

# Country progress report - Albania

Global AIDS Monitoring 2020





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# Overall

## Fast-track targets

### Progress summary

Albania continues to have a low HIV-prevalence epidemic. At the end of December 2019, a total of 1305 HIV cases had been reported. However, the number of reported new HIV cases has been increasing in recent years. Whereas the annual number of cases reported remained under 40 until 2006, between 2008 and 2018 the annual number of HIV diagnoses more than doubled from 49 cases (2008) to 127 cases (4.5 cases/100.000 which was the highest rate) in 2016, and 102 new cases in 2018.

At the end of 2019, HIV prevalence was estimated at 0.04%, while the incidence was 3.6 per 100,000 people.

However, the available data are likely to be an underestimation of the actual number of HIV cases. The available data are based on HIV testing data, while only a very small proportion of the population is being tested for HIV, especially among key populations. In addition, most HIV testing is carried out in late stages of infection (about 60% of the new reported cases), hence, the official figures reported do not represent the actual infection rate. According to UNAIDS Spectrum 2017, the number of people living with HIV in Albania was 1400.

Geographic distribution of HIV – The HIV epidemic is concentrated in the capital Tirana, where over a quarter of the 2.8 million Albanian population lives.

Modes of transmission – Although case-reporting data provides some self-reported information on routes of transmission, it does not provide accurate information about any specific risks, particularly among persons who are considered to have acquired HIV heterosexually. In 2019, the predominant mode of transmission was reported as heterosexual but the fact that almost three-quarters of HIV cases were males, as well as the fact that there is a relatively high number of sero-discordant couples, may indicate that MSM transmission) is underreported – possibly due to strong stigma and discrimination toward MSM.

### Key and vulnerable populations

Bio-behavioural survey data from the last IBBS studies conducted in 2019 revealed low rates of HIV infection among all key populations, although HIV prevalence had increased slightly to 1.4% among PWID and 2.0% among MSM. Among 150 female sex workers tested, only one HIV case was found. However, the IBBS results also indicated that high-risk behaviours were common among all KPs, particularly among PWID and MSM.

People who inject drugs (PWID) – Results from 2019 IBBS study showed relatively low HIV prevalence of 1.4%, and 3.8% for Syphilis. However, the Hepatitis C rate was very high at

44%. The number of HIV cases linked to injecting drug use has remained small over the years being attributed to drug injecting. Nevertheless, the reported high rates of needle/syringe sharing highlight the continued significant potential for the spread of HIV among PWID: preliminary results from the most recent 2019 IBBS study reveal that 41% of PWID shared needles or syringes in the last month: the majority of those who shared needles (25% of all PWID) did so with one person, while 14% of all PWID shared needles with two to three persons, and 2% with more than four.

A recent programmatic mapping assessment of key populations showed that highest proportion of PWID inject, usually in abandoned places/houses, open spaces, streets, parks etc. This mostly happens during times when these places are not frequented by ordinary people and therefore PWID is also not a very visible group. Injections usually are taken during early morning hours 05:00 to 11:00 am and during afternoon while there is enough light. Also, a small proportion of PWID use their homes for drug injecting and more hidden spots are frequent.

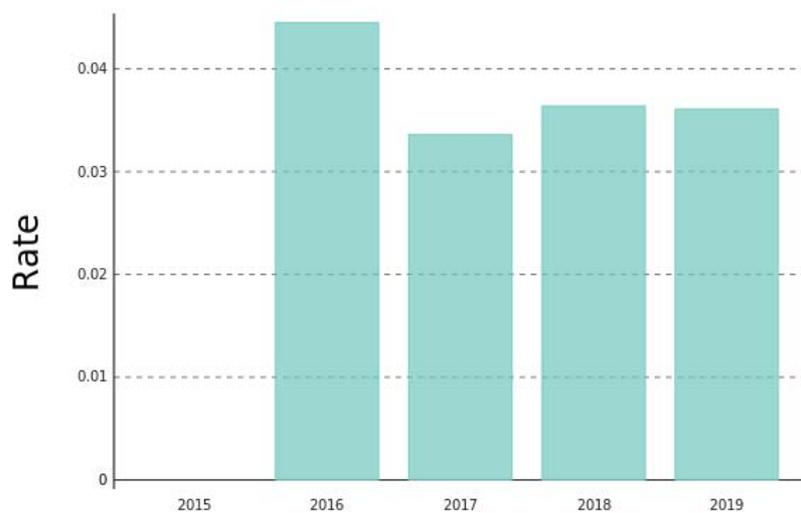
Men who have sex with men (MSM) – 2019 IBBS study shows an HIV prevalence of 2.0% and a Syphilis prevalence of 1.9%. In the 2011 IBBS study, one-quarter to one-third of sexually active MSM reported having four or more male partners; while only 14% of MSM report using condoms consistently. However, results of the 2019 IBBS study showed a much higher condom use at last sex (74%). Preliminary 2019 IBBS results reveal a very high proportion (58%) of MSM having sex with commercial partners, with 54% taking money or goods in exchange for sex. Condom use at last sex with a commercial partner was relatively high at 79%, although consistent condom use with commercial sex partners was only 55%. The relatively low rates of condom use leave MSM particularly vulnerable to HIV, while regular HIV testing is hampered due to high stigma and a lack of targeted anonymous testing services. However, comparison between the 2011 and 2019 IBBS results show a positive trend, from only 24% of MSM reporting ever having had an HIV test in 2011 to 50% in 2019.

MSM are the most hidden key population in Albania, hence MSM activities are not very visible owing to the overall stigma and discrimination experienced by this key population. A high number of MSM in Tirana visiting geographic locations were found in establishments like hotel, motels as opposed to open areas, and guest houses.

Sex workers (SW) – Results from IBBS studies in 2008, 2011 and 2019 reveal a declining trend in the proportion of sex workers who reported receiving money in exchange of sex before the age of 18 – from 50% in 2008 to 42.3% in 2008 and 31% in 2019. Similarly, in 2019, the percentage of SWs who received money in exchange of sex before the age of 14 was three times lower compared to 2011 (12.5%), while this was even higher in 2008 (15%). There are a number of typologies involved, each having its own operational dynamics and prevention needs. Sex work in Albania is centred around five different types of spots in Albania where FSWs congregate, find sexual partners, or engage in sexual activities, where more than one third of them frequent open spaces/bus stops, and parks. Sexual services are not offered only at these spots. There is evidence that many younger SWs, or so called “middle class” sex workers such as students and high school are active on social networks, which are not visible and extremely hidden.

