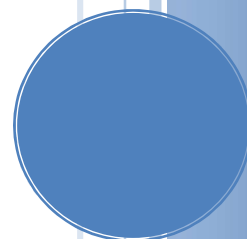


HIV/AIDS IN ALBANIA

NOVEMBER 2021



INSTITUTE OF PUBLIC HEALTH



Diagnosed with HIV/AIDS

Total	1493
Male	1076
Female	417
Children under 15 years old	47
Young people (16-24 years old)	136
Adults	1310
Deaths	294

New HIV infections for January-November 2021

Total	91
Male	65
Female	26
Children under 15 years old	1
Young people (16-24 years old)	8
Adults	82
Total deaths	10
Deaths among new cases	5

ARV TREATMENT till November 2021

Total number of persons currently receiving ARV	749
Number of adults currently receiving ARV	737
Number of children currently receiving ARV	12
Number of persons that have started medication in 2021	101

TABLE OF CONTENTS

Overview of HIV/AIDS epidemiology	p. 4
Voluntary and confidential counselling and testing	p.12
Treatment, care and support for people living with HIV/AIDS	p. 15
Key populations	p. 17
Legal framework	p. 20
Preventing HIV/AIDS among vulnerable groups and the Global Fund	p. 21

ABBREVIATIONS

ARV	Antiretroviral
ART	Antiretroviral Therapy
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency virus
Bio-BSS	Behavioural and Biological Surveillance Study
IEC	Information, Education, and Communications
IPH	Institute of Public Health
KP	Key Populations
MMT	Methadone Maintenance Therapy
MoHSP	Ministry of Health and Social Protection
MSM	Men who have Sex with Men
NGO	Non-governmental Organization
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
PWID	People who Inject Drugs
UHCT	University Hospital Centre in Tirana
STI	Sexually Transmitted Infection
SW	Sex Workers
TB	Tuberculosis
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
IDS	Infectious Diseases Service
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

1. OVERVIEW OF HIV/AIDS EPIDEMIOLOGY

1493 reported cases with the Human Immunodeficiency virus (HIV) have been registered in Albania up to November 2021 based on the data collected from the Institute of Public Health. The existing data indicate that in Albania there is a generalized or concentrated epidemic of HIV infection. Based on the statistical data, Albania still remains a country with a low prevalence of HIV infection. The HIV infection prevalence in our country is about 0.05% (population according to INSTAT 2021).

In 2021 only (till November), the number of cases diagnosed with HIV infection is 91 from 81 cases it was back in November 2020. This year we have a case of transmission reported from mother to child, thus leading the total number of children infected with HIV to 47.

Chart 1. Distribution of HIV cases over the years, November 2021

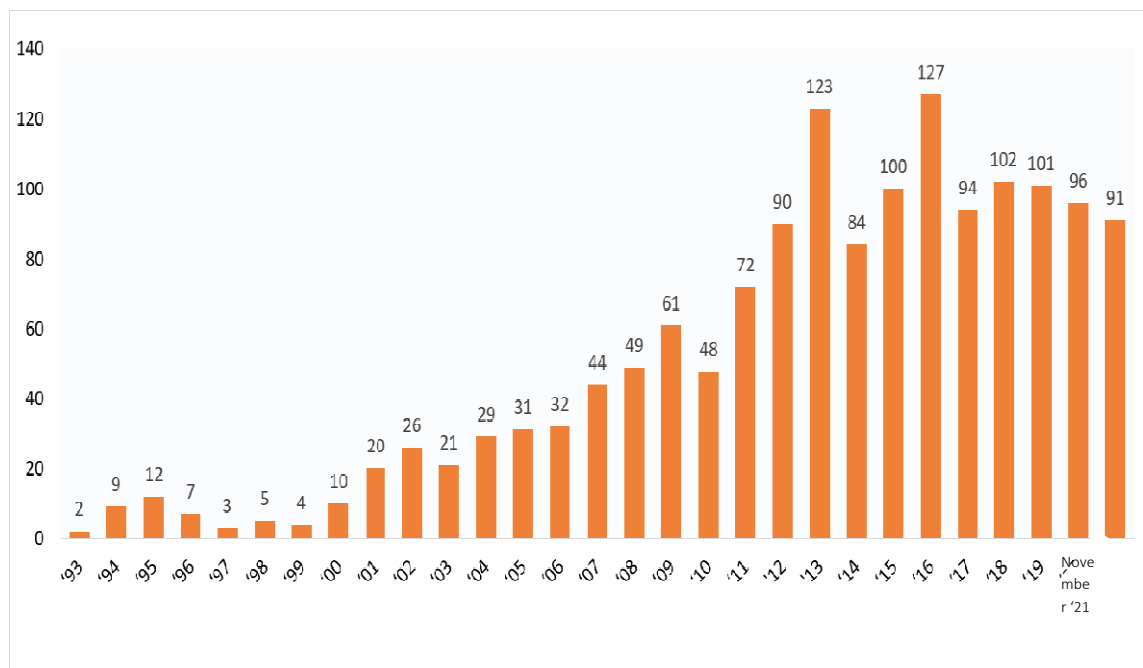
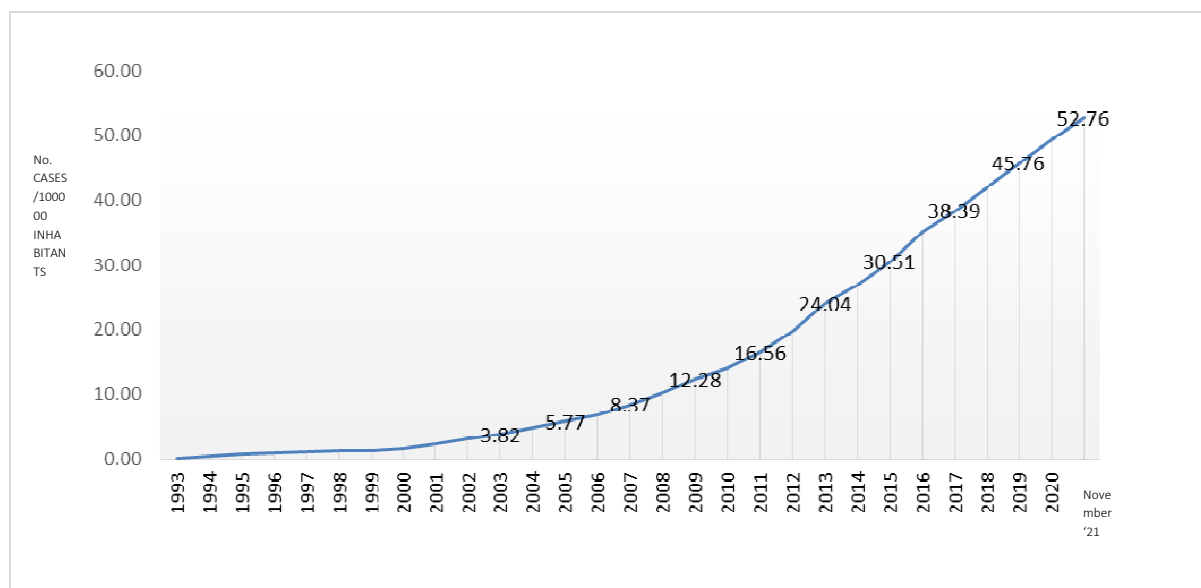


