

ALBANIA

Most-at-risk adolescents and young people, HIV and substance use

COUNTRY MISSION REPORT



2006

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Country Mission Report

2006

produced within the
**“Support Network for HIV Prevention among Injecting Drug Users
in South Eastern Europe”**

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The aim of the mission in Albania is to assess vulnerabilities and risks related to HIV and problem drug use, to map national and local response and capacities, as well as to identify potential ways to strengthen national policies and strategies in the field of HIV/AIDS and drug use. Two international experts, together with a representative of the local partner, carried out a number of interviews and site visits, in January 2006. This report is based on gathered information and views, as well as previous research and analysis, available statistics and legal documents. It was officially launched at the regional Inter-country Consultation "Counting Lives!", in Bucharest on February 15-17, 2006.

The Albanian mission is part of the project "Supporting Network for HIV Prevention among Injecting Drug Users in South-Eastern Europe", which is implemented under the coordination of the Romanian Harm Reduction Network, with financial and technical support of UNICEF.

The opinions expressed in this report do not necessarily reflect policies or views of the Romanian Harm Reduction Network and UNICEF. The designations employed and the presentation of the material (including maps) do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or its authorities or the delimitations of its frontiers.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavioural change communication
CCM	Country Coordinating Mechanism
CIDA	Canadian International Development Agency
DU	Drug user
EAR	European Agency for Reconstruction
ELISA	Enzyme-Linked Immuno-Sorbent Assay
EU	European Union
EUR	Euro (currency in part of the EU territory, also in Kosovo)
FYR	Former Yugoslav Republic
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HB	Hepatitis B
HBV	Hepatitis B Virus
HC	Hepatitis C
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm reduction
IDU	Injecting drug user
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Perceptions
LGBT	Lesbian, gay, bisexual, transgender
MARA	Most at risk adolescents
MSM	Men who have sex with men
NGO	Non governmental organization
PSI	Population Service International
RAR	Rapid Assessment and Response
RAR SUYP	RAR on substance use and young people
SEE	South-Eastern Europe or South-Eastern European
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNMIK	United Nations Mission in Kosovo
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development
VCCT	Voluntary and confidentially counseling and testing
WHO	World Health Organization

Foreword

Every year the number of the HIV-positive young people increases dramatically. The most common ways of HIV spreading are the drug use and the heterosexual intercourse. The data reveals that the region of Eastern Europe and Central Asia is experiencing the fastest-growing HIV/AIDS epidemic in the world.

Although the regional initiative **The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe** (SEE Collaborative Network) is less than 1 year old, it has already had a great impact in the region. It was established to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS in this region.

UNICEF Romania had the privilege to collaborate with Romanian Harm Reduction, member of the SEE Collaborative Network, in implementing the **“Support Network for HIV Prevention among Injecting Drug Users in SEE”** Project, aimed to strengthen the regional response for maintaining long-term, viable HIV/AIDS prevention, treatment and care services. Through this project, teams of international and national experts collected data about most at-risk adolescents (MARA), mapped the existent services for MARA, assessed the availability of international and national funds for HIV/AIDS services, and elaborated a general overview of the situation and the needs of at risk and vulnerable populations from Albania, FYR of Macedonia, Kosovo and Romania. Four country mission reports reflect all this information, creating the baseline for the development of the national evidence-based interventions, including advocacy.

Sharing experience and good practices among the SEE-CN members and improving their competence to plan advocacy activities and their skills to advocate for sustainable HIV services at the national and regional level represented two major objectives for this project. The inter-country consultation held in Bucharest, February 15-17, 2006, provided the opportunity to share lessons learned, to discuss common issues, and to establish contacts for further networking. The report of the meeting includes the main issues discussed during the consultations, conclusions and recommendations.

All the reports developed within the project represent useful advocacy tools for governments as well as for the local, national and international organizations that are involved in advocacy networking in the SEE region.

UNICEF Romania appreciates all the efforts that countries from the region have already started in this area and is willing to offer its support for the continuation of their endeavours in preventing the AIDS epidemic among young injecting drug users, with a focus on most at-risk adolescents, and in advocating for quality harm reduction services.

Pierre Poupard,
Representative, UNICEF Romania

Executive Summary

Albania is considered to be a low HIV prevalence country based on numbers of cases reported. However, based on regional and national data, there are a number of sub-populations which are considered particularly vulnerable to the infection. These include injecting drug users (IDUs), sex workers, men who have sex with men (MSM) and the Roma community. Data on HIV prevalence and risk behaviors among some of these groups were scheduled to be available in December 2005 based on the results of linked bio-behavioral surveillance conducted by the National AIDS Program funded by USAID.

Albania's response to HIV/AIDS is currently being directed by the national strategy 2004-2010, entitled *Let's keep Albania a low HIV prevalence country*.

The sub-populations in Albania are considered the most vulnerable to HIV/AIDS, that is, injecting drug users (IDUs), sex workers and men who have sex with men (MSM). These populations have been identified based both on evidence of epidemics in other countries, which have spread rapidly among one or more of these populations, and from in-country evidence of vulnerability factors such as unsafe sexual and injecting practices. These sub-populations are considered 'hard-to-reach', particularly by governmental agencies. This is largely because of the social stigma associated with their activities. However, non-governmental organizations (NGOs) have an established track record in working positively with these populations.

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.

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 until now, 25 new cases have been identified. Only 26 blood donors have been found positive since testing for HIV began in 1986.

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 link 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. The testing is conducted by the Institute of Public Health and the University Hospital Center in Tirana, which is also offering 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.

Recommendations for:

Policy makers

- Should ensure a proper and adequate national legislation regarding drug use and the provision of effective interventions, like harm reduction services,
- Initiate mechanisms of monitoring and evaluating the needs and characteristics of the at-risk groups
- Review the legal framework in respect to facilitating the implementation of harm reduction programmes

Governmental institutions

- Should develop and implement sustainable national harm reduction programmes after assessing effectiveness of current HR programs
- Should respect national strategies on HIV/AIDS and drugs goals and objectives and approve the adequate funding in the national budget
- Improve data collecting and surveillance through facilitating and developing the proper mechanisms and institutions
- Strengthen and expand the capacities for offering services to the IDUs, including voluntary and confidential counseling and testing (VCCT), referral to mental health programmes, methadone maintenance and detoxification programmes, as well as needles and syringes exchange programmes
- Compile, implement and evaluate evidence based and theory driven programmes for reducing the demand for drug, stressing primary prevention programmes among young people

NGOs

- Expand advocacy strategies that pursue development of harm reduction services and HIV prevention services
- Compile, implement and evaluate culturally appropriate and theory driven IEC and rights based programmes for preventing the spread of HIV among the IDUs

Donors

- Donor, especially foreign development agencies, should base their response and funding on the real situation at hand and on scientific evidence
- the programmes should be better coordinated to ensure continuity of service

Researchers

- Support NGOs and other service providers with accurate and reliable data
- Should develop an efficient monitoring and evaluating system

I. INTRODUCTION

In June 2005, a new regional initiative ***South-Eastern European Human Rights and Treatment Collaborative Networking on HIV/AIDS and Drug Use*** (SEE Collaborative Networking) was launched, in order to develop and implement a regional strategy to improve the health and rights of vulnerable populations in relation to drug use and HIV/AIDS in this region. The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programmes and projects. It focuses on filling the existing gaps and synergies and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks, and individuals) from nine countries and territories (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Former Yugoslav Republic (TFYR) of Macedonia, Kosovo¹, Romania, Serbia and Montenegro, Slovenia) who share common interests and values related to building relationships, sharing knowledge and learning.