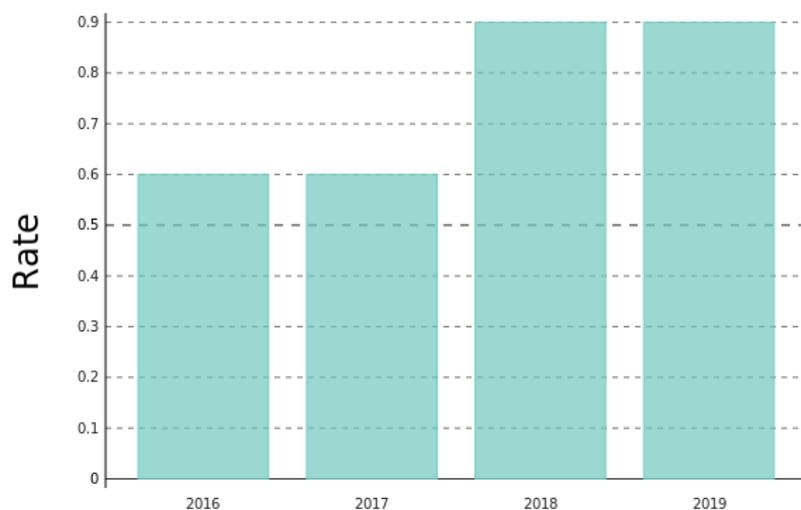
### 3.1 HIV incidence rate per 1000, Albania (2015-2019)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



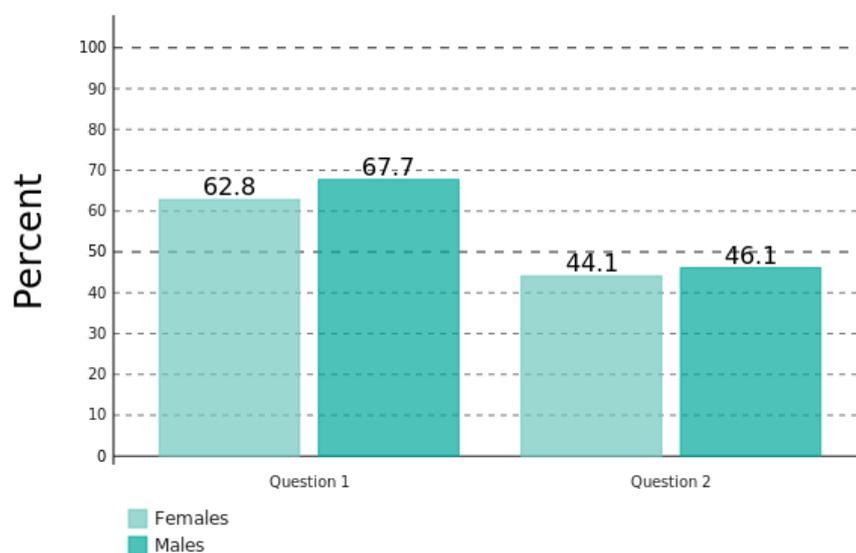
### 1.7 AIDS mortality per 100 000, Albania (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



## 4.1 Discriminatory attitudes towards people living with HIV, Albania (2018)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Policy questions (2019)**

**Is there a law, regulation or policy specifying that HIV testing:**

**a) Is mandatory before marriage**

No

**b) Is mandatory to obtain a work or residence permit**

No

**c) Is mandatory for certain groups**

Yes

Blood donors, military participating in NATO missions

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

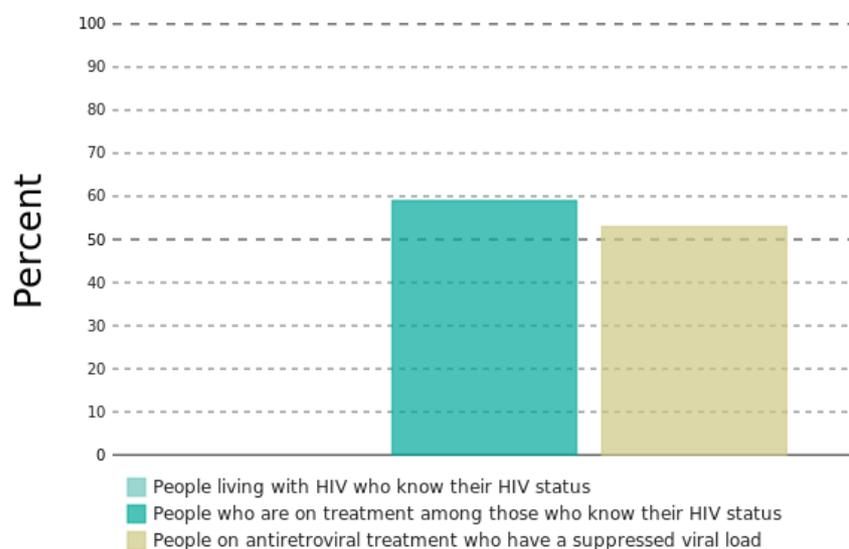
**a) For adults and adolescents**

Yes; Implemented countrywide (>95% of treatment sites)

**b) For children**

Yes; Implemented countrywide (>95% of treatment sites)

## Progress towards 90-90-90 target, Albania (2019)



The number of those known to be virally suppressed (n=323, 52% of those on ART, or 79% of those who had a VL test) does not give an accurate picture of the actual number who are virally suppressed: this is due to the fact that not all patients on ART were tested for viral load as a result of stockouts of VL test kits.

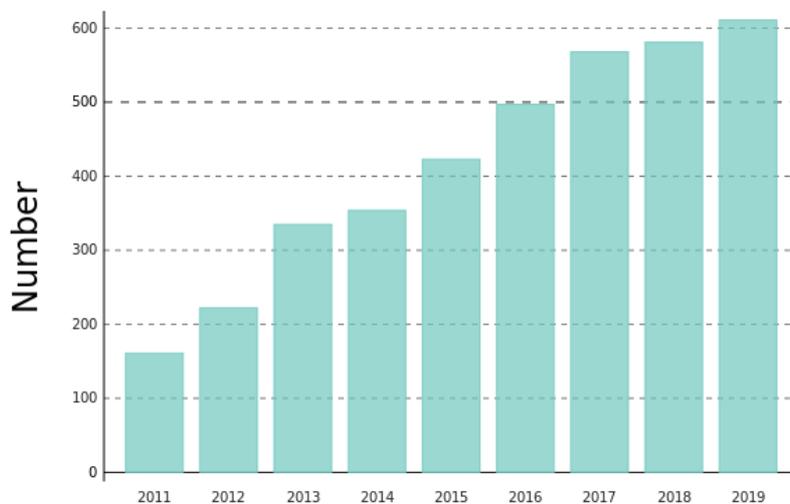
### 1.1 People living with HIV who know their HIV status, Albania (2017-2019)

