

<b>HEALTH PROMOTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title:</b>	<b>Situation Analysis of HIV/AIDS in Albania: Case-study</b>
<b>Module: 5.4.1</b>	<b>ECTS: 0.25</b>
<b>Author(s),degrees, institution(s)</b>	<b>Enver Roshi</b> , MD, PhD. Department of Public Health, Faculty of Medicine Tirana, Albania <b>Genç Burazeri</b> , MD, MPH Department of Public Health, Faculty of Medicine Tirana, Albania
<b>Address for Correspondence</b>	<b>Enver Roshi</b> , MD, PhD. Faculty of Medicine Rr. “Dibres”, No.371 Tirana, Albania Tel: +355 4 262782 Fax: +355 4 257420 E-mail: e_roshi@yahoo.com
<b>Key words</b>	Education, income, inequalities, health, socio-economic, HIV/AIDS.
<b>Learning objectives</b>	At the end of the module, students should be able to: <ul style="list-style-type: none"> <li>• Assess the epidemiological situation of HIV/AIDS in their own countries;</li> <li>• Understand the health impact, as well as economical and social impact of HIV/AIDS;</li> <li>• Address the importance of national strategies for prevention and control of HIV/AIDS.</li> </ul>
<b>Abstract</b>	Albania today is still a low HIV prevalence country, but major concerns exist that since the 1990s there has been an uncontrollable increase in the risk-behaviours coupled with spontaneous massive internal and external migration, and a lack of information about the causes and prevention of HIV/AIDS. By the end of 2004, there were 149 HIV cases in Albania, of which 48 cases of AIDS (with 25 deaths). Sexual transmission, both homosexual and heterosexual, accounts for over 90% of HIV cases in Albania and the age-group most affected is 30-40 years old. The majority of reported HIV cases were acquired outside Albania. According to projections of the National HIV/AIDS Program, in 2010, the number of HIV cases might reach 10,000-15,000 if the necessary prevention measures would not be taken.  Thus, after 2000, there was an emerging need for a national strategy of control and prevention of HIV/AIDS in Albania. This was due to the increasing number of new cases every year as a consequence of risky behaviors especially among the risk-sexually active population. By the end of 2003, the Ministry of Health approved the National Strategy of Prevention and Control of HIV/AIDS in Albania: 2004-2010. As Albania has signed the Millennium Declaration, the approval of the National Strategy on HIV/AIDS confirms the commitment of the government to achieve the Millennium Development Goals.

<b>Teaching methods</b>	<ul style="list-style-type: none"><li>• Introductory lecture;</li><li>• Seminars;</li><li>• Group discussions;</li><li>• Presentations.</li></ul>
<b>Specific recommendations for teachers</b>	This module should be assigned 0.25 ECTS.
<b>Assessment of Students</b>	<ul style="list-style-type: none"><li>• Group assignment (5-7 students): review of health promotion strategies to control and prevent HIV/AIDS in students' home countries.</li><li>• Individual assignment: take home essay (up to 3000 words, references excluded). Students are expected to provide a comprehensive literature review about epidemiological situation, measures of control and prevention of HIV/AIDS in their own countries.</li></ul>

## SITUATION ANALYSIS OF HIV/AIDS IN ALBANIA: Case-study

Enver Roshi, Genc Burazeri

### Epidemiological situation of HIV/AIDS in Albania

By the end of 2004, there were 149 HIV cases in Albania, of which 48 had developed AIDS. Out of the 48 AIDS cases 25 have died. In 2004, 29 new HIV cases, 6 new AIDS cases and 1 new AIDS death were reported. Among the 29 new HIV cases in 2004, 19 were male and 10 female. Overall, the predominant mode of transmission is sexual (over 90%), and the most affected age group is 30-40 years (1). It is worth to be noted that the majority of reported cases were acquired outside Albania. The available data suggest that injecting drug use is increasing in Albania, and that more than two thirds of injectors share needles and syringes (1-2). In addition to injecting drug use, Albania faces other challenges with regard to HIV risk behaviours. It is estimated that thousands of Albanian women and girls have been working as sex workers outside the country (especially in Western Europe) over the past 15 years (1,3). Most of them are young (20-24 years old) and have not received any sex education (1). During the last decade there has also been a dramatic increase in the mobility of the Albanian population (4-5). According to estimates of the National Statistical Institute of Albania, the number of migrants is approximately 600,000 people, or about 20% of the population, the largest group being men aged 20-30 (5). Highly active antiretroviral therapy (HAART) became available in Albania in 2004 (1). At the end of 2004, 30 people were on HAART treatment (1).