The goal of the project **“Support Network for HIV Prevention among injecting drug users in SEE”**, developed with financial and technical support from the UNICEF Regional Office in Geneva and the UNICEF Country Office in Romania, is to increase the capacity of the Romanian Harm Reduction Network to offer support for other national harm reduction coalitions, in order to strengthen the regional response for maintaining long term, viable HIV prevention, treatment and care services.

As part of this project, in **January 15–20, 2006**, one mission was performed in Tirana, Albania. The main objectives of the mission were to collect data about most-at-risk adolescents (MARA), to map the existent services for MARA, to assess the availability of international and national funds for HIV/AIDS services, and to elaborate a general overview of the situation and make recommendations for policies and strategies in Albania. All information and conclusions will create the basis for the development of the national evidence-based interventions and advocacy. The mission organization was done by the in-country non-governmental partner Aksion Plus and the UNICEF Office in Albania.

The Albanian mission included four-day meetings with representatives of governmental and healthcare institutions, NGOs and international agencies from Albania that are actively involved in response to HIV/AIDS and drug use. The terms of reference of the mission, as well as the agenda and list of contacted and interviewed people are available in the annexes of this report.

The international team involved in the country mission was made up of: Cristina Fierbinteanu, project coordinator – Romanian Association Against AIDS, Nora Stojanovik, project coordinator – Macedonian Harm Reduction Network, and Genci Mucollari, Executive Director – Aksion Plus, Albania.

¹ Currently under United Nations Administration (United Nations Interim Mission in Kosovo)

II. BACKGROUND INFORMATION

2.1. General information

Table 1: Population figures

Population	3,134,982
Political status	Parliamentary Republic
Language	Albanian
Ethnic composition	Albanian (around 95%), Greek (around 3%), Vlach, Roma, Montenegrin, Serb, Macedonian, Egyptian and Bulgarian
Neighboring countries	Greece, Macedonia, Kosovo, Montenegro
Children and young people	33% (0-15 years) 40% (0-18 years) 49% (under 25)
Unemployment	14,3%

Source: www.instat.gov.al

2.2. Epidemiology and Vulnerable Groups

2.2.a. National statistics on HIV/AIDS

Albania is currently ranked among the countries with a low HIV prevalence—the percentage of infected population is less than 0.1%. However, there are indications that the rate of infection is steadily increasing. The cumulative **number of HIV** registered cases by **December 2005**, was **174**, of whom 48 have been diagnosed with AIDS.

More than 70% of the reported HIV cases are among young men residing abroad, who have reported that they contracted HIV while abroad, which highlights the impact of migration on HIV/AIDS. Many Albanian adults seek work far from home, mostly due to economic pressures. The net migration rate is 10.4 per 1,000 people, which represents 350,000 migrant workers abroad (20% of the labor force). Of the nearly 750,000 people who have left the country between 1990 and 1999, nearly 70% are males 16–30 years old (ICMH 2000). Almost one-third of the young adults have spent some time working abroad. There are generally three types of young people² who move out of the country: (1) long-term emigrants; (2) seasonal or temporary emigrants (including tourists); and (3) students.

In Albania, there are only four sentinel groups in Tirana, three HIV testing sites, and one VCT site. Treatment with antiretroviral drugs is available for only 50 patients. NGOs are very active in the country, but they are heavily dependent on external aid—a significant part of health funding comes from external sources. National HIV/AIDS planning is hampered by inadequate surveillance, inadequate information on HIV prevalence and dynamics, inadequate sexual and reproductive health education, and inadequate basic HIV/AIDS interventions. Control over common communicable diseases has been achieved to a certain degree in Albania, but sustained efforts are required to strengthen institutions to control the growing HIV epidemic.

Since 1993, all blood donations in Albania have been tested for HIV and Hepatitis B and C, with results reported to the federal level. In 1995, the Law on Blood Donation, Transfusion and Control of Blood

² The UN definition of young people is referring to those between the ages of 10 and 24. However, the national statistics, strategies or other documents use other definitions for young people. In this report, we used the UN definition, except the situation where official data is reported (in this last situation, the ages are indicated in brackets).

Products was passed; it seeks to ensure the safety of the country's blood supply through obligatory blood screening and voluntary donations. However, remunerated blood donation continues, and the country is experiencing a blood donor crisis as it seeks voluntary donations.

The level of testing for HIV and Sexually Transmitted Infections (STIs) is extremely low. Less than 0.7% of women are tested, and only 23% even know where to get tested³. HIV testing is done by the ELISA test, with positive results confirmed by Western Blot at the IPH. There is limited capacity to test for syphilis with RPR, TPHA, FTA-Abs and ELISA. Testing patterns are not well understood, making interpretation of the notification data difficult. Private clinics carry out anonymous testing for STIs (mainly gonorrhoea and syphilis).

According to the National Strategy on HIV/AIDS, HIV testing is carried out on a voluntary basis and is free of charge. According to current legislation, only state-owned institutions can offer testing for HIV.

There are only three testing sites in Tirana: the blood Bank, the IPH, and the University Hospital of Tirana. Outside Tirana, only blood banks in district centers can provide rapid tests for blood donors and volunteers. Confirmatory tests can be carried out only centrally, at the IPH or the University Hospital in Tirana. Specific problems related to HIV testing include the lack of regular and systematic reviews and evaluation of the HIV data from different groups, and different HIV testing methods (e.g. the Blood Bank in Tirana uses a different method than outlying districts). These problems bring into question the reliability and comparability of HIV data. Pre- and post-test counseling is only available at the IPH. Counseling is inadequate and poorly organized, despite some attempts to organize training based on WHO guidelines for medical staff at the key institutions and with the involvement of some NGOs.

As of June 2003, none of the reported HIV cases was among prisoners. However, little is known about the epidemiological situation of HIV and STIs within prisons. No mandatory HIV testing is required for prisoners. There are ten prisons in Albania with an average of 2,600 prisoners. However, Albania has been asked to receive 4,000 Albanian prisoners who are presently serving time in Greece, Italy and Switzerland (Albania, 2004).