Number of people living with HIV who know their HIV status



## 1.2 People living with HIV on antiretroviral therapy, Albania (2011-2019)

Number of people on antiretroviral therapy



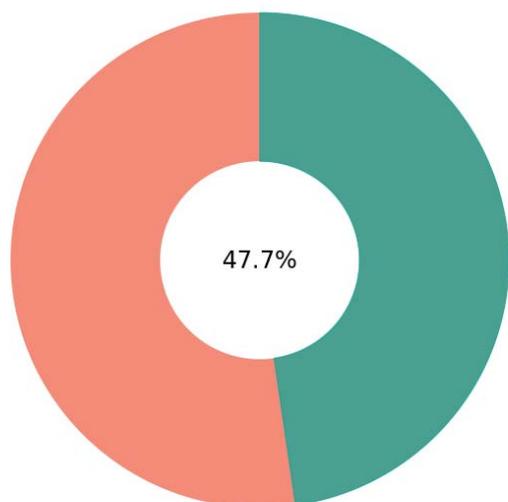
## 1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Albania (2017-2019)

Number of people living with HIV with suppressed viral loads



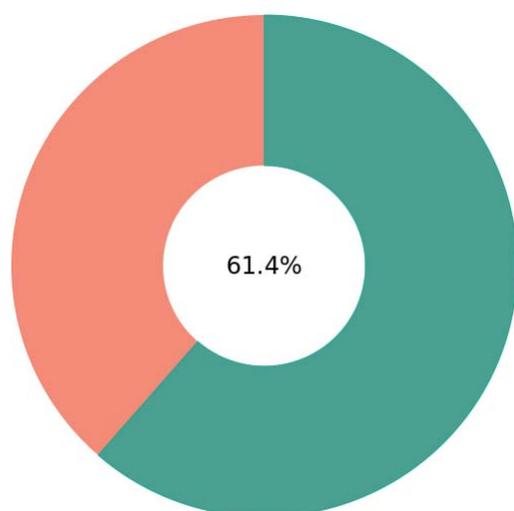
### 1.4 Late HIV diagnosis, Albania (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm3 during the reporting period



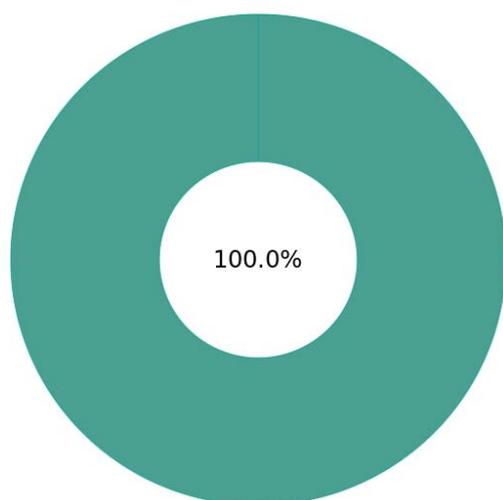
### 1.4 Late HIV diagnosis, Albania (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 during the reporting period



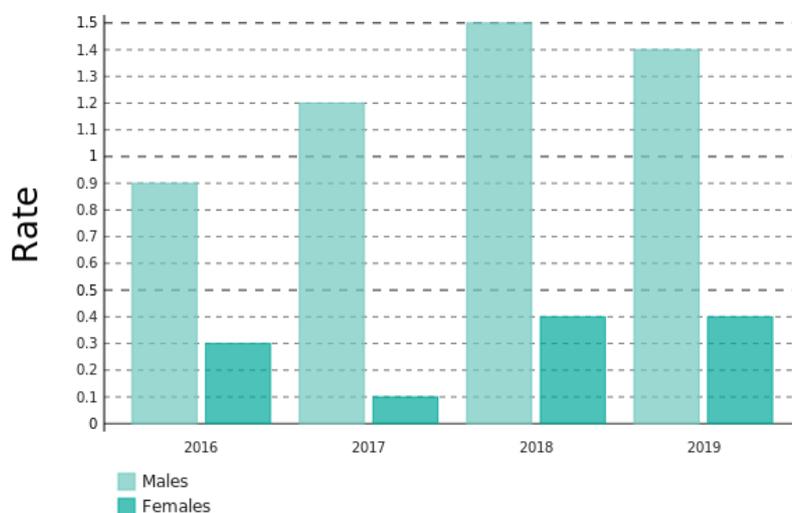
## 1.5 Antiretroviral medicine stock-outs, Albania (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



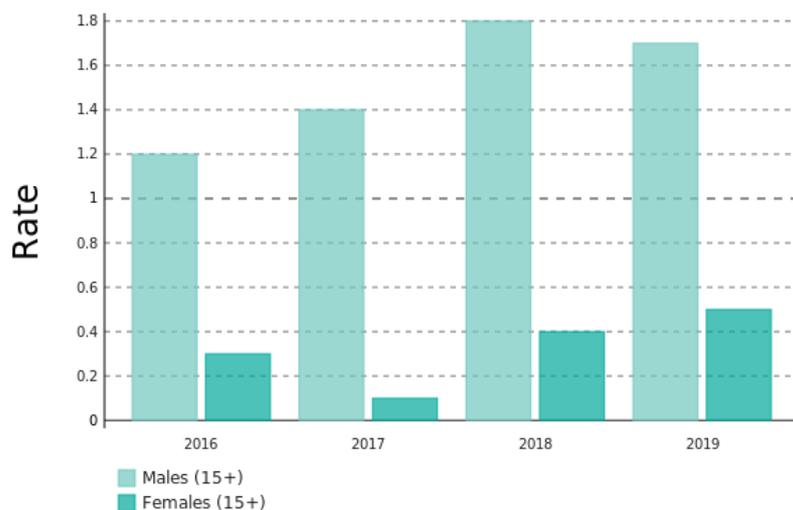
## 1.6 AIDS mortality rate per 100 000, Albania (2016-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



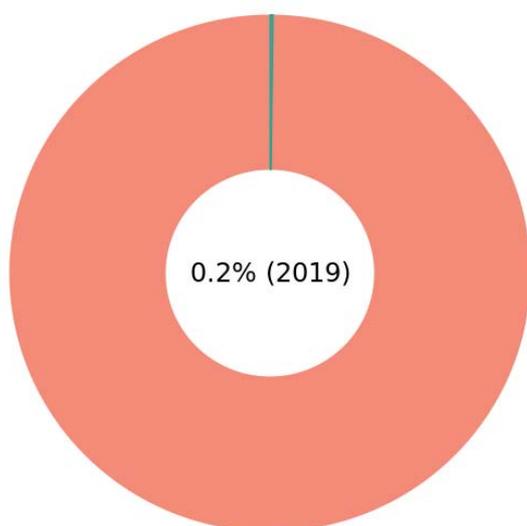
## 1.6 AIDS mortality rate per 100 000 among adults, Albania (2016-2019)