**Box 1.** Selected facts about HIV/AIDS situation in Albania (as of December 2004) [1]:

#### HIV/AIDS situation in Albania, December 2004

- 149 HIV cases, of which 48 have developed AIDS
- 60% of HIV cases are females
- 70% of HIV cases were reported among migrants
- 5 children have developed AIDS
- Sexual transmission accounts for 90% of HIV cases

*Source:* WHO (2006). *HIV/AIDS in Europe: Moving from death sentence to chronic disease management.*

### Disparities in spread of HIV/AIDS in Albania

- HIV/AIDS in Albania is unevenly spread in *geographical* terms due to higher rates of migration from selected areas of the country (6). Thus, Northern and Southern regions, with a high percentage of migrants, are at risk to suffer mostly the mobility-related vulnerabilities to HIV. As stated in the National Strategy for Health Promotion (2), given that HIV incidence in Greece and Italy is 1.25 and 3.16 per 100.000. Albania might experience sharp increases in HIV rates due to the high rate of mobility of workers towards these two countries.

Furthermore, Tirana, the Albanian capital city, faces a high risk for the spread of HIV due to the quick change of behavioral patterns among the risk-sexually active population.

- There is also a particular concern about the *economic disparities* of HIV infection in Albania (6). The poorest are expected to be the most vulnerable group for acquiring HIV infection. Poverty maybe linked to higher possibilities to get involved into commercial sex work, being trafficked or injecting drugs. However, the evidence from other transitional countries suggests that an increase in drug use and commercial sex work is not always linked to the level of poverty in absolute terms.
- As in other countries and cultures, women are more vulnerable to HIV for economic, biological and cultural reasons. Therefore, there is evidence for a pattern of *gender disparities* in the distribution of HIV/AIDS, with 60% of reported cases among women (1,6). The lack of power to negotiate the use of condoms and the lack of awareness among migrant's partners left behind in the towns of origin are issues to highlight, as they might face a risk of contracting HIV even though they do not engage into any other risk behavior than having sex with their husbands (6). STI/HIV related-risks associated to the trafficking of women for sexual exploitation is an issue of extreme relevance to be addressed.
- There are remarkable *age disparities* in the transmission of HIV infection, with young people being the group most likely to be exposed to risk behaviors for acquiring HIV (1,6). Besides, youth has a higher chance to be involved into migration processes. Thus, the age-selective migration exposes the young population sub-groups to a higher risk towards HIV infection (6). Nonetheless, the need for awareness rising of middle-aged individuals should not be neglected, particularly in the case of migrant workers and their partners.

### **The need for a national strategy for prevention and control of HIV/AIDS in Albania**

According to projections of the National HIV/AIDS Program, in 2010, the number of HIV cases could reach 10,000 – 15,000 if the necessary prevention measures are not taken (7). Besides the sexual transmission of HIV infection, injected drug users (IDUs) pose a particular concern for the spread of HIV. According to UNAIDS, there are about 30,000 drug users in Albania, of which 70 percent are estimated to be IDUs (7). Thus, there is a particular concern about a potential epidemic among this high-risk group. Furthermore, KAP surveys carried out in Albania have identified low levels of knowledge about HIV/AIDS and low levels of condom use, especially among groups at risk, which could fuel a potential epidemic (7). The available data suggest a very problematic situation regarding HIV prevention. Thus, according to a survey, 47% of IDUs reported about 25 sex partners per year, and 62% of the sex workers reported about 50,000 sex partners per year (7). Also, only 33% of men report having ever used condoms, and only 12% of sex workers report always using condoms (7). According to another survey, the prevalence of constant condom use among 279 undergraduate students who reported being or having been sexually active was 35% (8). Although Albania has developed subsidized marketing schemes (9), condoms are not available in schools or universities, or restaurant and coffee shops. Access and affordability of condoms can, therefore, be assumed to vary in subgroups that differ in income status and/or background (e.g. education), (8).

Based on the available evidence and projections for the future, there was an emerging need for a national strategy of control and prevention of HIV/AIDS in Albania. Thus, by the end of 2003, the Ministry of Health approved the National Strategy of Prevention and Control of HIV/AIDS in Albania: 2004-2010 (7).