The Albanian Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) proposal (2004) estimates that two percent of the male population might be homosexual (this means 35,000 people). Although homosexual behaviour has not been prosecuted since 1995, the Men who have sex with men (MSM) community is still highly stigmatized and experiences a high level of discrimination. Police interrogate and detain Albanian lesbian, gay, bisexual and transgendered (LGBT) frequently. Consequently, it has been difficult for the Albanian LGBT community to organize itself socially and politically, and to gain access to existing services.

2.2.b. HIV prevalence in general population

The scale and dynamics of the HIV and AIDS epidemic in Albania are difficult to characterize at present. 174 cases of HIV infection have been identified since 1993. Since January 2005 until now, 25 new cases have been identified. Only 26 blood donors have been found HIV 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 way of transmission via infected blood is confirmed in 8 cases, mother-to-child transmission (MTCT) in 5 cases, injecting drug user (IDU) in 1 case, and for 2 cases, the way of transmission is not determined⁴.

The real number of infections is believed to be significantly higher, as no baseline sero-survey has been done and the country lacks a sustainable surveillance system. In 2003, using the Spectrum model, WHO/UNAIDS estimated that 400 to 700 people were living with HIV in Albania (this was done only once).

³ World Bank Report 2004

⁴ Albania Abstract – Institute of Public Health, 2005

Even though the male - female ratio in Albania is 2.4 to 1, the number of infected females is bigger and continuously increasing, as figures indicate. From 19% in 2002, the number of infected females reached 24% in 2003, and 40% in 2004. The greatest part of the infected belong to the 20 to 39 years old age group, making up some 70% of the total number of HIV infected. The HIV is predominantly transmitted by sexual relations accounting for 75% of the cases. Out of 20 new cases reported in 2004, 19 have been infected by heterosexual relations. The MSM transmitted cases constitute 12% of the cases. In 8 persons (4 of whom were reported in September 2005) the HIV has been transmitted via blood transfusion, which indicates the difficulties facing the health system in Albania to confront such a disease.

While there seems to be good knowledge about the ways of transmission and protection of HIV the perception of the danger it represents is still underestimated in the wide public. Only some 17% of the 15-20 years age group think they are directly threatened by the virus and slightly more of the 21–25 age group (20%) consider it to be a threat to their life. A great number of women in rural areas do not distinguish between myths and distorted information related to HIV/AIDS⁵.

The first voluntary and confidential testing and counseling services were opened **in 2005** in Tirana with support from UNICEF. Nevertheless, few efforts have been made to promote the services or make them accessible to youth⁶. No such services exist outside Tirana, except for the testing and counseling services offered in three Youth Friendly Services.

Albania is considered to have one of the highest levels of population mobility in the region - out of, within and into the country. Albanian illegal immigrants, who are often seasonal, prefer not to seek health care, as many fear expulsion or other legal actions if their status were to be discovered. The data existing for Albanian migrants are not complete and realistic, due to the irregular nature of their movements and the lack of possibilities to reach them. According to the statistics of the Ministry of Labor and Social Affairs, around 800,000 Albanians live outside the country. Being mobile is not a risk factor for HIV; the encountered situations and the risky behaviours possibly engaged in during mobility or migration may increase vulnerability and risk regarding HIV. Around 70% of the reported cases with HIV in Albania are reported as being infected outside Albania. The majority of them are young males of 20 to 40 years old that have worked or lived for some time in countries like Italy or Greece.

2.2.c. HIV/AIDS in young people

Albania has a young population. The population structure consists of 33% under the age of 15 years old, the under 18 constitute about 40% while those under the age of 25 years old make up 49% of the total population⁷.

In 2005, the University of Crete – Greece did a study in Albania among 400 thalassaemic patients and 4 HIV cases were discovered among adolescents⁸ (15–21 years of age); all 4 cases were infected at hospitals (suspicion that it was done through blood transfusion). Regarding vertical transmission, three HIV-positive children were diagnosed in 2003.

With the youngest population in Europe, the risk of a wider HIV epidemic based on (the country toward HIV/AIDS especially when there are) many social, economic and cultural factors that make young people vulnerable to HIV, is very high. Among them, there is a lack of access to adequate information, lack of access to proper sex education (reproductive health and sexual behaviour), and lack of various services for youth especially in rural areas. The increasing number of youngsters at critical ages (16-24) dropping out of schools, young migrant workers and changing sexual norms in urban areas are added to other

⁵ Women and children in the last decade, Multi indicator study, INSTAT and UNICEF

⁶ The UN definition of youth is referring to those between the ages of 15 and 24. However, the national statistics, strategies or other documents use other definitions for youth. In this report, we used the UN definition, except the situation where official data is reported (in this last situation, the ages are indicated in brackets).

⁷ UNICEF RAR 2005

⁸ The UN definition of adolescent is referring to those between the ages of 10 and 19. However, the national statistics, strategies or other documents use other definitions for adolescents. In this report, we used the UN definition, but the situation where official data is reported (in this last situation, the ages are indicated in brackets).

causes that increase the vulnerability of young people in Albania. There was a trend of increasing the numbers of HIV cases from 15 to 24 during the last year.

The recent Rapid Assessment and Response (RAR) survey reported that the majority of young people receive information about HIV and AIDS and STI mainly from the media. Less information is provided by schools or other responsible institutions or parents. Data from this survey showed that some groups like young immigrants, or migrant workers especially seasonal ones, youth out of school as well as the youth pattern of drug users there have a common practice of unprotected sex with multiple partners.

The data provided by the 2005 RAR from ALBANIA UNICEF draft also shows that the **average age of the first sexual contact is 16.4 years old**. The same data indicate that 11.3% of the MSM had their first sexual contact at 12 to 14 years old, 61.3% reported the age of the first contact as 15 to 17 years old, and the remaining 20.8% of the MSM indicated the age of the first contact was in the 18 to 20 age span.

2.3. National statistics on drug use

2.3.a. Drug use and risk behaviour

Low prevalence of HIV can disguise epidemics occurring in concentrated groups of vulnerable people. The number of injecting drug users in Albania is rising, and many young people are twice at risk when they engage in both injecting drug use and unprotected sex. In fact, a RAR study undertaken by UNICEF Albania in 2002 confirmed that about 74% of the injecting drug users were using non-sterile injecting equipment and only three percent of the young people taking drugs who had sex were using condoms. Unfortunately, there is no disaggregated data about age or gender.

An ongoing sero-surveillance study with at-risk groups, conducted with the support of USAID and Family Health International, has found that more than 20% of the injecting drug users tested so far have hepatitis B or C. At the same time, official data shows that the prevalence of hepatitis B and C antibodies among tested drug users is the highest in the region (65% and 18%, respectively), indicating that using non-sterile injecting equipment is a common practice⁹.