Total number of adults who have died from AIDS-related causes per 100 000 population



## 1.7 HIV testing volume and positivity, Albania

Pourcentage de tests positifs transmis aux personnes (dépistage positif) au cours de l'année calendrier



Number of HIV tests conducted = 42 381

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Policy questions (2019)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: -

Elimination target(s) (such as the number of cases/population) and year: -

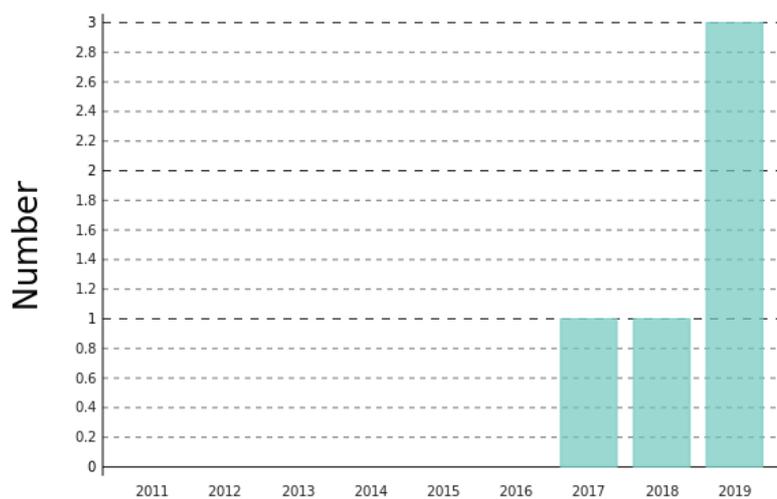
**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

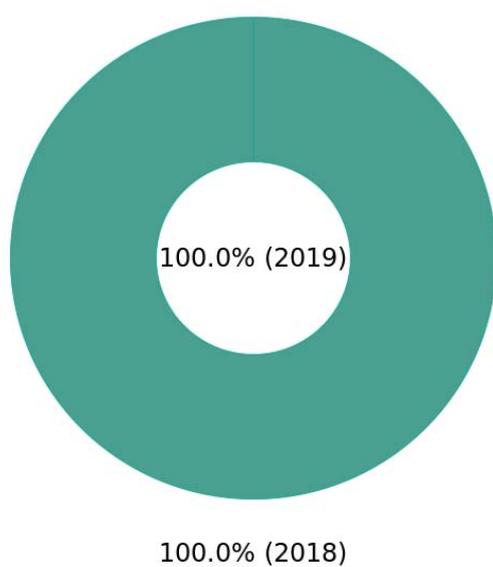
## 2.1 Early infant diagnosis, Albania (2011-2019)

Number of infants who received an HIV test within two months of birth

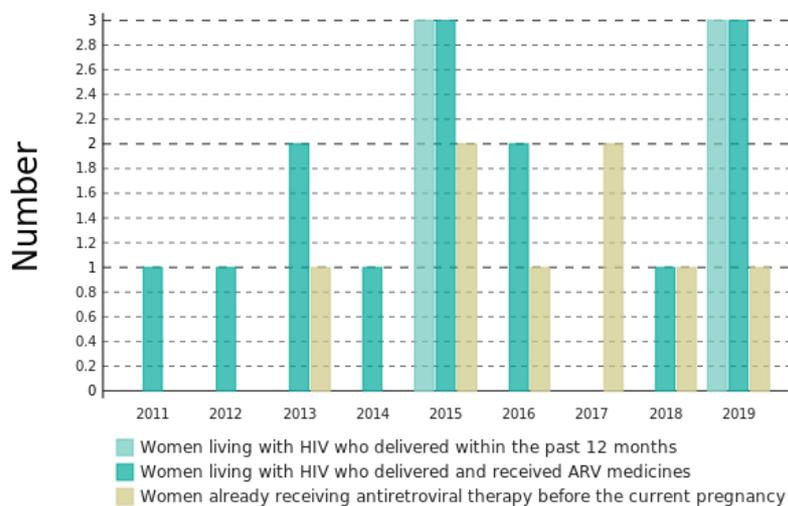


## 2.1 Early infant diagnosis, Albania (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth

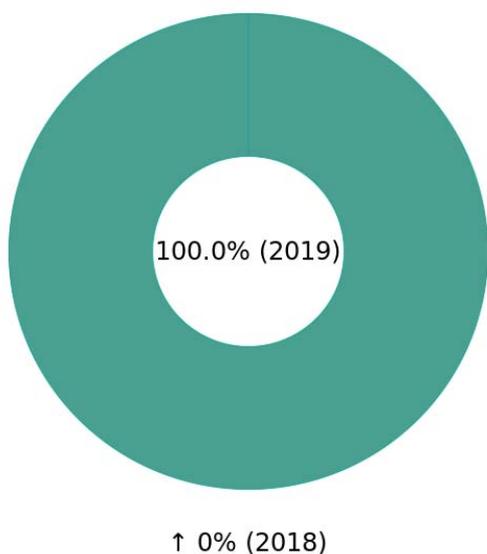


### 2.3 Preventing mother-to-child transmission of HIV, Albania (2011-2019)



### 2.3 Preventing mother-to-child transmission of HIV, Albania (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



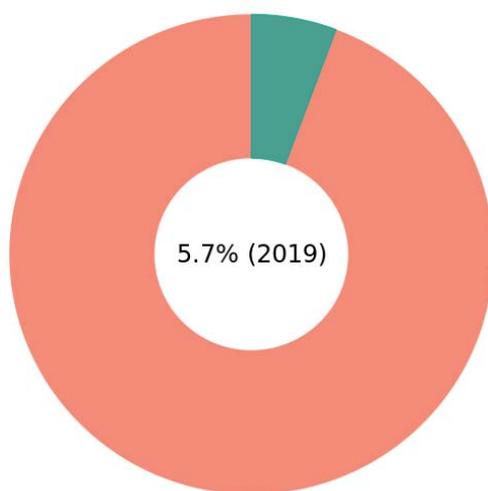
## 2.5 Congenital syphilis rate (live births and stillbirth), Albania (2013-2019)

Number of reported congenital syphilis cases (live births and stillbirths)



## 2.6 HIV testing in pregnant women, Albania (2018-2019)

Percentage of pregnant women with known HIV status



↓ 6.2% (2018)

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Policy questions: Key populations (2019)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