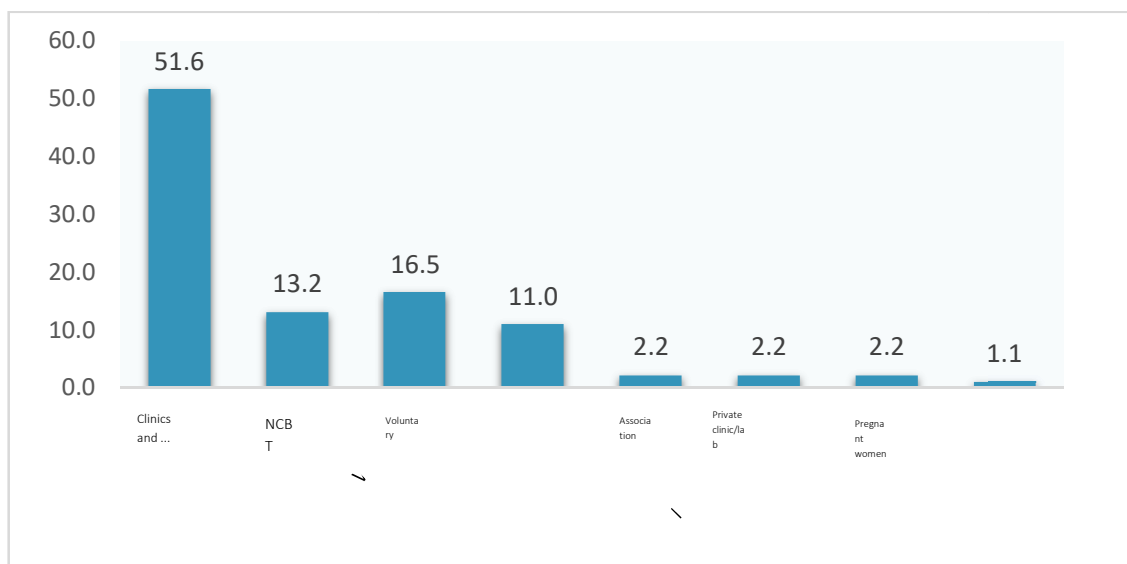
Chart 2. The prevalence of cases confirmed with HIV for 1993-2021



Population over the years by INSTAT

Out of the cases reported in 2021, more than half of them (52.7%) come from clinics, mainly from the Infectious Diseases Service within UHCT, as well as from the recommended testing; 15.6% are voluntary tests, 13.2% from the blood donors' testing, 11% from the contact tracing carried out for the partner or child who has tested positive; 2.2% belong to the respective categories of pregnant women, private clinics and laboratories, tests referred by the associations providing services to the key populations (KP) and 1.1% are as a result of cases confirmed abroad. Voluntary testing and that of pregnant women still remain respectively low and very low.

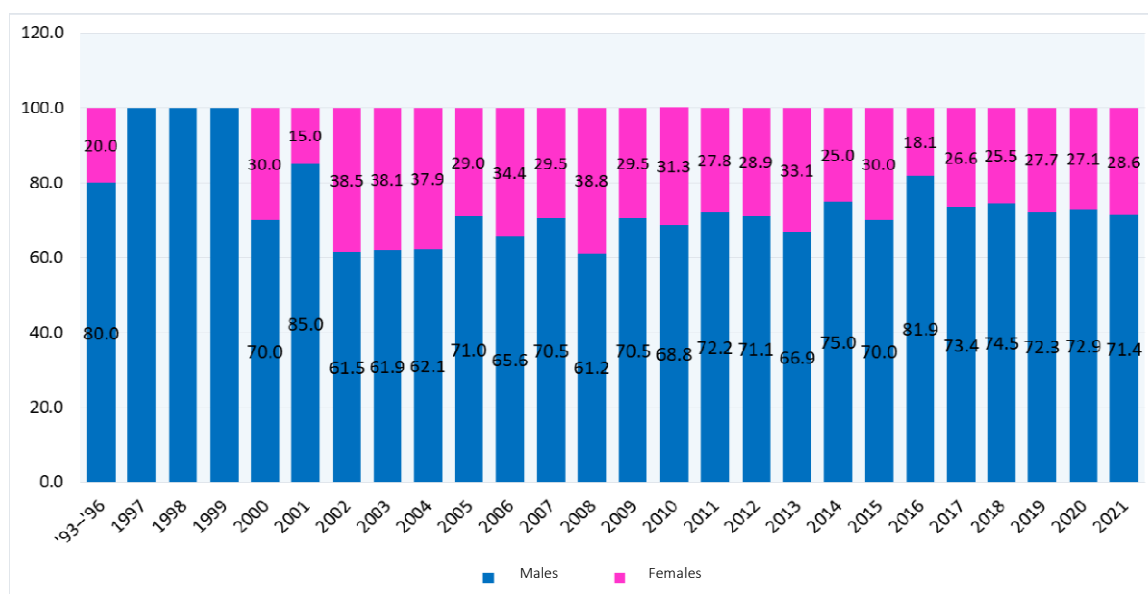
Chart 3. Reason of testing for the positive cases reported in 2021 (%)



With regards to the distribution of HIV positive cases divided by gender, 72.1% (1076 cases) of them are males and 28% (417 cases) are females.

65 males and 26 females diagnosed with HIV/AIDS have been reported during 2021. The male/female ratio among positive cases indicates the risk of transmission between men who have sex with men, a risk that goes under-reported for years now. However, this ratio might also be slightly impacted by the low number of HIV testing among females compared to males due to the phenomenon of high stigma in this category.

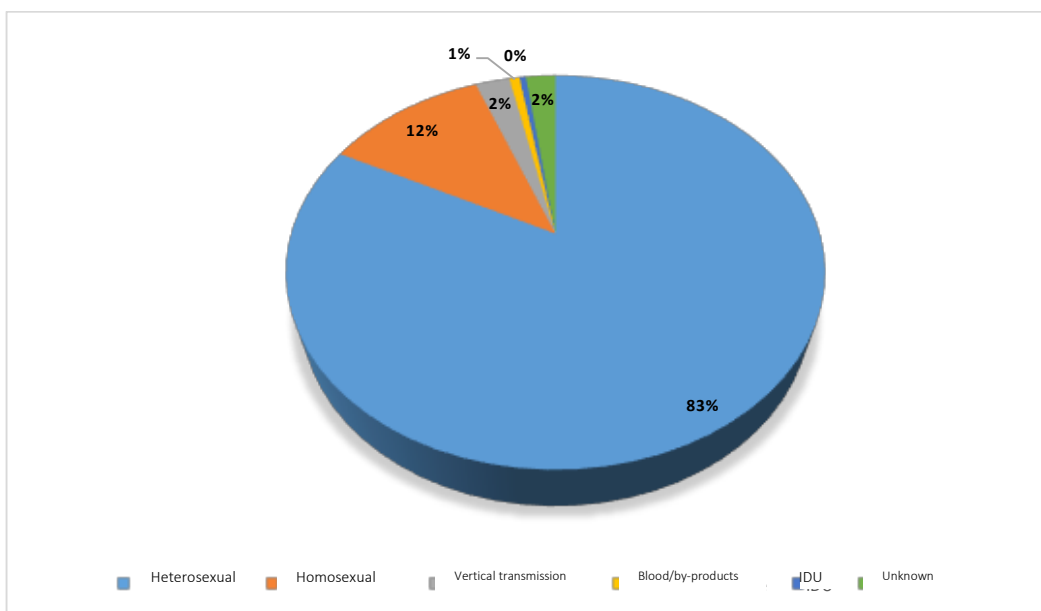
Chart 4. Distribution of HIV cases by gender over the years, November 2021.



