

**Implementation of the Declaration on  
commitment to combat HIV/AIDS  
(UNGASS)**

**Country report**

For the period January-December 2005

**ALBANIA**

## List of abbreviations

AIDS	- Acquired Immunodeficiency Syndrome
ARV	-Anti-retroviral Therapy (ARV)
HAART	-Highly active antiretroviral therapy
HIV	- Human Immunodeficiency Virus
IDU	- Injection drug-users
MSM	- Men having sex with men
MTCT	- Mother-to-Child Transmission
NAP	- National AIDS Programs
NGO	- Non-governmental organization
PLHA	- People living with HIV/AIDS
PLWHA	-People Living With HIV/AIDS
PMTCT	-Prevention of Mother-to-Child Transmission of HIV
STI	- Sexually transmitted infections
TB	- Tuberculosis
UNICEF	- United Nations International Children's Emergency Fund
VCT	- Voluntary counseling and testing

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## AN OVERVIEW OF HIV/AIDS SITUATION IN ALBANIA

The scale and dynamics of the HIV/AIDS epidemic in Albania are difficult to characterize at present. A number of 174 cases of HIV infection have been identified since 1993. Since January 2005 till now, 25 new cases have been identified. Only 26 blood donors have been found positive since testing for HIV began in 1986. The dominant way of transmission is sexual (over 90%) and the age group the most affected is from 30 to 40 years old. The mode of transmission via infected blood is confirmed in 8 cases, MTCT in 5 cases, IDU 1 case and for 2 cases mode of transmission is not determined.

It is essential to note that very little is known about how the AIDS epidemic is or will be transmitted in Albania. Rising rates of injecting drug users, a population of women who have engaged in commercial sex while living outside the country, an increasing migratory population, marginalized ethnic groups, and a homosexual population that is highly stigmatized suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on seroprevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be disturbing.

It is presumed that specific groups at high risk such as intravenous drug users (IDUs), and men who have sex with men (MSM) will fuel transmission, with other groups providing bridging opportunities (such as Roma) particularly in this, its earliest stages. This is meaningful because generally risks of HIV transmission associated with these groups is very high, indicating that prevalence rates can significantly increase in very short periods of time.

Voluntary Counseling and Testing centers are a new phenomenon in Albania with few facilities currently being set up. Testing is conducted by the Institute of Public Health and the University Hospital Center in Tirana, which is offering also treatment for the

PLWHA. There is a great need for surveillance among groups that may be at high risk in order to determine HIV prevalence, knowledge, and risk behaviors so that modes of transmission and potential spread to the general population can be ascertained.

With regards to AIDS and HIV-positive individuals, there is at least the perception of a significant lack of confidentiality, as well as severe stigma, discrimination, and rejection at all levels of society. To this effect, individuals and families may resist talking about HIV/AIDS. Ignorance and a sense of disbelief or apathy around HIV/AIDS also impede discussion of this issue.

## 1. Counseling and Testing (VCT)

*Currently, there are established VCT centers in Albania. Both of these are in Tirana. One is operated by Institute of Public Health and the other one by the NGO APRAD with support from Project Hope/SIDA. VCT is offered for young people in Vlora, as part of Youth Friendly Services established by UNICEF. The VCT center at the Institute of Public Health functions as a reference center, offering confirmatory HIV testing, monitoring and evaluation of VCT and VCT training. In addition, there is a NGO “STOP AIDS”, which is offering counseling but not testing.*

Item	Response	Time Period	Source
1. How many clients were provided with Voluntary Counseling and Testing by the public/NGO sector in the last year? (Note: This does not include diagnostic testing. It only refers to people voluntarily seeking the service.)	1096 <sup>1</sup>	October 2004-2005	NAP, IPH APRAD STOP AIDS
2. How many public/NGO sites currently offer VCT	3 <sup>2</sup>	October 2005	NAP

services?			
3. How many clients were provided with counseling and testing through the Routine Offer of Counseling and Testing by the public/NGO sector in the last year?	9000 <sup>3</sup>	October 2004-2005	National Blood Transfusion Center
4. Does the commercial sector provide a significant amount of counseling and testing services (i.e., more than 10 percent)?	NO		NAP
a. If so, how many clients received C&T services?			
b. If the number is not known, please provide your best estimate of the proportion of all C&T services that is provided by the commercial sector?			
5. Are family planning services or referral to family planning services included as part of VCT services?	NO		NAP

<sup>1</sup> 96 clients were offered only counseling and not testing. (“STOP AIDS” NGO)

<sup>2</sup> One Center is included in the Youth Friend Services Center in Vlora, and provides VCT only to young people. ( 200 young people were provided VCT)

<sup>3</sup> Is the number of blood donors screened for HIV.