- Neither criminalized nor prosecuted

#### **Sex workers**

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized

#### **Men who have sex with men**

- Laws penalizing same-sex sexual acts have been decriminalized or never existed

#### **Is drug use or possession for personal use an offence in your country?**

- No

## **Legal protections for key populations**

### **Transgender people**

- Neither criminalized nor prosecuted

### **Sex workers**

- -

### **Men who have sex with men**

- Constitutional prohibition of discrimination based on any grounds
- Hate crimes based on sexual orientation considered an aggravating circumstance
- Incitement to hatred based on sexual orientation prohibited
- Prohibition of discrimination in employment based on sexual orientation
- Other non-discrimination provisions specifying sexual orientation

### **People who inject drugs**

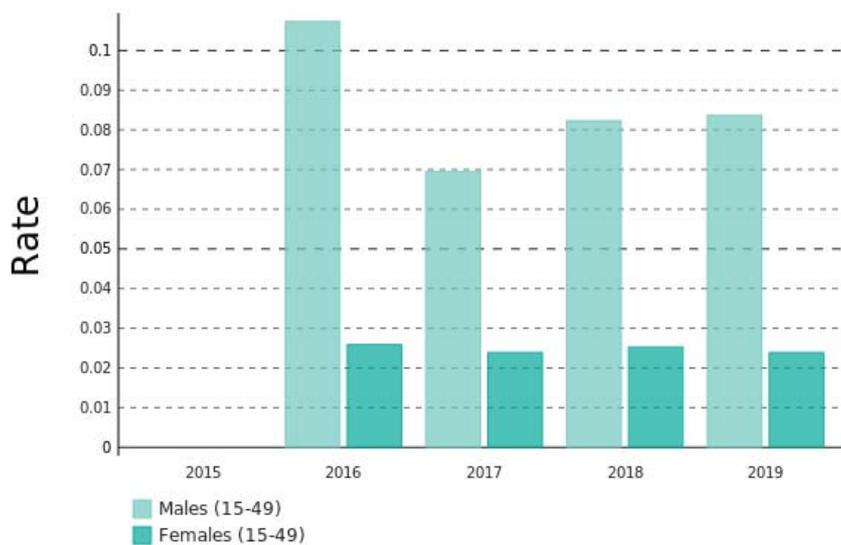
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### **Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

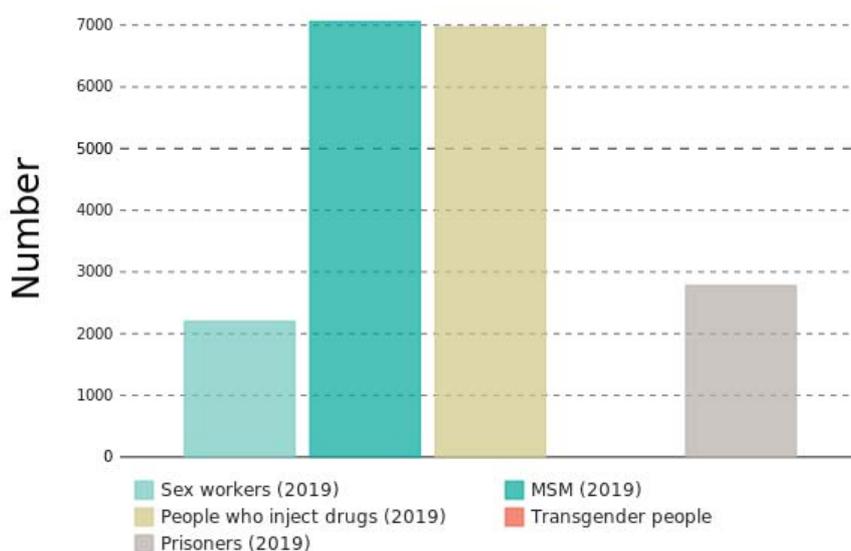
Yes, PrEP guidelines have been developed but are not yet being implemented

### 3.1 HIV incidence rate per 1000, Albania (2015-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)

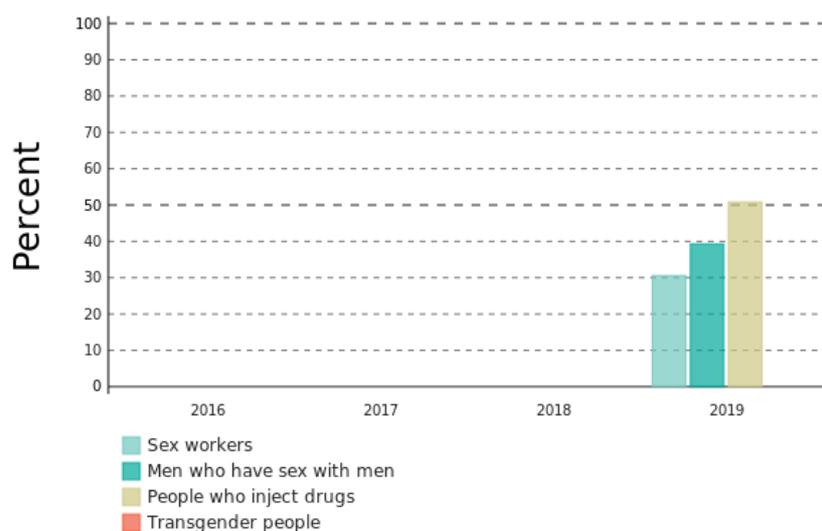


### 3.2 Estimates of the size of key populations, Albania



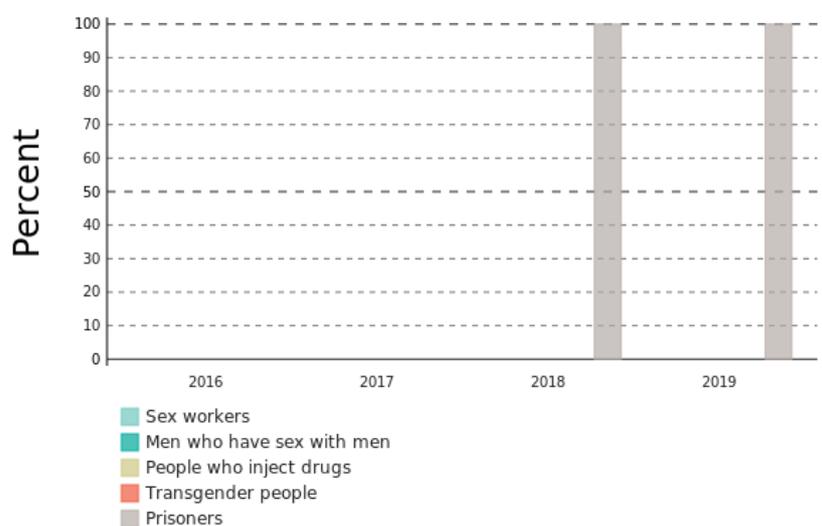
### 3.4 HIV testing among key populations, Albania (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