Transmission of HIV through sexual contact still remains the most frequent way of transmission in our country, that is observed in almost 94% of the cases; heterosexual and homosexual ways consist of 84.6% and 11.6% respectively, as per the cumulative data (1993 - November 2021) upon a person being discovered as a HIV positive individual. The recent years show an increase in the number of men who have sex with men (MSM) that have been diagnosed with HIV. Considering the fact that more than two thirds of the cases diagnosed with HIV are males, the presence of high risk behaviours among this group, as well as the high level of stigma for the MSM community, the percentage of people living with HIV belonging to this community is estimated to be higher.

Vertical transmission or from an infected mother to her offspring, consists 2.5% of the total (37 cases); 0.7% belong to the cases of transmission by blood or its by-products; 0.5% of the cases belong to the group of injecting drug users. During 2021 as well, a new case has been diagnosed in the group of people who inject drugs (PWID) who also has Hepatitis C. In 2.1% of the cases the way of transmission is undetermined.

Chart 5. Distribution of HIV cases by way of transmission (N=1493).



Distribution by age-group indicates that in Albania there is a predominance of 35-44 years old age-group (28.6%), followed by the 25-34 years old age-group (26.8%) that is a sexually active age-group. 45-54 years old age-group is reported to be at 17.8%, young people aged 16-24 years old consist 9.1% of the cases, persons aged 55-64 years old consist 10.9% of the total cases infected with HIV, whereas children aged 0-15 years old consist 3.1% of the cases. The age-group of 65+ years old represents a smaller percentage of 2.9%.

Chart 6. Prevalence of HIV infection by age-group

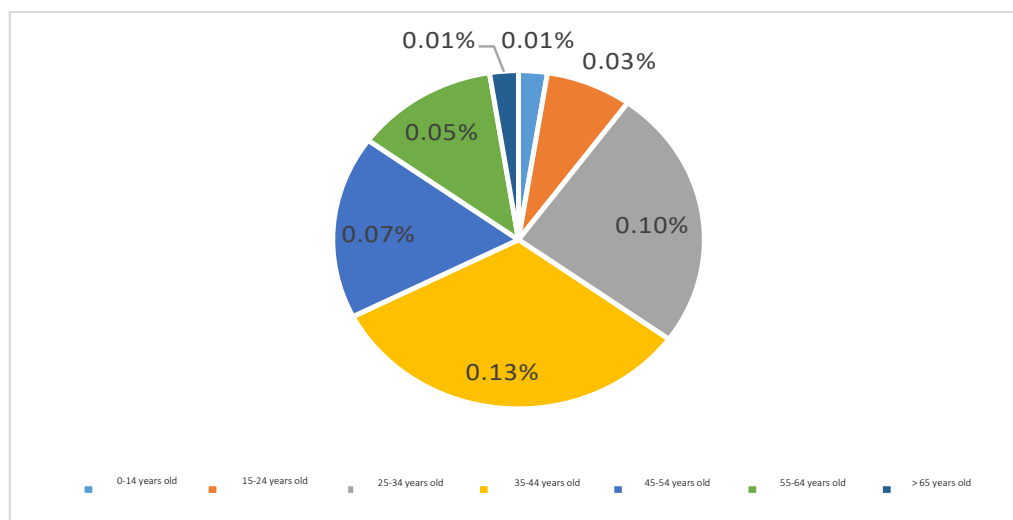
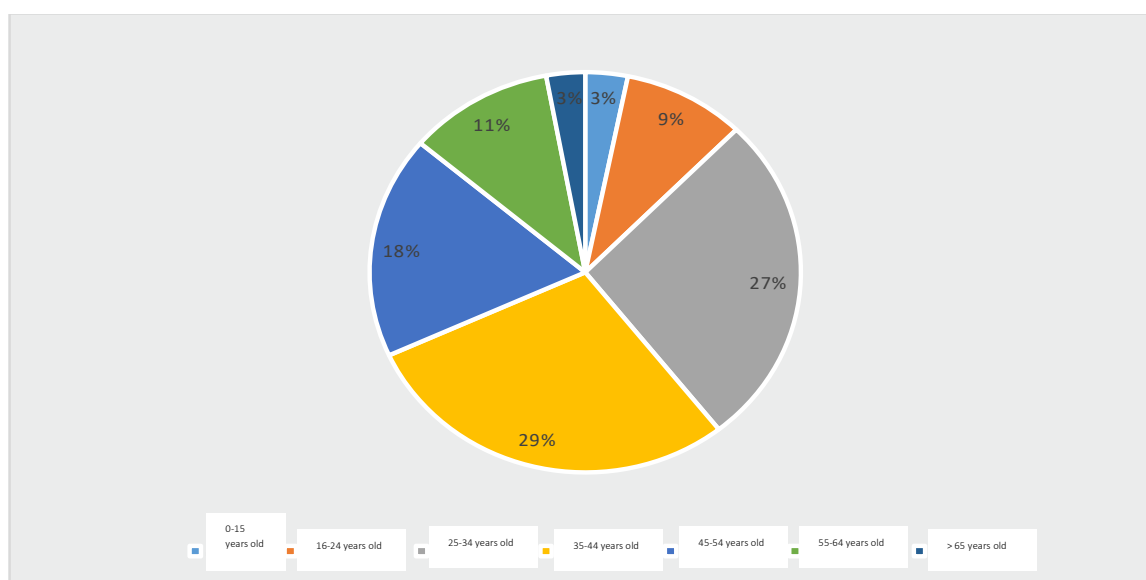


Chart 7. Total distribution of HIV cases by age-group, November 2021.



Early diagnosis is very important in how the HIV infection will progress and how successful the Antiretroviral Therapy (ART) medication will be. Delayed diagnosis still remains a problem that is also demonstrated in the large number of cases reported in AIDS stage, but also in the number of deaths because of AIDS.

70 new cases have been registered at the ambulatory care clinic till November 2021 (65 new cases diagnosed in 2021, of which 5 cases reported from the previous years, 1 case

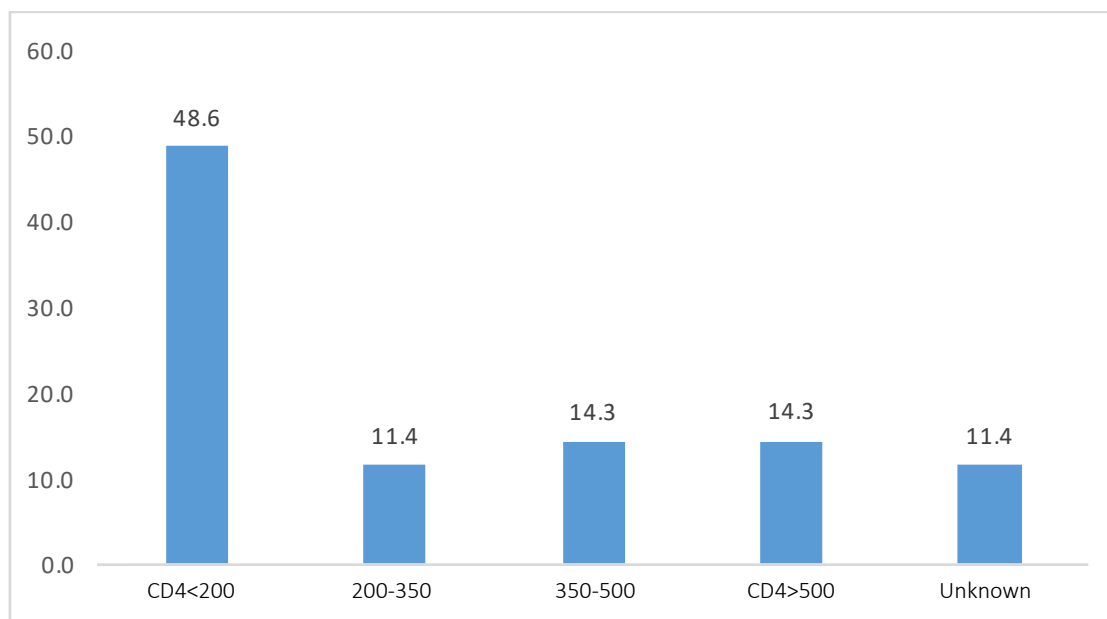
in 2015, 2018 and 3 cases in 2019). Also, cases registered in the previous years have returned to this clinic after leaving the latter for some time.