## 2. Prevention of Mother-to-Child Transmission of HIV (PMTCT)

In 2005 there are no HIV cases among pregnant women in Albania. Prevention of mother-to-child transmission (PMTCT) that provide prevention services to those who are HIV-positive are available. Prevention services include treatment with AZT, Nevirapine or other anti-retroviral drugs.

### 3. Condoms

Item	Response	Time Period	Source
1. How many condoms were distributed free or sold to consumers in the last year by the public/NGO sector?	3 644 134	October 2004-2005	1. NESMARK 2. Reproductive Health Sector, MOH
If possible, please indicate how many were provided by:			
a. government distribution	519 784	October 2004-2005	
b. social marketing	3 124 350	October 2004-2005	
2. Does the commercial sector provide a significant amount of condoms (i.e., more than 10 percent)?	NO		
a. If so, how many condoms were distributed by the commercial sector last year?			
b. If this is not known, please estimate the proportion of all condoms that are distributed by the commercial sector?			

#### 4. Injecting Drug Users

Item	Response	Time Period	Source
1. How many clients used the following services provided by the public/NGO sector in the last year? <ul style="list-style-type: none"> <li>Risk reduction information, education and counseling. HIV/IDU risk reduction advice/counseling, including professional and peer outreach?</li> </ul>	882	October 2004-2005	APRAD, AKSION+ (NGO)
<ul style="list-style-type: none"> <li>Needle and syringe programs. Needle and syringe programs increasing access to sterile injecting equipment (through exchange, distribution or vending) or decontamination programs?</li> </ul>	804	October 2004-2005	APRAD, AKSION+ (NGO)
<ul style="list-style-type: none"> <li>Drug substitution treatment. Drug substitution treatment including the use of methadone, buprenorphine or other opioid agonists?</li> </ul>	121	October 2004-2005	APRAD, AKSION+ (NGO), National Toxicology Clinic
2. How many public/NGO sites offer prevention services to IDU? <ul style="list-style-type: none"> <li>Risk reduction information, education and counseling?</li> </ul>	3	October 2004-2005	
<ul style="list-style-type: none"> <li>Needle and syringe programs?</li> </ul>	2	October 2004-2005	
<ul style="list-style-type: none"> <li>Drug substitution treatment?</li> </ul>	2	October 2004-2005	

## 5. Vulnerable Populations

Population group	Number	Range	Time Period	Source
1. Please provide the best available estimate of the number of people in each of the following populations? If a range is available for the estimate, please provide that as well.				
a. Sex workers	NA			
b. Men who have sex with men	NA			
c. Injecting drug users		3500-5000	2005	National Drug Demanding Strategy
d. Prisoners	3061		2004	Ministry of Justice
e. Children living on the streets	NA			

## 6. Home-based Care

Home-based care is external support provided to chronically ill individuals and their families. It may include counseling, medical care, supplies for medical care, clothing, extra food, help with household work, companionship, financial support, legal services, training for care-givers, school fees, shelter or other medical or social services.

These questions should generally be answered by the person in charge of HIV/AIDS care within the national AIDS program or the Ministry of Health.

Item	Response	Time Period	Source
1. How many people received support through community and home-based care programs in the last 12 months?	2*	2005	Clinic of Infection Diseases
2. How many people with known HIV infection are in need of home-based care and support?	20 %		Clinic Of Infection Diseases

\* In these cases the home care is given on voluntary basis, as there are no such services for PLWHA.

## 7. Treatment of Opportunistic Infections

Level of care	Capital City	Other urban areas	Rural areas
Less than essential		X	X
Essential			
Intermediate			
Comprehensive	X		

## 8. Prophylaxis for Opportunistic Infections

These questions should generally be answered by the person in charge of HIV/AIDS care within the national AIDS program or the Ministry of Health.