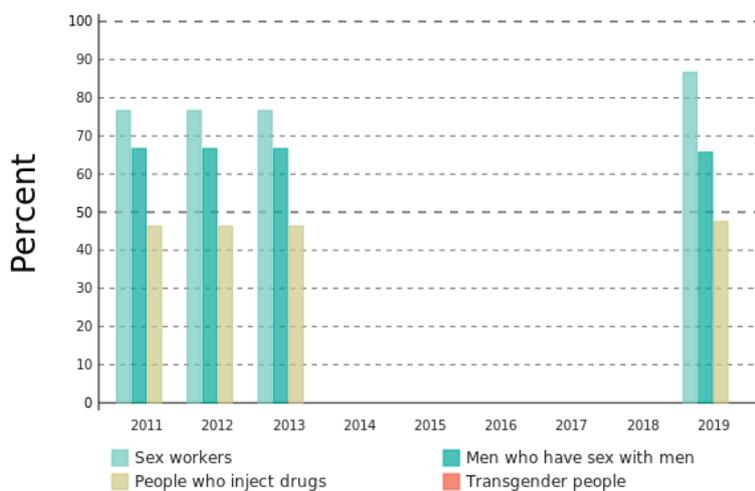
### 3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Albania (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



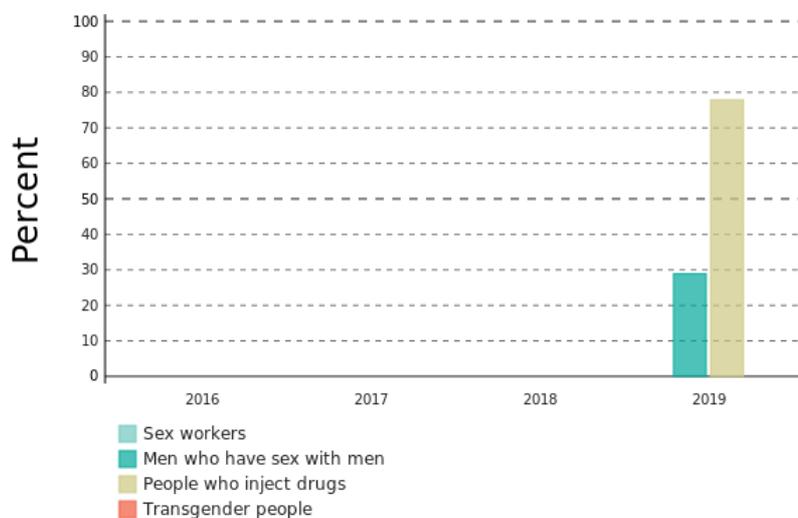
### 3.6 Condom use among key populations, Albania (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



### 3.7 Coverage of HIV prevention programmes among key populations, Albania (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



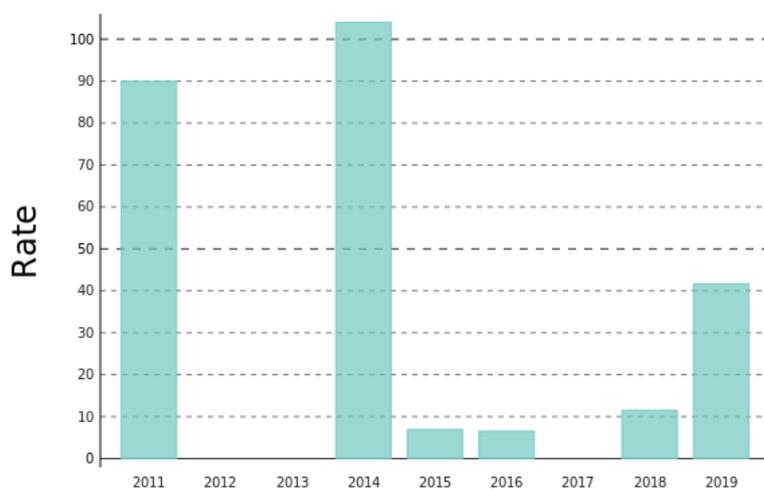
### 3.8 Safe injecting practices among people who inject drugs, Albania (2019)

Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected



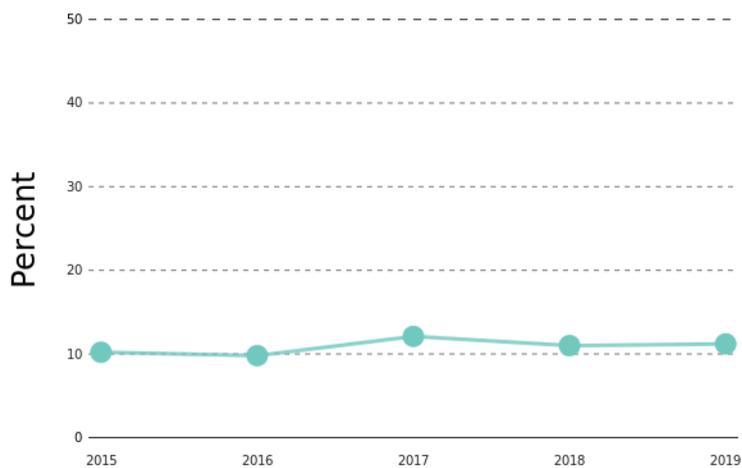
### 3.9 Needles and syringes distributed per person who injects drugs, Albania (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



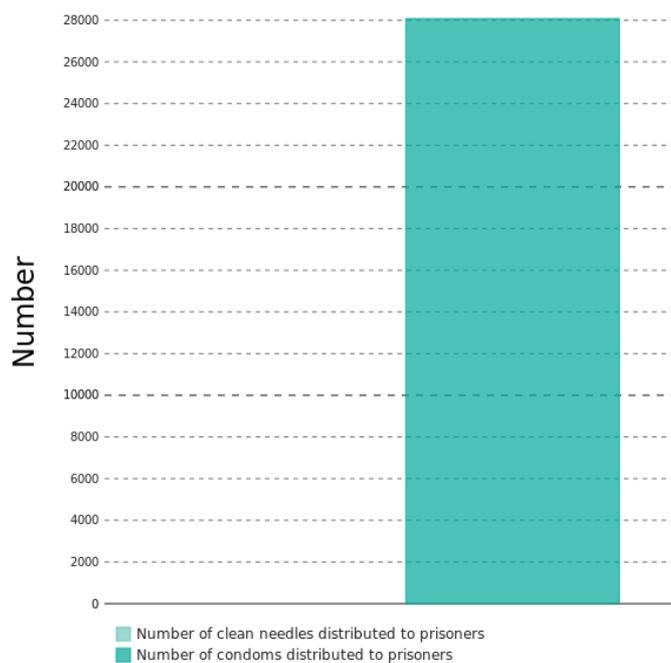
### 3.10 Coverage of opioid substitution therapy, Albania (2015-2019)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