The total number of patients registered over the years to receive care at the ambulatory clinic within the Infectious Diseases Service is 1176.

This year, persons diagnosed with HIV have had full and all year long access to carry out immunological assessment. Out of the cases registered for the first time (70) at the ambulatory care clinic in 2021, 62 of them or 88.5% have undergone the test to measure CD4 compared to 53% that had undergone such a test in 2020.

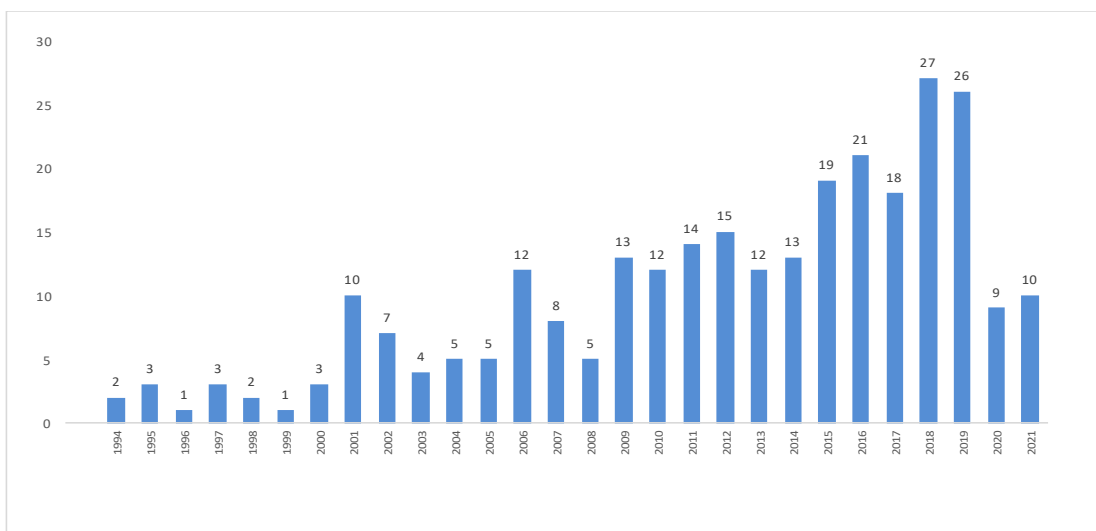
The data indicate that 48.6% of the new patients that have undergone the CD4 testing have demonstrated a CD4 lower than 200, which speaks for a very delayed diagnosis of the HIV infection, 11.4% have been reported to be at a later stage of infection (200-350 cells per cubic millimetre), 14.3% are reported to have a CD4 between 350-500 and the same or 14.3% are reported with a CD4 > 500 cells per cubic millimetre. This group of patients might have been infected for years without showing any symptoms. Therefore, they might have unknowingly infected their partners as well during a relatively long period of time. The potential multiplying effect of this situation, if we consider that each person might have had several partners, is very important and it sheds light on the emergent need to diagnose infection in its early stages. Based on the CDC classification for AIDS (clinical and immunologic criterion), we can say that 34 cases or 48.5% from the cases registered in the HIV care in 2021 belong to the AIDS stage.

Chart 8. CD4 count for patients registered at the ambulatory care clinic in 2021.



The total number of deaths from AIDS is 294 as shown in chart 7. 10 deaths have been reported during January-November 2021, of which 5 belong to the new cases reported in 2021 and speaks for a much delayed diagnosis, whereas 5 other cases have been reported in the previous years. The most common cause of these deaths is a much delayed diagnosis and poor adherence to the therapy or self-interruption of therapy.

Chart 9. Distribution of deaths from AIDS over the years, according to the year of death reporting, November 2021



The non-AIDS-related deaths are 4 and in total the number of HIV positive persons that have lost their lives till November 2021 is 298.

Chart 10. The number of deaths per 100,000 inhabitants according to the year of death reporting