In 1998 media reports estimated the number of 20,000 drug users. The 2001 RAR estimated the number of drug users, all over Albania, ranging from 10,000 to 30,000 (out of a 3,087,159 population in the country)¹⁰. In 2005 from the sources of the NGOs working in the field and the Ministry of Health, the number is estimated to have increased up to **40,000 users of all drugs**, included the so-called soft drugs¹¹. Meanwhile, recent estimations show a number of 10,000 IDUs, mainly young people. The drug of choice is heroin. There is an insufficiency of information regarding injecting drug use and the culture of needle exchange, although from self-reported cases, using non-sterile injecting equipment and other risky behaviour like unprotected sexual intercourse often happen¹². The IDUs report several sexual partners and the level of condom use is very low¹³.

The detoxification service is typically used by young males between the ages of 15 and 25 (who represent 55% of the total number of persons that accessed the detoxification service), who use heroin (82% of the young male between ages 15 to 25). In the majority of cases, Albanian drug users take impure drugs. Based on the treatment-demand-data, it has to be added that drug injecting behaviour is becoming more and more frequent (26.6% of drug users demanding treatment in 1999, compared to 19.5% in 1998). In the first half of 2001, at the Tirana Toxicological Clinic, the percentage of injecting drug users has reached almost 80% out of all treatment demands.¹⁴ This Toxicological Clinic is the only

⁹ Joana Godinho, Nedim Jaganjac, Dorothee Eckertz, Adrian Renton, Thomas Novotny, "HIV/AIDS in the Western Balkans, Priorities for Early Prevention in a High-Risk Environment", World Bank Report 2004

¹⁰ UNICEF, *Rapid Assessment and Response on HIV/AIDS Among Especially Young People in Albania*. March 2002. Available at: http://www.cpha.ca/english/intprog/hiv_prev/raralban.pdf, September 2005.

¹¹ NGO-info, *Action Plus*, Harm Reduction Centre. August 2005 Tirana. www.aksionplus.net August 2005.

¹² NGO-info, *Action Plus*, and APRAD. Harm Reduction Centers, 2002-2004, Tirana.

¹³ UNICEF, *Rapid Assessment and Response on HIV/AIDS Among Especially Young People in Albania*. March 2002. Available at: http://www.cpha.ca/english/intprog/hiv_prev/raralban.pdf, September 2005.

¹⁴ Source, Institute for Public Health, *National Anti Drug Strategy of the Republic of Albania, 2004-2010*. Tirana.

one in Albania, and the drug problems are treated only their acute phase, not offering a full follow-up of the problem. Furthermore the Clinic does not acceptably cover all needs in Albania.¹⁵

The reports of NGOs show that young people are starting IDU (injecting drug use) as young as 12 or 13 years old. Although it seems like the majority of IDUs are boys, NGO social workers report that the number of girls may be higher than estimated, as families tend to hide the fact that their daughters are injecting drugs, due to stigma.

IDU is an alarming problem in prisons. Being highly stigmatized and associated with illegal behaviour, drug users are incarcerated for long periods for consumption or possession of small amounts of narcotics. In fact, media and NGOs report cases of families who themselves place their children in prison hoping they will stop taking drugs.

Though few HIV cases have been detected among IDUs future expansion of the epidemic may take place mostly among IDUs, following the pattern observed in other countries in the region. According to UNAIDS, 70% of Albania's drug users inject.

In addition to serving as a transit point for cocaine and heroin, Albania also produces cannabis (mainly concentrated in the south). Trafficking and production of drugs have been spreading rapidly throughout Albania. The factors that contribute to this include: conflict in the region, lack of preparedness to address drug issues, weak law enforcement, increased population mobility, poverty, high unemployment, and lack of economic and socio-cultural opportunities for young people.

2.3.b. MSM and risk behaviour

According to the data collected with the questionnaire interviews (UNICEF RAR 2005), some 17.9% of the MSM admit to have used drugs. The information obtained from the Damage Reduction Center and Action Plus indicates that many of the drug users are MSM.

Based on data from Action Plus, 20% of MSM drug users have been taking drugs through injection, and of these 30% have been using non-sterile injecting equipment.

Table 2: The list of drugs mostly used by MSM

The list of drugs mostly used by the MSM		
1	Cannabis/marihuana	72.7%
2	Alcohol	65.2%
3	Valium or benzodiazepine	22.7%
4	Cocaine	22.7%
5	Opium tea	13.6%
6	Heroin	9.1%
7	XT	9.1%

Some 60% of the MSM drug users have been taking two or more drugs at the same time, while 76.2% of the MSM drug users have answered to have been involved in sexual relations under the effect of drugs.

Table 3: Number of sexual partners of MSM in the last year

Number of sexual partners in the last year	One partner	Two partners	Three-four partners	Over five partners
MSM	28.4%	21.1%	18.9%	31.6%

¹⁵ NGO-info, Action Plus, Harm Reduction Centre. August 2005. Tirana. www.aksionplus.net August 2005.

Having sex for money is a common practice among MSM. According to the 2005 RAR, 38.6% of the MSM admit having had sexual contacts in return for money, drugs, etc. Further, **33.7%** of the MSM have answered to never have used the condom during the sexual contacts, while **39.4%** of the MSM respondents said they sometimes use condoms.

2.3. c. Roma population and risk behaviour

According to survey data¹⁶, more than half of the Roma men, (51.1%) have admitted to have used drugs, while no women reported having ever used any kind of illegal drugs. The high number of men that use drugs is explained by the fact that many of the young Roma men are involved in drug trafficking activities. Due to early marriages, early motherhood, and many everyday existential problems, Roma women seem to be safe from drug temptation, at least for the time being. The same data shows among Roma drug users the Roma average age of introduction to using drugs is 15 years old.

Table 4: Drugs most frequently used by Roma people in Albania

Drugs most frequently used by Roma people	
Alcohol	94.1%
Other drugs: (hashish cigarette)	64.7%
Cannabis / marihuana	29.4%
Heroin	23.5%
Ecstasy	5.9%
Amphetamine	5.9%
Analgesic	5.9%

2.4. National legal regulations on HIV and STI, drug use and harm reduction interventions

2.4.a. National strategy on HIV/AIDS

“LET’S KEEP ALBANIA A LOW HIV PREVALENCE COUNTRY - The National Strategy of Prevention and Control of HIV/AIDS in Albania” - 2004 - 2010

The **objective** is to keep the prevalence of HIV among the general population less than 0.1% by 2010. This strategy is targeting:

General population

To increase the level of knowledge and to promote safer sexual behaviours among the sexually active adult population

Youth

To increase the level of safer behaviours and, therefore, decrease the level of HIV risk behaviour among adolescents (13-18 years old) and young adults (19-24 years old).