Item	Response	Time Period	Source
1. How many HIV-positive adults currently receive cotrimoxazole prophylaxis?	5	October 2005	
2. How many children currently receive cotrimoxazole prophylaxis?	2	October 2005	
3. How many HIV-positive adults currently receive isoniazid prophylaxis?	0	October 2005	

## 9. Anti-retroviral Therapy (ARV)

Item	Response	Time Period	Source
1. How many clients are currently provided with ARV therapy by the public/NGO sector?	36	October 2005	
If possible, please indicate:	-		
a. How many were new users this year?	-		
b. And how many were continuing users from previous years?	-		
c. How many are women?	12	October 2005	
2. How many public/NGO sites offer ARV therapy services?	1	October 2005	
3. Does the commercial sector provide a significant amount of ARV therapy (i.e., more than 10 percent)? (This could include people purchasing their own drugs or employers who provide ARV therapy for employees.)	No	October 2005	National AIDS Program
If so, how many clients are provided with ARVs by the commercial sector?			
If the number is not known, approximately what proportion of all ARV therapy is provided by the commercial sector?			
4. If you have an estimate of the number of people needing ARV therapy in your country, please provide it.	50		

## 10. School-based HIV/AIDS Prevention Education

Item	Response	Time Period	Source
1. Is HIV prevention part of the formal curriculum for secondary school?	NO	2005	Ministry of Education
2. Is HIV prevention part of the formal curriculum for primary school?	YES	2005	Ministry of Education
3. What percentage of secondary schools currently provide HIV prevention education? (The schools should have teachers trained in skills-based HIV/AIDS education and they should be teaching it.)	-		
4. What percentage of primary schools currently provide HIV prevention education? (The schools should have teachers trained in skills-based HIV/AIDS education and they should be teaching it.)	80 %*		Ministry of Education

\* During the period 1994-1996, a training programme on life skill based education (including HIV) took part, and 100 % of schools had at least a trained teacher. After this period no such training were organized. No accurate data do exist, but based on the assumption of the number of teacher retired and who have moved, the Ministry of Education gives a figure of 80 %.

## I. POLITICAL SUPPORT

	2005
<p>1. Does the head of the government, and/or other high officials, speak publicly and favorably about AIDS issues at least twice a year?</p> <p>Head of government</p> <p>Other high officials</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is there a National AIDS Council or Commission outside the Ministry of Health that coordinates the multi-sectoral AIDS program?</p> <p>If so, is the Head of the Council or Commission chaired by the President, Vice President, Prime Minister or Deputy Prime Minister?</p> <p>Does the Council or Commission include active participation of representatives of civil society?</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Has AIDS been declared a national disaster?</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Has the country submitted an application for funding to the Global Fund for AIDS, Tuberculosis and Malaria?</p> <p>If so, has the application been approved by the</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Global Fund?	
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## II. POLICY AND PLANNING

	2005
1. Does a favorable national AIDS policy exist?	√ __ Yes __ No
2. If a national policy does not exist, are policy statements included in the national strategic plan?	__ Yes __ No
3. Which of the following areas are addressed in the policy or strategic plan?	
a. Human rights?	1 √ _____
b. PLHA involvement?	2 √ _____
c. HIV testing?	3 √ _____
d. Voluntary counseling and testing?	4 √ _____
e. Information and communications?	5 √ _____
f. Condom promotion and distribution?	6 √ _____
g. STI prevention and treatment?	7 √ _____
h. Safe blood?	8 √ _____
i. Prevention of mother-to-child transmission?	9 √ _____
j. Breastfeeding?	10 _____
k. Care and treatment?	11 √ _____
l. Gender?	12 √ _____
m. Youth?	13 √ _____
n. Research/surveillance?	14 √ _____
o. HIV/AIDS and poverty?	15 _____
p. Orphans?	16 _____

	2005
q. Migration?	17 <input checked="" type="checkbox"/> ___
r. Vulnerable populations?	18 <input checked="" type="checkbox"/> ___
Was the national policy developed in a participatory manner with significant involvement of civil society?	<input checked="" type="checkbox"/> ___ Yes ___ No
Reference for policy document: (title, date)	
National Strategy for Prevention and Control of HIV/AIDS in Albania, March 2003.	