## **Objectives of the National Strategy for Prevention and Control of HIV/AIDS in Albania**

The National Strategy for Prevention and Control of HIV/AIDS in Albania (NSPCHA) was designed to help the management, collaboration and coordination among the governmental institutions, non-governmental agencies and international organizations which operate in the area of control and prevention of HIV/AIDS in Albania. The aim of NSPCHA was to provide a comprehensive document regarding the control and prevention of HIV/AIDS in Albania in line with the best examples and practices in other countries. Protection of human rights and reduction of stigma and discrimination is the cornerstone of the strategy. The NSPCHA addresses the need for multi-sectoral collaboration in order to tackle a multi-dimensional problem such the issue of HIV/AIDS. The strategy addresses the need for enhancing the surveillance system of HIV/AIDS, improvement of blood safety, improvement of legislation, development of supporting and caring activities for people living with HIV/AIDS, enhancement of condom promotion among general population, as well as provision of counseling and testing for HIV infection (7).

The main objectives of the strategy are summarized in Box 2 (7):

### **Box 2. Main Objectives of the National Strategy for Prevention and Control of HIV/AIDS in Albania**

- Overall objective: to keep the prevalence of HIV among the general population less than 0.1% by 2010.
- Increase the level of knowledge and promote safe sexual behaviors among the sexually active population sub-groups, especially so among adolescents (13-18 years old) and young adults (19-24 years old).
- Increase the level of safe behavior and, therefore, decrease the risk among sexually active women.
- Reduce the risky behaviors among the mobile populations towards HIV/AIDS and improve their health seeking behavior.
- Monitor and support programs that ensure blood safety.
- Reduce the number of injecting drug users and increase the percentage of users who attend harm reduction programs.
- Decrease the percentage of risky behaviors among men who have sex with men.
- Reduce the percentage of commercial sex workers with risky behaviors for transmitting HIV.
- Decrease the number of sexually transmitted infections and reduce the possibility of HIV transmission among those infected.
- Prevent the spread of HIV infection among prisoners.
- Prevent the spread of HIV infection among Roma community.
- Ensure full medical care and treatment for all persons living with HIV/AIDS.
- Ensure adequate counseling and testing services for all persons who seek such services.
- Reduce the mother to child transmission of HIV through preventive efforts.
- Ensure full social support for all persons living with HIV/AIDS.
- Establish effective systems of monitoring and evaluation based on epidemiological, behavioral and environmental factors.
- Strengthen and increase the quality of scientific research for assessing the behavioral risks on one hand, and the appropriate intervention to undertake, on the other.

**Source:** Ministry of Health of the Republic of Albania (2003). *The National Strategy of Prevention and Control of HIV/AIDS in Albania*.

As Albania has signed the Millennium Declaration, the approval of the National Strategy on HIV/AIDS in December 2003 confirms the commitment of the government to achieve the Millennium Development Goals.

### **Exercise**

#### **Task 1:**

Students are required to perform a comprehensive review about the strategies for control and prevention of HIV/AIDS. Particular attention should be devoted to success stories (i.e. the best international examples on control and prevention of HIV/AIDS).

#### **Task 2:**

Students are required to provide a summary of their respective national strategies on HIV/AIDS. Each student should provide a list of *pros* and *cons* pertinent to the actual implementation of the respective strategy.

### **References**

1. World Health Organization, Regional Office for Europe. *HIV/AIDS in Europe: Moving from death sentence to chronic disease management*. Copenhagen, 2006.
2. Ministry of Health of the Republic of Albania. *Public Health and Health Promotion Strategy: Towards a healthy country with healthy people*. Tirana, 2004.
3. Rechel B, McKee M. *Healing the crisis: a prescription for public health action in South Eastern Europe*. New York: Open Society Institute Press, 2003.
4. Nuri B, Tragakes E (eds). *Health care systems in transition: Albania*. Copenhagen: European observatory on health care systems, 2002.
5. Institute of Statistics of Albania. *The population of Albania in 2001*. Tirana: INSTAT, 2002.
6. United Nations Development Program, Albania. *Common Country Assessment 2004*. Tirana, 2004.
7. Ministry of Health of the Republic of Albania. *The National Strategy of Prevention and Control of HIV/AIDS in Albania*. Tirana, 2003.
8. Burazeri G, Roshi E, Tavanzhi N, Orhani Z, Malo A. Sexual practices of undergraduate students in Tirana, Albania. *Croat Med J* 2003; 44:80-85.
9. Population Services International. *What we do, where we work – our programs*. Washington (DC): PSI; 2001. Available from: [http://www.psiwash.org/where\\_we\\_work/albania](http://www.psiwash.org/where_we_work/albania) (Accessed: November 20, 2005).