Women

Among women at a sexually active age, to increase the percentage of those with behaviours that reduce the risk of getting HIV infected.

Mobile population

To reduce the high risk behaviours that exposes the mobile populations toward HIV and to improve their health seeking behaviour

¹⁶ UNICEF ALBANIA RAR 2005

Especially vulnerable populations groups:

Injecting Drug User (IDU)

To reduce the number of IDUs and to increase the percentage of users who attend the harm reduction programme

Men who have Sex with Men (MSM)

To decrease the percentage of MSM who manifest risky behaviours for the transmission of HIV and improve the behaviours that reduce the risk of transmission

Sex Workers (SW)

To reduce the percentage of sex workers who have risky behaviours for transmitting HIV and promote safer sexual behaviours in this population group

Victims of trafficking (VoT)

To reduce the risk behaviours of the VoT exposed to HIV and to promote the adoption of safer behaviours

Persons with Sexually Transmitted Infections

To decrease the number of persons infected with a STI and to reduce the possibility for HIV transmission among these persons

Prisoners

To prevent the spread of HIV among the persons who suffer detention.

2.4.b. National strategy on drugs

The **National Anti Drug Strategy of the Republic of Albania (2004–2010)** was drafted with the participation of all institutions (GOs and NGOs), central and local, committed to the measures against drugs, as well as with the participation of the NGOs supported by the international experts working in Albania.

Main Principles and Goals

1. Create an efficient system for assessment of the risks associated with drug supply, consumption and effectiveness of anti drug activities;
2. Strengthening countermeasures against illegal drug and precursor trafficking as an integral part;
3. Improve interaction and cooperation among state institutions and civil society involved in the fight against drugs;
4. Support citizens, especially young people, in their decision for a healthy life style without drugs;
5. Control negative consequences on the public health and society because of use of drugs;
6. Increase co-operation with international organizations and other countries.

Overall objectives of the strategy

- Reduce the supply of illegal drugs through improving the efficiency of law enforcement bodies;
- Prevent drug abuse through the increase of public awareness on the risks of using drugs and the negative consequences of the use of psycho-active substances, as well as offer efficient and preventive services;
- Reduce the volume of illegal trade with chemical substances used for illegal production of drugs
- Provide effective drugs policy coordination and management, and establish efficient information systems.

Comprehensive system of services for the problematics of drug users and drug addicts includes:

- Outreach work
- Low threshold contact work in contact centers (Drop-in centers)
- Ambulatory treatment
- Intensive ambulatory treatment (day care)
- Hospital detoxification
- Short-and mid-term hospital treatment
- Long-term residential treatment and social rehabilitation in the therapeutic community
- Aftercare

The development of all above-mentioned components within the timeframe is beyond the present Albanian possibilities (according to Genci Mucollari, NGO Aktion Plus, Albania). Therefore, the strategy goals and activities present a moderate and realistic view concerning utilizing existing resources, increasing the present capacities and stimulating the further development.

2.4.c. Legal framework

In accordance with the drug legislation Albania established its national legislation: First was the *“Law on narcotic and psychotropic substances”* of July 26, 1995. The law sets forth conditions under which the production, manufacture, trade, and use of narcotic drugs and psychotropic substances can be used. In addition, it sets the classification of the narcotics and psychotropic substances, based on the damages they cause, and dangers they present to people’s health.¹⁷ The classification is based on the UN Drug conventions of 1961 and 1971.

According to both conventions, methadone, which is used as a treatment for addictive drug users, is classified in the first Schedule of the list of Drugs as one of the most dangerous, and is subject to measures of control applicable to the drugs under these conventions. *“For a certain period of time, Albania justified methadone **denial** as a treatment toward dependent drug users, thus denying one of the most profitable and effective treatments for this vulnerable group”* (NGO Aksion Plus reports).

Although the **prescription** of methadone is allowed under **specific provisions**, not in the law, it is supervised under very strict rules, thus, making it unavailable and inaccessible to users, and not respecting fulfilling drug users’ right to health, through inaccessibility of the necessary treatment.¹⁸ It is of great relevance to mention that in 2004, WHO and UNAIDS listed methadone and Buprenorphine in the Essential Drug List, and recognized them as **substitution medications** for the treatment for drug users addiction.¹⁹

The second legal foundation with great importance is the Penal Code, more precisely – *“Changes of the Penal Code”* in January 2001, where several other I drugs related crimes mostly the concern about personal use – not foreseen before – are well covered. In March 2001, the Albanian Parliament passed the *“Law on the Prevention of the Illegal Trafficking of Narcotic Substances”* where drug users are not found guilty.²⁰ With the changes stipulated, the act for personal use is no longer a criminal act, or in breach with the law.²¹

The Albanian laws focus their attention on supply reduction strategies, and not specifically on demand and harm reduction. In view of that, not a single word is written regarding harm reduction practices as the methadone treatment and the needle exchange programmes. Harm reduction practices are foreseen in special legal acts, but not in the law. As a result the access to harm reduction and services and the

¹⁷ Law on *“Narcotic and Psychotropic Substances”* 1995. Published in the Official Gazette No. 20, P.853, 1995.

¹⁸ Info from Harm Reduction NGOs, Tirana, 2004.

¹⁹ WHO puts methadone and Buprenorphine on the Essential Drug List. Available at: <http://www.ihra.net/index.php?Itemid=1>

²⁰ Law No. 8874, 2002. Available at: www.parlamenti.al

²¹ Albanian Penal Code, 2001. Available at: www.parlamenti.al

response to drug dependency are very limited, due to the state's financial resources or indifference toward the problem. There is a discriminatory attitudes toward drug users that can be a major obstacle for the allocation of funds.

This basis justifies the denial of adequate services and responses to drug use and its related harms, like the methadone treatment and other low-threshold services (needle exchange), all these leading to an unnecessary vulnerability and marginalization of drug users, due to their habit.

However, some provisions with regard to drug users' right to health are made through special legal acts. These micro-level legal documents create the legal ground for the organization of a response, such as needle exchange programmes and methadone treatment, on managing the problematic drug users' needs, with respect to their human rights, and that to health. The Albanian National Strategy foresees the use of methadone as a treatment and other harm reduction services, based on special recommendations by the Ministry of Health,²² although no law in Albania stipulates the substitution therapy with methadone, or other substitutes. These practices with fragile legal framework often pave the way for obstacles and ambiguity on offering services and responses.²³ The harm reduction practices like needle exchange programmes and methadone maintenance therapy, are foreseen in the national strategy, and are implemented by NGOs.