### III. POLICY AND PLANNING (continued)

	2005
4. Is there a national strategic plan for AIDS?	√ __ Yes __ No
Does it include:	
a. formal program goals?	1 √ _____
b. detailed budget of costs?	2 √ _____
c. indications of funding sources?	3 _____
d. multi-sectoral strategies?	4 √ _____
e. a monitoring and evaluation plan?	5 _____
Reference for strategic plan (title, date):	

#### IV. EVALUATION, MONITORING AND RESEARCH

	2005
1. Is there an evaluation officer responsible for monitoring and evaluation activities of the national program?	√ __ Yes __ No
a. If so, what is the title of this officer?	M&E Officer
b. If so, is the monitoring and evaluation officer full-time on monitoring and evaluation?	√ __ Yes __ No
2. Which of the following components are including in the HIV/AIDS surveillance system. Please check all that apply.	
a. AIDS case reporting	a. √ ____
b. Annual HIV surveillance estimating prevalence among	
1. pregnant women	1 ____
2. STI patients	2 ____
3. tuberculosis patients	3 ____
4. commercial sex workers	4 ____
5. men who have sex with men	5 ____
6. injecting drug users	6 ____
7. uniformed services	7 ____
c. Regular behavioral surveillance among key populations	c. √ ____
d. Periodic national population surveys on HIV/AIDS knowledge, attitudes, beliefs and behaviors	d. ____
3. Are evaluation and research results actively employed in policy formulation and program planning?	√ __ Yes __ No

## V. LEGAL AND REGULATORY ENVIRONMENT

	2005
<p>1. Public health and other legislation and policies authorize and empower public health authorities to provide comprehensive prevention and treatment services, including:</p> <p>a. HIV/AIDS information and education, for the general population and for targeted populations.</p> <p>b. voluntary HIV testing and counseling</p> <p>c. sexually transmitted disease services, and, sexual and reproductive health services.</p> <p>d. condoms, as a means of HIV/AIDS prevention.</p> <p>e. drug treatment, care and support for AIDS-related illnesses.</p>	<p style="text-align: center;">√__Yes    __No</p> <p style="text-align: center;">√__Yes        __No</p> <p style="text-align: center;">√__Yes        __No</p> <p style="text-align: center;">√__Yes        __No</p> <p style="text-align: center;">√__Yes        __No</p>
<p>2.</p> <p>a. Legislation and policies do not authorize coercive measures such as isolation, detention or restriction of liberty or detention of persons living with HIV/AIDS, merely on the basis of their HIV status.</p> <p>b. Where legislation authorizes the restriction of the liberty of persons living with HIV/AIDS to reduce real</p>	<p style="text-align: center;">√__Yes        __No</p>

	2005
risk of transmission then such circumstances are prescribed within the law and due process such as the right to be heard, right to representation and the right to appeal are guaranteed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Public health legislation and policies require that blood/tissue/organ supply is free of HIV and other blood-borne disease.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	2005
4. Legislation and policies require that information relative to HIV and AIDS cases, known or reported through the course of employment, is subject to strict rules of data protection and confidentiality.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Criminal law or other legislation does not include specific offences against intentional transmission of HIV/AIDS. (Where appropriate, this is covered under the general criminal, public health or mental health law.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Legislation, policies, and programs support reducing the risk of HIV transmission among injecting drug users by providing HIV-related care and treatment for injecting drug users, such as, authorization or legalization and promotion of needle and syringe exchange programs, including prosecution protection for intermediaries dispensing such needles and syringes. (If injection drug use is not a significant mode of HIV transmission in your country, please skip	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>this question.)</p>	
<p>7.</p> <p>a. Legislation, policies, and programs prohibit discrimination, in the private and public sectors, on the basis of HIV status.</p>	<p>✓__Yes __No</p>
<p>b. Legislation, policies and programs contain provisions that protect from discrimination members of vulnerable groups such as women, men who have sex with men, sex workers, and prisoners.</p>	<p>✓__Yes __No</p>
<p>8. Legislation and policies protect and promote workplace rights, including:</p>	
<p>a. prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits).</p>	<p>✓__Yes __No</p>
<p>b. confidentiality of employees' medical and personal information, including HIV/AIDS status.</p>	<p>✓__Yes __No</p>
<p>c. employment security (e.g., no unfair dismissal rules) for HIV-positive workers able to work, including reasonable alternative working arrangements, and social security and other benefits where workers are no longer able to work.</p>	<p>__Yes __No</p>
<p>d. access to information and education programs on HIV/AIDS, as well as to relevant counseling and appropriate referral.</p>	<p>✓__Yes __No</p>
	<p>2005</p>
<p>9. Legislation and policies may regulate the quality,</p>	