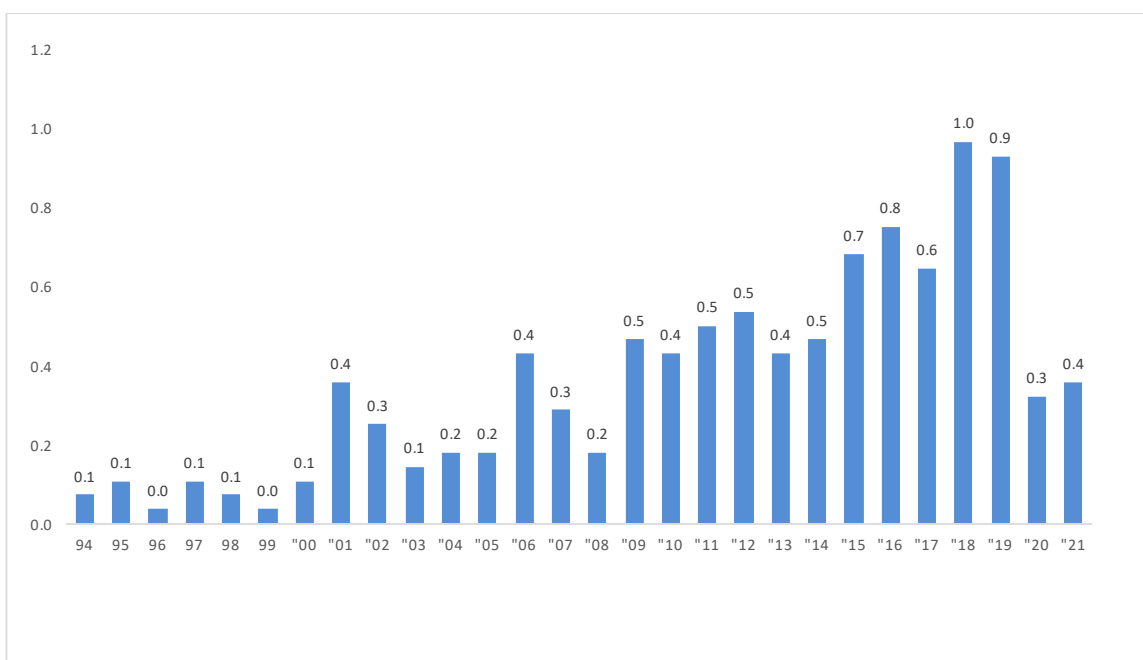
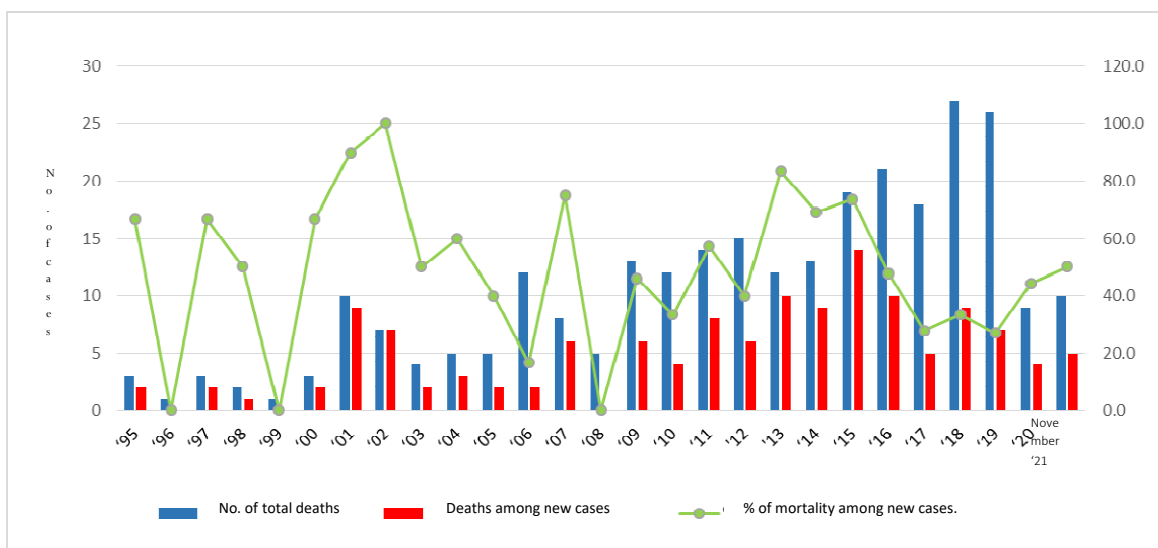
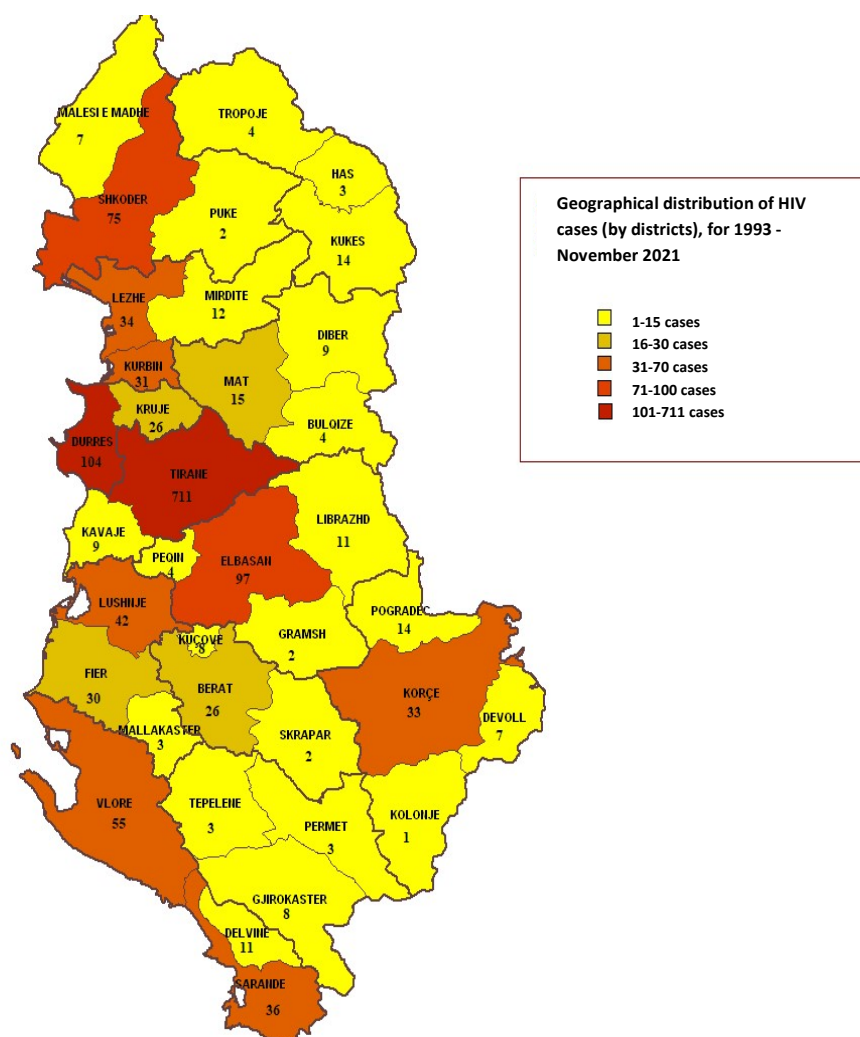


Chart 11. Distribution of deaths from AIDS by years, deaths among new cases every year and the ratio of deaths among new cases to the total number of deaths reported during each year (November 2021).



**This does not include deaths which year of reporting is unknown.*

HIV/AIDS still remains a urban phenomenon in our country since 72.6% of these persons live in the city, which consist the largest number of cases. 47% of these cases have been reported in Tirana, followed by such districts as Durrës (6.9%), Elbasan (6.4%) and Shkodra with a huge difference from Tirana. Whereas, 27.4% of those cases live in the rural areas. Regarding distribution Vlora has 3.7% and Lushnja 2.8%, etc.



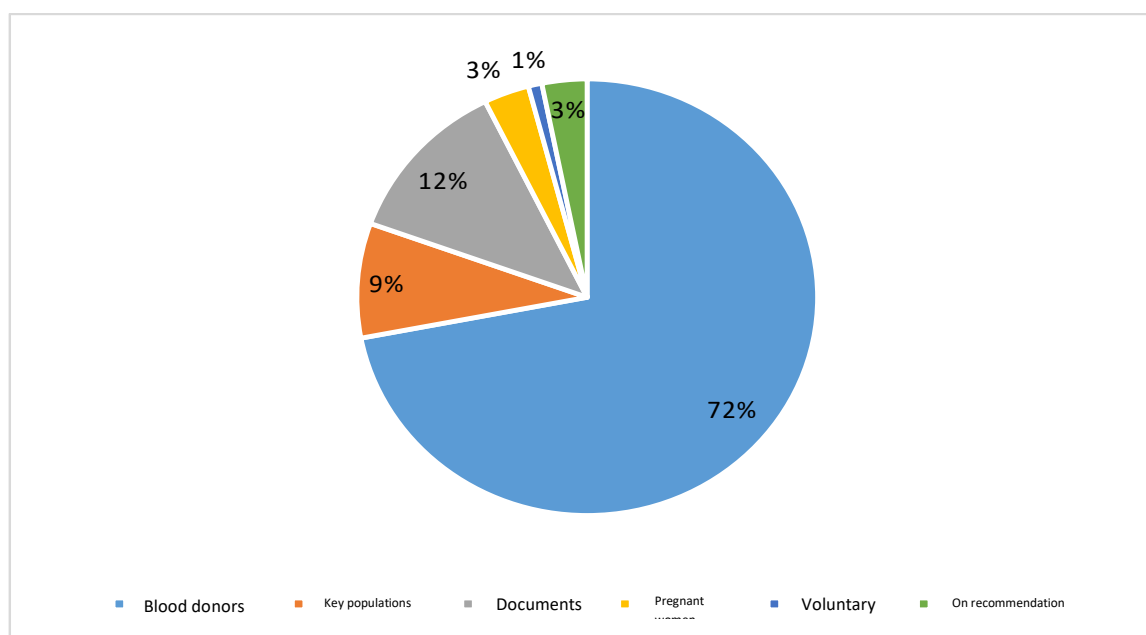
2. VOLUNTARY AND CONFIDENTIAL COUNSELLING AND TESTING FOR HIV

Testing for HIV has been conducted at the centres of counselling and testing for volunteers and other categories, at the Local Units of Public Health in 12 prefectures till April 2019. Up to this period these centres have operated as separate units and later, following restructuring, they were attached to another sector in these units.

For blood donors, testing for HIV and other infectious agents is carried out at the National Centre of Blood Transfusion. Moreover, testing for HIV may be also carried out at the private sector clinics and laboratories. Pursuant to the testing protocol, each sample that has a reactive or positive result in a health institution, shall be sent to the Laboratories of Reference established at the Institute of Public Health (IPH) and “Mother Theresa” University Hospital Centre (UHCT) to be confirmed.