The Albanian law restricts even the nature of the provisions of the strategy on adapting the responses given to the problem. The strategy states: *"Programmes of methadone maintenance (long term substitution) should be linked to the specialized centers. Prescription in the first period **should not be enlarged** to family doctors. There should be a strong requirement of a special training for prescribing doctors. Methadone maintenance needs a special methodology, not a special legislation".*²⁴

2.5. Social perception of HIV epidemic

In Albania, as in many other countries, HIV is seen as a sign of sexual promiscuity. Therefore, gender norms shape the way men and women infected by HIV are perceived, and HIV positive women face greater stigma and rejection than men (UNAIDS, 1998). The general public thinks that HIV doesn't directly affect them. Sex workers, IDUs, MSM, soldiers and emigrants are the most-at-risk groups. Media lacks the skills to reflect the phenomena of HIV properly – they write when new cases are detected, or when HIV-positive people die of AIDS. Few news articles provide accurate information on what is HIV, how one can prevent HIV or what services are available and where. Electronic media are mainly focused on the social aspect of HIV/AIDS: "...the two parents died of AIDS... their children are now orphans... and the state does not have the capacity to provide the proper treatment to address these issues..." (NGO Aksion Plus, Tirana, Genci Muçollari). When an HIV-positive woman was dying of AIDS, one of the TV channels aired a call of help to state and nongovernmental structures to help this woman. KAP and RAR studies are carried out mainly from UN agencies: UNICEF, UNFPA, WHO, in collaboration with local NGOs.

²² Source info, Institute of Public Health, Tirana, August 2005.

²³ Source, Institute of Public Health, *National Anti Drug Strategy of the Republic of Albania, 2004-2010*. Tirana.

²⁴ Source, Institute of Public Health, *National Anti Drug Strategy of the Republic of Albania, 2004-2010*. Tirana.

III. NATIONAL RESPONSES TO HIV AND AIDS AND INJECTING DRUG USE

As a national response, a committee for addressing HIV/AIDS, composed by the Ministry of Health, Ministry of Labor and Social Affairs, Ministry of Education, Ministry of Economy, Institute of Public Health, Ministry of Public Order was established in 1995.

A National AIDS Programme (NAP) 2004-2010 exists under the Institute for Public Health (IPH) (MoH). At the moment, the NAP has difficulty in co-coordinating effectively with other government institutions and ministries because of rigid hierarchical and reporting structures. A National AIDS Conference: "Policies of Prevention and Control of HIV/STI Epidemic in Albania" was held in 1998. A strategy paper was produced by the Conference, but the NAP still does not have specific objectives with regard to the targeting of preventive and harm reduction activities.

The national government contribution to the national HIV/AIDS response was calculated to be around \$834,000 in 2004. This is expected to rise to over \$917,000 in 2005. These figures are only for the Ministry of Health, as figures from other ministries are not available.

The Institute of Public Health is recognized as the national reference laboratory and the expert lab for STI and HIV testing and diagnosis. Other specialized state laboratories are located at the University Hospital Center "Mother Theresa" in Tirana and in the 12 prefecture blood centers. The 12 blood centers are also responsible for routine screening of donated blood, and their laboratories serve as diagnostic centers for clients seeking testing on a voluntary basis.

3.1. HIV prevention services

Prevention actions:

- The Ministry of Education introduced a subject on 'healthy life style' in the primary school curriculum (including drug prevention).
- Soros Foundation has supported the development of a school curricula and a harm reduction project for Albanian NGO's in collaboration with the Swiss Embassy (IOM/UNICEF, 2002).
- The Harm Reduction Center is a project implemented by Aksion Plus since 2000. The services offered include needle exchange, peer education, psychosocial and medical treatment, information and education on HIV and AIDS and STI, outreach work and counseling. A newsletter and information, education and communication (IEC) materials are produced. Annually 120 drug users attend this center and 450 IDUs are reached by 'outreach' workers. The quality of services is good and there is a multidisciplinary staff. Approximately 10-15 young people go everyday to the center in order to exchange syringes or use other services. The youth are satisfied with the service and the environment. Lack of funds puts this project at risk (UNICEF, 2002b). Aksion Plus also implemented certain harm reduction activities in Shkodra which were rather limited, due to financial restrictions.
- Another NGO which runs a similar center is APRAD (Association for Prevention and Rehabilitation of Alcohol and Drugs). They started a few months ago with a project offering exchange of syringes in an easy to find location near the Tirana center. Their project is growing and as of they provided these services to over 70 clients.
- Harm reduction programmes were also conducted in the prison system by another NGO – STOP AIDS which ran a two-year long harm reduction programme in five prisons of the country (in 2000-2002).
- The Ministry of Culture, Youth and Sports has launched number of awareness raising campaigns aiming at preventing drug use. A similar public awareness campaign was organized by Tirana Municipality (in 2001) (Bino S, Kakarriqi E, Sulai Z, Yli A, 2001).

- The Monitoring Center for Young Drug Users has launched a timeframe programme focused on raising awareness among youth (in 2001). Several issues of the newsletter "Periskop" were prepared. The newsletter gives information on drugs, their risks and consequences, as well as how to prevent them (Bino S, Kakarriqi E, Sulai Z, Yli A, 2001).

Youth friendly services:

- Four centers of youth friendly services were established in Albania (in the last two years) for the premises of primary health care directory in Vlora, Shkodra, Korcha and Tirana.
- they offer integrated youth services explain... these are initially funded by UN agencies, with the agreement of government to take over the responsibility and continue the programmes from;
- Training was also provided for primary health care providers, according to the WHO modules on Orientation Programme on Youth-Friendly Services.

3.2. HIV treatment, care and support services

In 2005, 45 patients started free antiretroviral therapy provided by the state (MoH) through a specially issued fund; no IDU is on the treatment (for the time being). The upcoming GFATM funds (date) will cover the second line of treatment (they mostly use generic drugs). National guidelines of antiretroviral therapy will be published soon, developed based on WHO Guidelines. HIV patients receive free treatment and prophylaxis for opportunistic infections; the medicines for these opportunistic infections need to be prescribed by the family doctors in order to be free but, often, patients do not go to their family doctors since they do not want to reveal their HIV status. Regarding HIV testing, the staff from the University Hospital Center of Tirana, Infectious Disease Services offers as a service CD4 counts for 6 months now and for the viral load a laboratory is being set up at the IPH for research purposes, but also for HIV, Hepatitis C, Hepatitis B etc. Hepatitis C treatment has just started, it's free and it is available for 30 patients only – no IDUs among them. Recent data show 1% prevalence of Hepatitis C among Albanian population and 5% Hepatitis B (2005 results). In 2005, The University of Crete – Greece did a study in Albania among 400 thalassemic patients and 60% were Hepatitis C positive. A 2005 biological surveillance study conducted by IPH presents the following information (the data were offered by Dr. Arjan Harxhi, that conducted the study, the final results of the study, as well as the methodology are not available yet):

Table 5: The prevalence of STIs among IDUs, MSM and Roma people

	IDUs	MSM	Roma	General population
HBV	12,4% – 28	15% – 30	13,8% – 87	5,4% – 34
HCV	26,7% – 60	–	–	–
HIV	–	3% – 6	0,95% – 2	–
SYPHILIS	1,3% – 3	4,5% – 9	1,9% – 12	0,2% – 1

It is a big issue to convince the Government to pay for Hepatitis C treatment and services for IDU or any other at risk groups because of the lack of money and existing prejudices and stigma connected to the so-called 'controversial groups' – vulnerable populations. STIs are underreported; a more active surveillance of STIs is needed giving the fact that only in December 2005 10 cases of syphilis, mostly among HIV-positive, were confirmed.