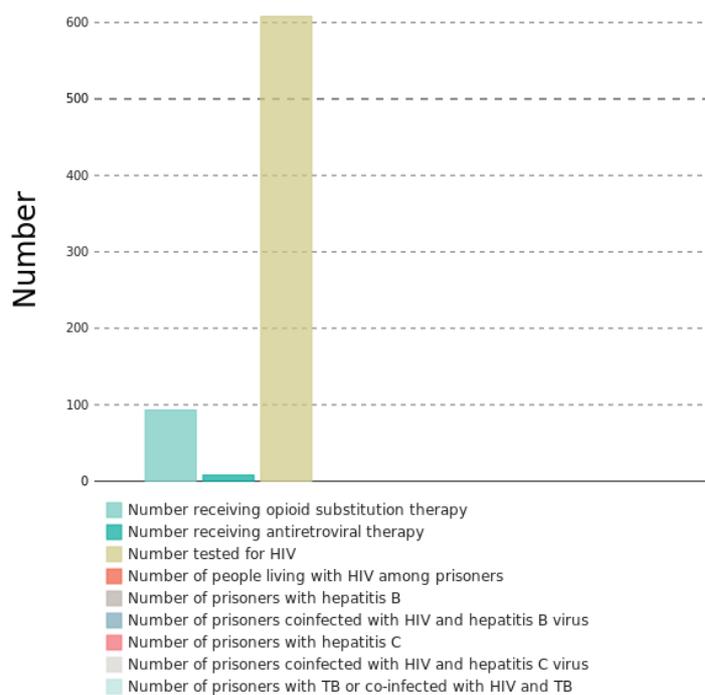
### 3.13 HIV prevention programmes in prisons, Albania (2019)

HIV prevention and treatment programmes offered to prisoners while detained



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HIV prevention and treatment programmes offered to prisoners while detained



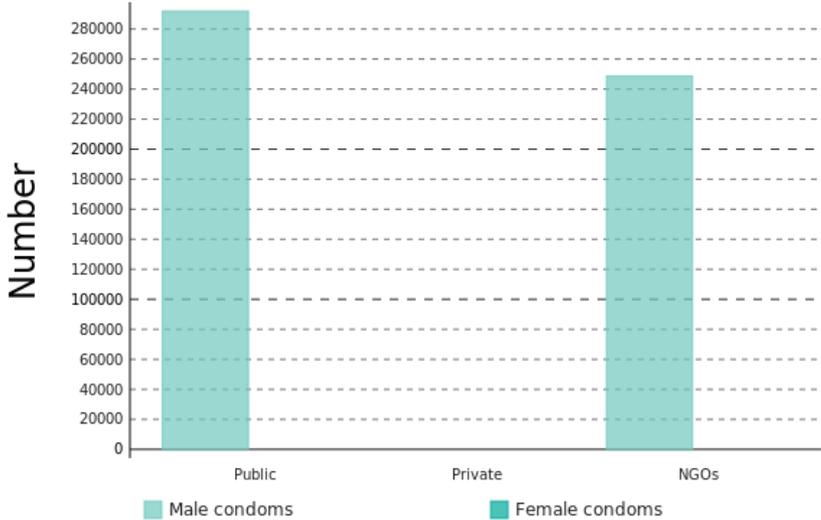
### 3.19 Annual number of condoms distributed, Albania (2019)

Number of condoms distributed during the past 12 months



### 3.19 Annual number of condoms distributed, Albania (2019)

Number of condoms distributed during the past 12 months



# Gender; Stigma and discrimination

**Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

## **Policy questions (2018)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

- Physical violence
- Sexual violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses
- Protection of unmarried intimate partners

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

- General criminal laws prohibiting violence
- Programmes to address intimate partner violence\*
- Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

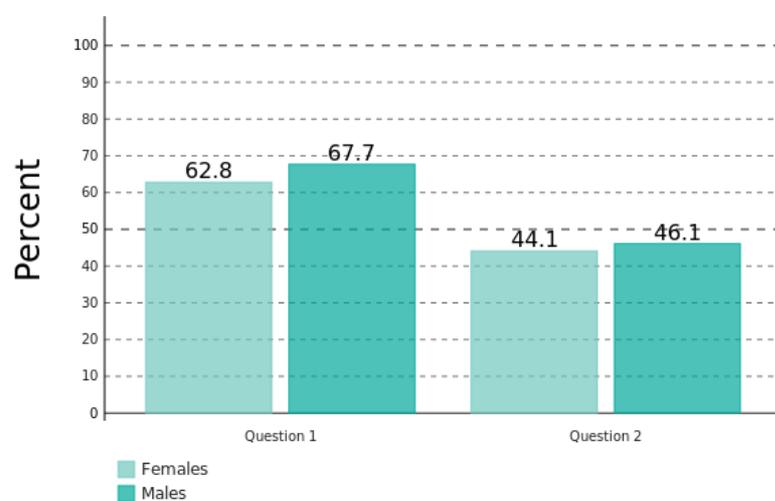
Yes, policies exists and are consistently implemented

**Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?**

Yes

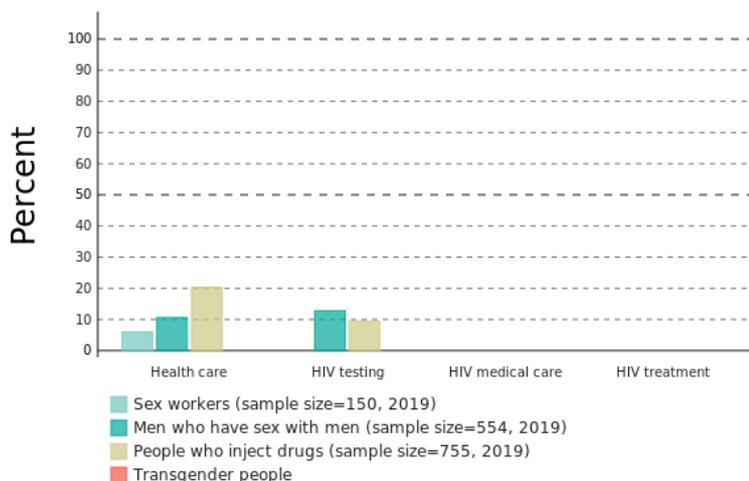
## 4.1 Discriminatory attitudes towards people living with HIV, Albania (2018)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



## 4.2 Avoidance of health care among key populations because of stigma and discrimination, Albania

### Avoidance of health care among key populations because of stigma and discrimination



The results are from IBBS 2019. This survey used Respondent Driven Sampling, and was conducted in four cities, Tirana, Durrës, Elbasan and Berat.