The total number of tests till October 2021 is 42,980, which marks an increase by 17% compared to the same period of 2020 (36,710)

Chart 12. Distribution by percentage of tests for January - October 2021



Being aware of the health status related to HIV prevents the spread and transmission of infection, helps the client to be treated efficiently and improves the quality of life.

A very important indicator to assess the epidemiological situation of HIV/AIDS still remains the number of voluntary testing for HIV. Despite the due attention and interventions carried out over the years, stigma is still a relevant barrier to HIV testing.

The largest number of HIV testing in Albania belongs to blood donors, which are carried out as mandatory testing.

Even with all the efforts to increase the number of voluntary testing, their level is still low and asks for new approaches to increase the number and improve access to testing, such as empowering and enhancing pregnant women testing as well as testing from service providers.

With the support of the Ministry of Health and Social Protection (MoHSP), Global Fund (GF) and various NGOs, programs to prevent HIV and Tuberculosis (TB) are being implemented among such key populations as PWID, men who have sex with men (MSM), FSW, Roma populations, people in prisons, as well as persons affected by HIV and Tuberculosis (TB).

These NGOs are providing the basic package of services (being them specific for each group), including thereto the testing for HIV or other infectious agents. 3678 tests have been carried out during March-October 2021 for HIV in key populations, which marks an increase by 65% compared to 2020 (2201 tests)

PWID – 2505 HIV tests

MSM – 946 HIV tests

FSW – 227 HIV tests.

Prevention of mother-to-child transmission (PMTCT) programme.

The PMTCT programme aims to ensure equal access in order to guarantee the same quality of testing throughout Albania, where women get quality information so that they can make a choice, while being well-informed regarding the testing options and their pregnancy.

The screening policies serve to deliver and recommend testing in order to spot the infection on due time and, therefore, treatment is also provided on due time, thus considerably avoiding the risk of vertical transmission of infection from mother to child.

The standards provide determined measures which shall be recognized and implemented by the health service providers. Quality assurance is the process that measures and evaluates if these standards have been achieved, and if they encourage further and on-going development. Quality assurance covers the entire process of screening, as of the moment of identifying the population adequate for testing, to the referral or treatment process, when necessary.

With the support of the MoHSP and Global Fund, training standards and curricula have been developed in line with the “National Guidelines of Testing for Pregnant Women”, elaborated and approved by the MoHSP. Upon the training of the medical staff (obstetrician-gynaecologist and midwives) that work at the clinics that attend pregnant women and at the maternity hospitals, HIV testing began to be implemented for pregnant women in Tirana and 6 large districts at national level (Durrës, Shkodër, Fier, Korçë, Vlorë and Elbasan).

Due to the situation created by the COVID 19 pandemic, the HIV check up programme for pregnant women has been largely restricted. This makes it indispensable to empower the programme where it has already begun as well as to expand this intervention in other districts too.

3 cases of pregnant women with HIV have been diagnosed during 2021 (two referred by the private clinics and 1, that is the latest case, has been brought for confirmation to IPH from the HCLU of Tirana). One of these cases was diagnosed two days before giving birth, which means that the risk of transmission to the baby might be higher than in those cases diagnosed earlier along the pregnancy. Moreover, in 2021 two pregnant women with HIV have been managed (reported with HIV respectively in 2016 and the other diagnosed while in pregnancy in 2020) and the babies born in 2021 are being attended as per the relevant protocols.

Such situation and the impact of COVID-19 in the implementation of PMTCT give rise to the immediate need to empower this programme and increase the HIV testing indicator for pregnant women.

3. TREATMENT, CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Treatment and care for people living with HIV/AIDS is only provided in the “Mother Theresa” University Hospital Centre, mainly at the Infectious Diseases Service (IDS) and Paediatric Service, as two services that provide direct care, but also in other auxiliary services as the radiology, Clinical Labs Service and Microbiology Service, Immunology Service and Pharmacy. Such centralized care is in place for several reasons: a still small number of cases, similar care models in other countries of the region with the same epidemiological situation as Albania or others, human and logistic capacities (diagnostic and therapeutic) that can be provided only at the UHCT, as well as issues related to stigma and discrimination, especially in health institutions of primary and secondary level. Similarly, it is worth highlighting that there is a lack of services for adolescents and people that grow up with HIV/AIDS.

Due to the COVID-19 pandemic, the Infectious Diseases Service at the UHCT has operated as a COVID 1 hospital just for patients affected by SARS CoV2 infection. As such, this service has not provided hospital care for patients with HIV/AIDS infection during 2021. The said hospital care has been provided in other hospital institutions, such as other UHCT services (haematology service, internal diseases service, etc.) or at the regional hospitals, by coordinating and aligning such care among these institution and specialists of the Infectious Diseases Service.

The pandemic situation has not directly affected the work activity of the ambulatory care clinic during 2021. Apart from the daily activities, this clinic has also provided vaccination to HIV patients for COVID 19 (Comirnaty or Pfizer-BioNTech Vaccine for COVID-19). Around 300 patients have received this jab at the ambulatory care clinic, whereas some other patients have been jabbed at the other structures that provided vaccination at national level.

The first- and second-line antiretroviral regimens are provided free of charge from a special fund of the Ministry of Health and are procured through UNICEF. UNICEF is

responsible to procure all the quantity of ARV medications based on the demand list developed by UHCT each year.

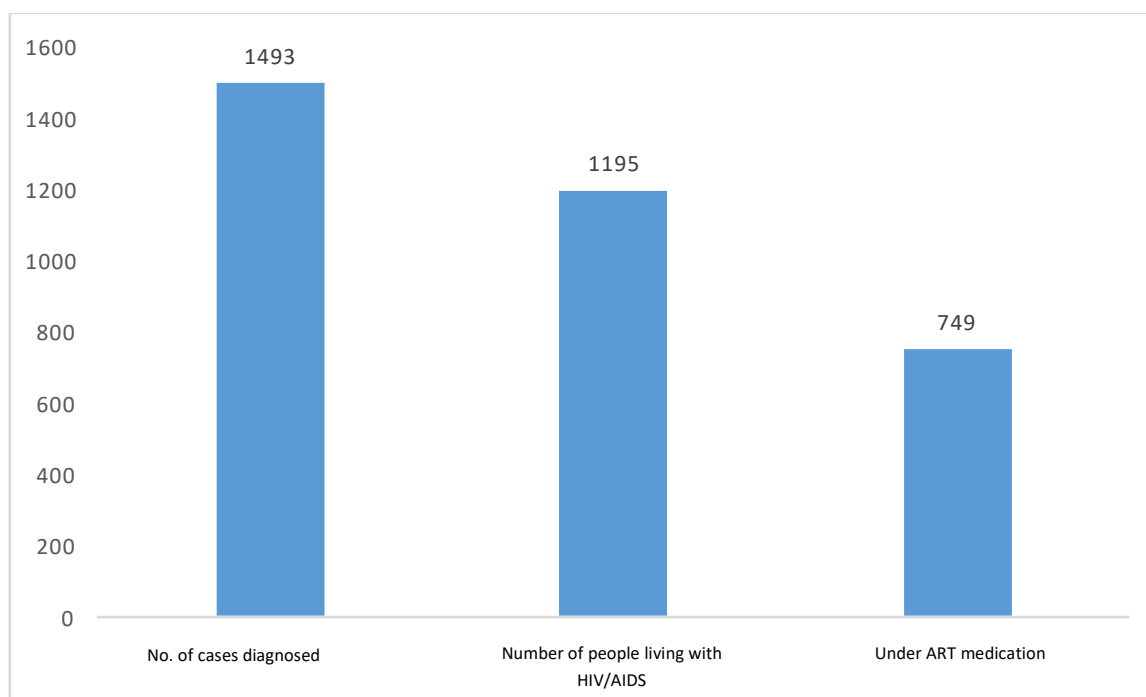
ARV medication is delivered free of charge to people living with HIV/AIDS in Albania since 2004 and the current number of people treated with such therapy till November 2021 is 749 (737 adults and 12 children). In 2021 only, 101 patients have begun with antiretroviral therapy based on the latest recommendations that each person diagnosed with HIV shall immediately begin with the medication despite the CD4 level.

