especially for vulnerable groups.
- Difficulties in the coordination of ARV supply chain activities actions and the lack of appropriate management systems
- Legal status of SWs makes very difficult to provide meaningful outreach, social, and health services to this large at risk group. No legal basis needle exchange programs.
- Inadequate referral systems to HIV and STI diagnostic services.
- Inability to track and monitor migrants means that many people who could be affected go undetected.

Opportunities for expanding the national response

- Albania is a country of low prevalence and this means that there is far greater opportunity to contain the spread of HIV.
- The improved and comprehensive legislation provides a more favorable environment for prevention and treatment.
- There is a health framework in place which can be built upon to provide services to the most at risk members of the population.

VII. Support from the country`s development partners

Many of the United Nations agencies present in Albania have been actively involved in the area of prevention and control of HIV/AIDS.The UN Theme Group on HIV/AIDS in Albania was established in 1997. The assets of the UN Theme Group in Albania are shared responsibility, advocacy, and a consensus policy.

The contribution of to the national response consisted:

- Support to Government in development of relevant national policies, such as the new HIV/AIDS strategy (2010-2015)
- Support in strengthening of national HIV/AIDS and STIs surveillance system through capacity building trainings in research study design, data analysis and data use and review of the current surveillance system with specific recommendations for its adjustments and improvements;
- Support research programs (Behavioral Surveillance among , IDU, MSM and Roma Population, and Most at Risk Adolesecnts), IEC programs, preparation of life skills manual, health education in schools, project on youth friendly services, trainings of health personnel, representatives of NGOs, vulnerable groups, programs of reproductive health and facilitated the implementation of of social marketing of condoms.