3.3. Harm reduction (HR) interventions and services

The main **services** provided by **HR** programmes are:

- Needle exchange
- VCT
- Training of peers, staff, volunteers

- Protection of human rights
- Provision of services
- Non formal activities with drug users and drop-in-center
- Training of police, teachers, parents and health practitioners about harm reduction principles
- Advocacy campaigns, targeting politicians and policy makers
- Networking with other NGOs, universities, institutions and agencies
- Working with media in order to convey the right message to general population
- Psycho-social support to families of DUs
- Spreading the experience of HR programmes across the country
- Drafting regional projects with other NGOs in neighboring countries
- Provision of condoms, publications and other information
- Researches, questionnaires and a real assessment of the actual situation in Albania
- Outreach programmes – drug users contact, information, education, communication, distribution of sterile syringes and condoms, and collection of the used syringes
- Hot-line counseling at the center, with drug users and their parents
- Group therapy with the users that come to center and, sometimes, with their relatives

In 2006, Aksion Plus is working to prepare guidelines on the risk of HIV among IDUs, supported by UNICEF. This manual will also cover the Harm Reduction principles and practical tools to set up HR programmes across the country. The experience of Aksion Plus in harm reduction interventions will serve to draft these guidelines.

3.3.1. Special issues in the system of services

➤ Harm Reduction (HR)

There is a trend since 2004 – increasing number of IDUs, 85% of users are on heroin, and the age of IDUs is decreasing (Genci Mucollari, NGO Aksion Plus). The danger of spreading infections is apparently increasing and the need of HR services and programmes is critical. HR services should not be isolated, but directly linked with professional centers. Since April 2001, in Tirana, an NGO has been operating in the field as – in principle – an autonomous body, but linked to the Toxicological Clinic which provides supervision and training. This model can be recommended for other HR services and programmes. An HR programme includes the following activities: needle and syringe exchange, information, reference, testing for HIV and VHB, VHC, brief counseling. Needle and syringe exchange is an activity of public health interest; therefore, the necessary supplies should be provided by the local or central authorities responsible for the public health.

➤ Methadone maintenance

Programmes of methadone maintenance (long term substitution) should be linked to the specialized centers. Prescription in the first period should not be enlarged to family doctors. There should be a strong requirement of a special training for prescribing doctors. Methadone maintenance needs a special methodology, not a special legislation.

➤ Self help groups

There is no self-help group in Albania at present. To facilitate their development, every center for treatment and rehabilitation should ensure the conditions for self-help activities, promote them and collaborate with them.

3.3.2. Brief history of the HR programmes

The first HR programme was established in 2000 by Aksion Plus (A+) – **needle exchange**, creating the contacts with the users, helping on prevention of blood borne diseases and other opportunistic infections caused by the use of drugs. This programme assisted nearly 1,500 drug users. During the

two years, A+ has attempted to initiate similar projects across the country. Apart from HR services, this center now is serving as a resource center for other HR projects. In 2002, another organization Albanian Prevention and Rehabilitation of Alcohol and other Drugs (APRAD) opened a new needle exchange programme in Tirana. Both organizations are located in Tirana, a city with a population of approximately 800,000 inhabitants²⁵. These HR programmes are useful, but they are limited to reaching street users, Roma IDUs and IDUs with low incomes.

Under the slogan of the National Strategy of Prevention and Control of HIV/AIDS in Albania “*Let’s Keep Albania a Low HIV Prevalence Country*”, the Institute of Public Health has supported the initiative taken by Action Plus Association (A+) to provide a community-based methadone treatment programme. The project started in August 2005, financially supported by Soros Foundation. In August 2005, a commission from the Ministry of Health licensed this NGO for applying the pilot project that is foreseen to last 2 years, and to them be managed by whom? state administration?, with respect of the continuity of the service. For the moment, there are 118 clients in Methadone Maintenance Therapy (MMT) and another 49 are on the waiting list to enter the programme based in Tirana, including IDUs coming from other parts of the country. The programme is administered by multidisciplinary and professional staff trained on the drug issues by national and foreign professionals, like Slovenian partners, who have always supported the establishment of the MMT in Albania.²⁶

The sole scope of this center is the implementation of a holistic programme to reduce harms related to drug use, for the decrease of drug use, for the prevention of HIV and sexually transmitted infections and hepatitis prevention among the injecting drug users and other social and individual consequences that are tied to the phenomena. (Genci Mucollari, A+)

Although the MMT programme is an extremely positive indicator, the service is limited in its extension toward users, due to its restricted financial and human resources. However, this is a very encouraging start on offering the **service** and, thus, providing quality service for IDUs, with respect to their human rights to health services.

The HR programmes offer services based on the interdisciplinary perspective and, apart from needle exchange, they ensure a range of other services, with respect to the complexity of the problem, like peer based education, psychosocial and medical support, as well as Information, Education Communication (IEC) materials on drug use, HIV and STI. Aksion Plus and APRAD are part of the network of the **VCCT** (Voluntary and Confidential Counseling and Testing, for HIV) – an initiative of the Institute of Public Health for the implementation of the “*National Strategy of Prevention and Control of HIV/AIDS in Albania 2004 – 2010*” – offering pre and post counseling for drug users. A friendly staff including social workers, psychologists and medical doctors, as well as former IDUs, who work mostly as outreach workers, provide the quality and the access to services.²⁷ Their activities are funded by foreign financial means, which on one hand is positive, because it does not depend on the state budget, and, on the other hand, it is an obstacle for the continuity of the activities, due to the funds expiry.

Another important service for drug treatment is the Residential Rehabilitation Centre Emmanuel. Established in 2000, it was initially supported by the NGO, Caritas, Italian branch, and has all necessary facilities (UNICEF, 2002b). At the present, its capacity is of more than 50 beds for long-term, residential treatment (up to 24 months). Counseling, psychosocial support, HIV testing and information on drug use are provided. The rehabilitation philosophy is based on vocational, social and spiritual models. Services include a residential center and a day center for counseling to quit drugs gradually. At least 5 people a day use these services. After a series of seminars in the day center, those persons who wish to continue

²⁵ Republic of Albania, Ministry of Health, UNAIDS and Institute of Public Health, *Let’s Keep Albanian a Low HIV Prevalence Country, The National Strategy of Prevention and Control of HIV/AIDS in Albania. 2004-2010*. December 2003.