The antiretroviral therapy provided is based on the national updated roadmap of ART. Such instructions include the introduction of the new integrase inhibitors antiretroviral medication class called dolutegravir in the first-line regimens and not only. This therapy is administered as a fixed dose and it facilitates adherence to therapy from PLHIV. Also, this preparation will be offered in those cases that are currently under other therapeutic regimes, improving as such the metabolic proofreading and reducing the risk of adverse effects of ART among HIV/AIDS patients.

The ambulatory care clinic for people with HIV/AIDS at the UHCT has been established with the support from Global Fund at the end of 2007. The clinic provides services in the area of ART therapy, its monitoring, psycho-social support, voluntary counselling and testing for HIV/STI.

The number of patients with a medical record at this clinic till November 2021 (including deaths) is 1176. For such reasons as interrupting therapy due to death, going abroad or voluntary interruption from the patients, the number of adults currently receiving ART medication in this clinic is 737.

Chart 13. Data related to people under care and treatment for HIV, November 2021



Diagnosis and medication of opportunistic infections is still problematic due to the lack of kits and specific tests, as well as of specific medications (infections from CMV, MAC, PCP, HSV, etc.). CD4 count test has been regularly carried out at the ambulatory care clinic during 2021 for patients treated there, but measurement of viral load has not been conducted.

3 cases of HIV/syphilis co-infection, 3 cases of HIV/Hepatitis C co-infection and 4 cases of HIV/Hepatitis B have been reported in 2021. There have been no cases reported with HIV/TB co-infection for this year.

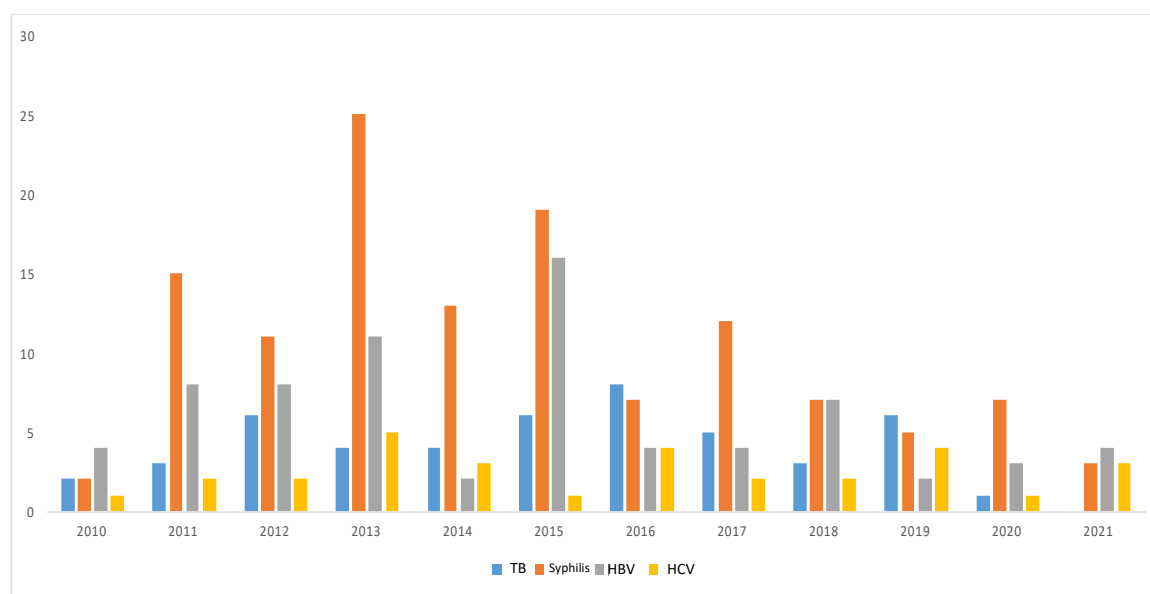
It is worth mentioning that with the support of GF, HIV testing is being carried out in all dispensaries of our country, thus implementing one of the recommendations of the WHO for diagnosing HIV/TB co-infection. 180 recommended tests have been carried out during 2021 in different dispensaries.

Among the opportunistic infections (OI) that are mostly encountered in the new patients of the ambulatory care clinic for 2021 we can list the following:

- Oropharyngeal candidiasis (12 cases)
- Wasting syndrome (7 cases)
- Pneumonia (5 cases)
- Kaposi's sarcoma (4 cases)
- LAS (3 cases)

Based on the ambulatory care clinic, 28 HIV positive persons have been affected from COVID-19, of which 5 cases have been hospitalized and 3 of them have passed away.

Chart 14. Co-infections over the years (2010-2021)



4. KEY POPULATIONS

Behavioural and biological surveillance studies among key populations have been conducted in 2005, 2008, 2011 and 2019, which aimed at assessing the trend of risky behaviours in these groups and to determine the HIV and other sexually transmitted infections (STIs) prevalence.

These population groups are very important to determine the future of HIV prevalence in the general population, especially in Albania, where there is still a low prevalence of infection.

Despite a relatively low prevalence of HIV and other STIs among the key populations in Albania, the results of the studies carried out in 2005, 2008, 2011 and 2019 indicate that they are involved in behaviours that put them at risk of transmitting HIV and other STIs. HIV prevalence has increased to 1.4% among PWID and 2.0% among MSM in 2019.

People who Inject Drugs (PWID) – The preliminary results of the Behavioural and Biological Surveillance Study (Bio-BSS) in 2019 demonstrated a relatively low prevalence of HIV of 1.4% and 3.8% for syphilis. However, the Hepatitis C prevalence was very high, at 44%. Nonetheless, the number of HIV cases related to the use of injected drugs is still at a lower prevalence over the years. The high reported levels of needles/syringes exchange highlight the high and on-going potential of HIV spread among PWID: the results of Bio-BSS 2019 show that 41% of PWID have exchanged needles or syringes in the last month: the majority of those exchanging needles (25% of PWID) have done so with one person only, whereas 14% of PWID have exchanged them with two or three persons, and 2% have done so with more than four persons.

The comparison of results from IBBS surveys in 2011 and 2019 indicates that the average age of receiving the first injection has increased from 21 years old in 2011 to 24 years old in 2019. The data from the IBBS in 2011 showed that almost one to five PWID has injected drugs for the first time at 18 years old or earlier. Frequent injection was common in the two surveys, with 44% that reported multiple injections each day in 2011 and 73% reported injections 2-3 times a day in 2019. The use of clean needles/syringes remained more or less stable between 2011 and 2019: in 2011 half of the PWID cleaned needles or syringes every time (21%) or almost every time (31%) with cold or hot water (57% and 7% respectively); whereas in 2019, 54% of PWID reported to clean needles/syringes each time with cold or hot water (75% and 21% respectively). Moreover, 75% of the

respondents in 2019 reported that they had used sterile injection equipment in the last injection. The percentage of PWID who report to have taken the HIV test at least once increased from 60% in 2011 to 66% in 2019.