<p>accuracy and availability of HIV-related goods, services and information to ensure availability of prevention measures and services, adequate HIV prevention and care information, and safe and effective medication at affordable price. Do legislation and policies include:</p>	
<p>a. consumer protection against fraudulent claims; and regulatory approval for sale, distribution and marketing of pharmaceuticals, vaccines and medical devices only when they are safe and efficacious.</p>	<p><input checked="" type="checkbox"/> __ Yes __ No</p>
<p>b. regulation for condom quality.</p>	<p><input checked="" type="checkbox"/> __ Yes __ No</p>
<p>c. access to HIV prevention and care information, as well as to measures, such as condoms, bleach, home tests and/or rapid HIV test kits, sterile needles and syringes.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>d. adequate, safe and effective medication at an affordable price.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

## VI. PREVENTION PROGRAMS

	2005
<p>1. Which of the following prevention activities have been implemented. Check all programs that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations.</p> <p>a. An active program to promote accurate HIV/AIDS reporting by the media.</p> <p>b. A functioning logistics system for condoms and essential HIV/AIDS drugs</p> <p>c. A social marketing program for condoms.</p> <p>d. School-based AIDS education for youth</p> <p>e. Behavior change communications</p> <p>f. Voluntary counseling and testing</p> <p>g. Special programs for commercial sex workers</p> <p>h. Special programs for men who have sex with men</p> <p>i. Special programs for injecting drug users</p> <p>j. Special programs for other vulnerable populations</p> <p>k. Blood safety</p> <p>l. Nationwide program to prevent mother-to-child transmission of HIV</p> <p>m. Programs to ensure safe injections in health care settings</p>	<p>a. _____</p> <p>b. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>c. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>d. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>e. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>f. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>g. _____</p> <p>h. _____</p> <p>i. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>j. _____</p> <p>k. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p> <p>l. _____</p> <p>m. <u>  </u> <input checked="" type="checkbox"/> <u>  </u></p>



## VII. CARE AND TREATMENT SERVICES

	2005
2. Which of the following are part of care and treatment of HIV/AIDS. Check all that apply.	
a. HIV screening of blood for transfusion	a. <input checked="" type="checkbox"/>
b. Psychosocial support for PLWHA and their families	b. <input type="checkbox"/>
c. Palliative care	c. <input type="checkbox"/>
d. Treatment of common HIV-related infections : pneumonia, diarrhoea, oral thrush, vaginal candidiasis and pulmonary TB	d. <input checked="" type="checkbox"/>
e. Nutritional care	e. <input type="checkbox"/>
f. STI prevention (including condom use) and care	f. <input checked="" type="checkbox"/>
g. Cotrimoxazole prophylaxis among HIV-infected people	g. <input checked="" type="checkbox"/>
h. Universal precautions	h. <input checked="" type="checkbox"/>
i. Intensified case finding and treatment for TB, including for smear negative and disseminated TB among HIV- infected people	i. <input type="checkbox"/>
j. Preventive therapy for TB among HIV-infected people	j. <input type="checkbox"/>
k. Systemic antifungals for systemic mycosis (such as cryptococcosis)	k. <input type="checkbox"/>
l. Treatment of HIV-associated malignancies : Kaposi's sarcoma, lymphoma and cervical cancer	l. <input checked="" type="checkbox"/>
m. Treatment of extensive herpes	m. <input checked="" type="checkbox"/>
n. Post exposure prophylaxis of occupational exposure to HIV and <b>for rape (not for rape)</b>	n. <input checked="" type="checkbox"/>
o. Highly active antiretroviral therapy (HAART)	o. <input checked="" type="checkbox"/>
p. Diagnosis and treatment of HIV-related infections that	p. <input type="checkbox"/>

are difficult to diagnose and/or expensive to treat, such as atypical mycobacterial infections, cytomegalovirus infection, multiresistant TB, toxoplasmosis, etc q. Advanced treatment of HIV related malignancies	q. _____
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