PLEASE NOTE, THE PERCENTAGE CALCULATED BY PLATFORM DOES NOT MATCH THE RESULTS PRODUCED BY ANALYSIS SOFTWARE. For the analysis of population estimates RDS Analyst software was used for each site. For aggregate analysis (all cities), an aggregate weight was used.

RDS analyst results for ONLY STIGMA and DISCRIMINATION ARE :

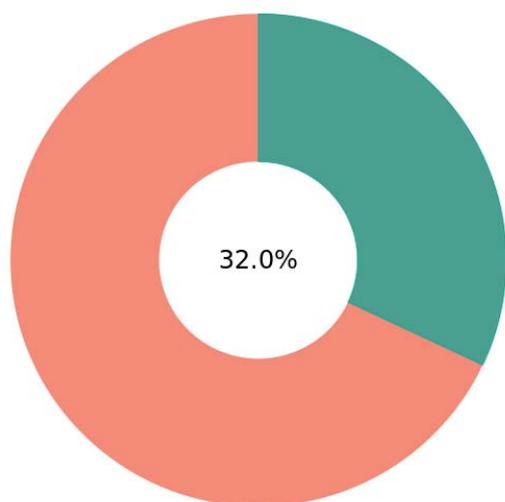
PWID - 11.6% for avoidance of HEALTH CARE and 5.3% for avoidance of HIV TESTING

MSM – 6.7% for avoidance of HEALTH CARE and 8.5% for avoidance of HIV TESTING

Results given in the platform refer to the avoidance of health care for at least one of any of the following question:

1. Fear of or concern about stigma?
2. Fear or concern someone may learn you [insert behaviour]?
3. Fear of or concern about or experienced violence?
4. Fear of or concern about or experienced police harassment or arrest?

## Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



8 / 25

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Policy questions (2018)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

Yes

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Policy questions (2019)**

**Does the country have an approved social protection strategy, policy or framework?**

Yes, and it is being implemented

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

-

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

-

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

-

**e) Does it recognize children affected by HIV as key beneficiaries?**

-

**f) Does it recognize families affected by HIV as key beneficiaries?**

-

**g) Does it address the issue of unpaid care work in the context of HIV?**

-

**What barriers, if any, limit access to social protection programmes in your country?**

- Lack of information available on the programmes

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Policy questions (2019)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?**

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- Services to key populations can be provided by CSOs/CBOs



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at a small scale

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

Yes

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

- Complaints procedure
- Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

- Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Policy questions (2019)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b) The national strategic plan governing the AIDS response**

-

**c) National HIV-treatment guidelines**

Yes

**What coinfection policies are in place in the country for adults, adolescents and children?**

- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics

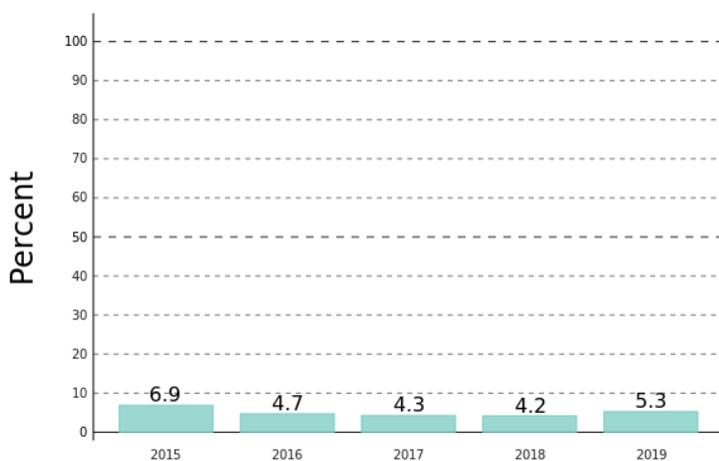
## 10.1 Co-managing TB and HIV treatment, Albania (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



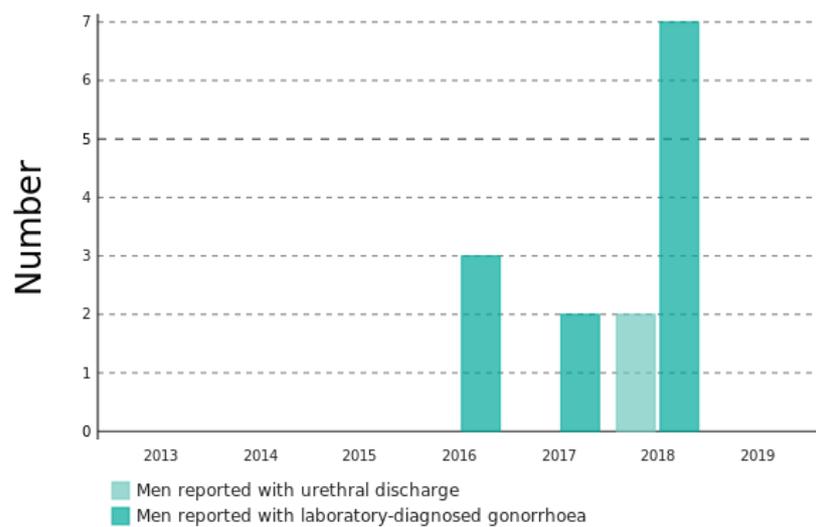
## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Albania (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



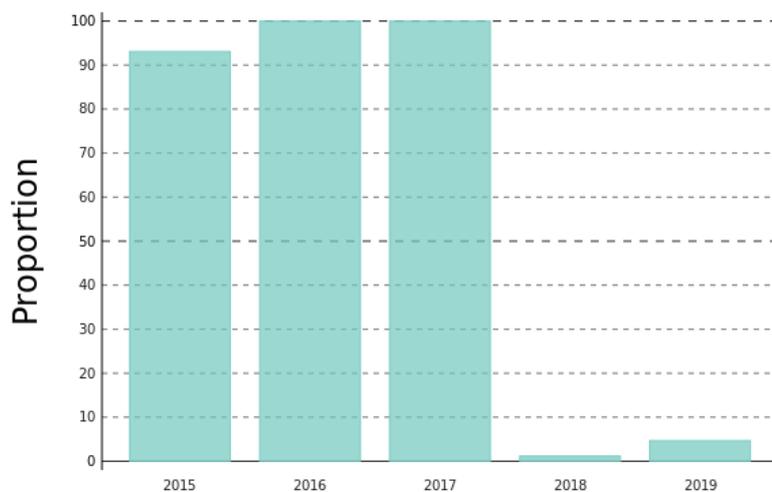
## 10.4/10.5 Sexually transmitted infections, Albania (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



## 10.6 Hepatitis testing, Albania (2015-2019)

Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)



Data provided refer to those starting ARV therapy and tested POSITIVE for hepatitis C.

All persons starting ARV (86) have been tested for Hep C, and 4 of them tested positive