The results of the latest Bio-BSS 2019 study indicate an HIV prevalence of 2.0% and a syphilis prevalence of 1.9% among the MSM group.

Despite funding from the Global Fund of several NGOs in the fight against HIV/AIDS, including MSM organizations, to increase awareness and advocacy on legal issues affecting MSM and their protection from stigma and discrimination, recognition of their problems remains low and education of media remains even lower, thus not being able to bring a clear framework of problems related to stigma and discrimination for MSM. There is an increasing demand from the LGBTQIA community and associations to enable access to these persons to pre-exposure prophylaxis (PrEP). Such prophylaxis is not provided till now in Albania, therefore it is necessary to develop roadmaps and programs on how to provide this prophylaxis.

MSM are in continuous move, where more than one third (40%) of them report to have been far from home for more than a month in the last year. The majority of them consume alcohol and more than 1/3 have tried drugs (mainly marijuana, cocaine, heroin, ecstasy and diazepam). One in ten MSM have not gone to school and 27% of them have been married to one woman.

The majority of MSM have multiple sex partners or parallel relations with different types of partners, including regular, casual and paid sexual partners. Regular use of condoms with different partners varies from the lowest (38%) with regular partners, 48% with casual partners and 57% with paid partners. 61 percent of MSM reported to have sexual relations with women, where less than half (49%) reported regular use of condom in the last six months. It is unknown the fact if female partners of MSM are aware that their male partners have sex with males, also if MSM have sexual relations with females in order to hide the fact that they are not heterosexual.

The majority of MSM (82%) report to be aware that HIV test services are available in their city. There is an increase in the number of MSM tested for HIV compared to the

data of previous studies. In the study of 2019, more than half of them (52%) report to have been tested once for HIV compared to just 23.5% in 2011. The highest percentage of those tested once is reported in Tirana with 57% and the lowest in Elbasan with 21%.

The majority of MSM reported to know where to be provided with condoms when needed, and more than one third (39%) to have been provided with a free of charge condom in the last six months. 37% report to have been contacted by their peers and outreach employees, with the majority of them (48%) exposed to such intervention in the last 3 months.

HIV infection prevalence among the MSM population is estimated to be at 2%. Overall, the combination of risk factors among MSM asks for an essential empowerment and expansion of interventions for this group as part of a strategy to prevent HIV.

Sex workers - The results from the IBBS studies in 2008, 2011 and 2019 indicate that there is a decreasing tendency in the percentage of sex workers that declare to take money in exchange of sex before the age of 18, i.e. from 50% in 2008 to 42.3% in 2011 and 31% in 2019. Similarly, in 2019, the percentage of sex workers that took money in exchange of sex before the age of 14 was three times lower compared to 2011 (12.5%) and it was even higher in 2008 (15%).

The percentage of sex workers that was tested for HIV indicates an increasing trend from 27.4% in 2008 to 35.8% in 2011 and 37.3% in 2019. These percentages are still very low, considering the high risk behaviour of sex workers.

5. LEGAL FRAMEWORK

Currently, the national response to HIV/AIDS is still regulated by Law No. 9952 “On the prevention and control of HIV/AIDS” which was subject to review and approval for the last time in 14 July 2008. The law determines the principles of prevention and control of HIV/AIDS; the entities responsible to prevent and control HIV/AIDS; the rights and obligations of people living with HIV/AIDS. The law also specifies the measures to prevent and control HIV/AIDS; the treatment, care and support for PLHIV and the

conditions to ensure the implementation of HIV/AIDS prevention and control. The law specifically refers to key populations, including people living with HIV and their family members; drug users; patients with STI; MSM; sex workers; migratory population and pregnant women. The fact that this law was approved more than 10 years ago, as well as the problems encountered over the years, make it indispensable to review and update it.

Another important law that regulates national response against HIV/AIDS is the Law No. 15/2016 “On the prevention and fight against infections and infectious diseases”. This law contains several articles that are especially important for HIV/AIDS, including: i) Article 5 on “reporting infectious diseases”; ii)

Article 7 “on special measures”, which specifies the special measures to prevent infectious diseases, including epidemiological surveillance, correct diagnosis, treatment and contact tracing; iii)

Article 8 “on timely identification of infectious resources and ways of communication”, which specifically mentions the examination of viral hepatitis B, C, HIV and syphilis, TB and other infectious agents among blood donors, healthcare workers and other target groups; as well as voluntary testing; iv)

Article 9 “on diagnosis and treatment”, which regulates the diagnosis and treatment of infectious diseases in line with the protocols developed by the national infectious diseases service and the Institute of Public Health; and it specifies the roles of IPH in developing protocols and standards, and epidemiological supervision; v) Article 16 “on epidemiological supervision, network of information resources and laboratories of public health”; and vi)

Article 31 on “patient safety and control of infections in the healthcare institutions”, which addresses the reporting systems, trainings in the area of infection control and clinical support for the clinical staff by means of continuous education.

6. PREVENTING HIV/AIDS AMONG VULNERABLE GROUPS AND THE GLOBAL FUND

The Global Fund has been a key funding source for the national response against HIV since 2007. It has provided a huge contribution to strengthening the national response against HIV as it allowed for the establishment and empowerment of the main systems for testing, prevention, treatment and care against HIV.

The Global Fund is currently supporting the Transition Grant 2020-2022. The purpose of this grant is to support Albania for a gradual transition of the national response in the fight against HIV/AIDS and TB from a financial support from the Global Fund to sustainable national resources. This means an on-going focus in the HIV prevention services for key populations (KP), as well as activities that specifically address the issues of transition. The activities began to be implemented in March 2020.

Several interventions have been implemented, such as:

- Strengthening interventions in vulnerable populations for early detection and diagnosis of HIV infection;
- Improving the quality and escalating preventive interventions in vulnerable populations, including injecting drug users (IDU), sex workers (FSW), men who have sex with men (MSM), prisoners;
- Establishing an effective interaction between the prevention, diagnosis and treatment services for an early detection of HIV infection and referral for treatment and care;
- Strengthening and expanding the national response against HIV/AIDS by means of the regionalisation approach.

The grant has persisted to support the existing services for PWID in Tirana and other cities as: Durrës, Elbasan, Berat, Vlorë and Korçë through outreach services and mobile units, with a clear focus in strengthening and sustainability of these services. The model of providing these services is focused on the quality and access to services with the aim of improving them, increasing coverage and strengthening the sustainability. The strengthening of existing services of Opioid Substitution Therapy (OPI), has enabled the

continuity of operation of Methadone Maintenance Therapy (MMT) centres in Tiranë, Durrës, Shkodër, Elbasan, Korçë, Vlorë, Fier, Berat and Sarandë. Also, an on-going supply with methadone has been ensured in order to continue work in such centres.

The activities supported by the grant consist in the delivery of services for the MSM community through the fixed centre of “Check Point” type services in Tirana like: counselling, HIV testing, condom and lubricant distribution and referral to other services. In the other four cities, i.e. Durrës, Elbasan, Vlorë and Korçë, these services are provided by outreach employees and the mobile unit. Testing for HIV, Hepatitis B, Hepatitis C and syphilis has been provided in the above centres. IEC materials are also provided.

Services are provided in the drop-in and on-site service centre to sex workers by the outreach employees. The centre operates in Tirana, as the biggest city and with the highest activity of sex work. The interventions include education for HIV/STI; the distribution and promotion of condom use; HIV/STI testing; and referral services, including diagnosis and treatment of STIs. The interventions for this group are focused on the street-based sex workers, and the extension of these services to other sub-groups of this population as well as in other districts, apart from Tirana, remains a challenge.