²⁶ Report on the Project of the MMT. www.aksionplus.net, Tirana, August 2005.

²⁷ Republic of Albania, Ministry of Health, UNAIDS and Institute of Public Health, *Let’s Keep Albanian a Low HIV Prevalence Country, The National Strategy of Prevention and Control of HIV/AIDS in Albania. 2004-2010*. December 2003.

are further referred to the residential center, which has an average admission of 10 people per month (UNICEF, 2002b). In 2005, Centre Emmanuel was running two centers in Albania.

Listening and counseling are part of their activities as the main therapy consists in living in a group the 'transition therapy'. Users are offered the option to stay in the center up to two years. This center provides information, and contacts are established with youth and parents, as the role of the family is very much taken into consideration by this organization. Preventive activities (counseling and information) are also carried out and psycho-pedagogical activities are currently being implemented.

3.3.3. Drug demand related issues

According to the estimates of the Ministry of Health, there are about 30,000 drug users in Albania (RAR, 2007). However, the actual number could be higher, as there are no credible statistics and the above-mentioned estimate is from 2001, and is still the only one provided by the Ministry of Health, without any further details. Moreover, as Albania is not only a major drug producing country, but also a major drug-trafficking one, it is only logical to assume that the problem of drug dependency will grow further. Although the highest prevalence remains for abuse of cannabis products, there is a worrying rise in heroin addicts. The problem is extended all over the country, but is more acute in urban areas, especially in Tirana, Vlora and Shkodra.

3.3.4. VCT issues

In Albania, there are HIV testing sites in each of the 26 districts, according to the administrative division prior 1990. In Tirana, such testing sites are located at the Institute of Public Health, the Hospital of Infectious Diseases and the National Center of Blood Transfusion. In the other districts, such sites are located either at the Laboratory of the Directory of Public Health or next to the Blood Bank of the District. According to a capacity assessment performed by the staff of the National AIDS Programme at the Institute of Public Health, only the staff of the testing sites in Tirana and that of a limited number of districts offer pre-test, post-test and follow-up counseling in relation to HIV. This constitutes an important barrier not only in the quality of service that is offered to PLHIV and those who are most likely to be exposed to HIV, but also in addressing the needs of this group.

Sexually Transmitted Infections (STIs)

For many years, few of these diseases have been reported or remained altogether absent from official statistics. There are solid reasons to think that most ST cases in Albania are not detected and, consequently, not reported and registered. During the communist period, STIs were heavily stigmatized and their victims faced draconian measures, including quarantine, exile and interrogation. Fear of these and other socio/cultural stigmas persists today, especially in small villages. Very often those infected attempt to treat themselves. In addition, there are only a handful of clinical facilities set up to provide specific services for STIs. Those infected who do see doctors may go to hospitals, private clinics, general practitioners who do not record and pass on this data to the health information system.

3.3.a. Funding

- UNICEF's support of RAR, work with Roma, VCT, youth IEC and development of youth-friendly services;
- UNFPA's support for condom distribution and IEC;
- SIDA/Project Hope's support to VCT, work with vulnerable groups in Elbasan, and work with health professionals working in Roma communities;
- Red Cross' peer education activities among young people;
- UNDP's support to Monitoring and Evaluation (M&E) and prevention among uniformed services;
- USAID's support to M&E, bio-behavioral surveillance and GFATM proposal development;
- Soros Foundation's support of harm reduction and IEC.

3.3.b. Most likely to be exposed to HIV

Injecting Drug Users (IDUs): The most exposed to HIV infection are the youth, university and high school students and, in some cases, even junior high school students (14-16 years old). It is generally believed that use among males is greater than among females. The most used hard drug is heroin.

Sex Workers/Trafficked Persons: The women in Albania have a low status, especially in remote rural areas, because of their poor education and low self-esteem. Psychologically, they are poorly equipped to negotiate safer sex, even if they understand what it means and how important it is for their health and that of their offspring. The lack of sexual education combined with their culturally defined submissive attitude make most Albanian women particularly vulnerable to the risk of HIV and STIs. They are poorly informed and have few possibilities of defining and resolving their personal needs. Exploitation of sex work and the increase in commercial sex work represent a risk for the spread of HIV, especially if taking into consideration the low rate of condom use. As many as 30,000 Albanian women and girls might be working as commercial sex workers in Europe (UNICEF 2002c). Over the past 12 years, thousands of Albanian women have worked in the sex industry in Western Europe and other Balkan countries. Many of these women have been trafficked for sex work, either through false promises of marriage or employment, or through coercion at the time of kidnapping. Although sex work is illegal in Albania, women are often forced into sex work while waiting to leave Albania.

Especially vulnerable population

Mobile Populations: Albania has a mobile population, both within its borders and moving outside and returning back to Albania. Because most, if not all, of this immigration is illegal, many of the migrants are afraid to seek help, even against violence and the threat of disease. There is evidence that many illegal migrant workers are aware of the nature of their health condition but are unable to access health services, for fear of expulsion or other legal action.

3.3.c. Monitoring and evaluation systems

Monitoring and evaluation systems are being elaborated by the Institute of Public Health (data base still in process). M&E will also be part of the HR guidelines that Aksion Plus is preparing.

IV. HUMAN RIGHTS OF IDUs

The socioeconomic and political transition in Albania creates the premises for generating vulnerability of drug users. Such conditions contribute to violation of their human rights through discrimination, lack of adequate services, and worsening the most fragile aspects of their life like health, through prevention and denial of adequate services.

Drug users relate to a complexity of health and psycho-social problematic conditions. Many of their problems have a health orientation and the responses should be in the same line. Violation of drug users' right to health, deriving from the international drug control law and from domestic ones, leads to multiple problems for the public health perspective and the individual human rights approach. Criminal practice and the paradigm 'war on drugs' and 'war on drug users' have never been effective, as long as presence and consumption of drugs is continuing.

Under the existing preventive and coercive international and domestic drug legal frameworks, IDUs vulnerability creates a fragile environment, unable to face the advancing other violations of their human rights. Thus, they can easily be victims of criminal law, subjects to their freedom restriction, issues to stigma and discrimination and, furthermore, deprived from their right to life²⁸.

Stigma

Another troubling aspect is the stigma that surrounds the drug users, characterizing them as 'druggies' and 'junkies'. They constantly have their human rights violated. During conversations and contacts with different politicians, this problem has come up, but the actual legislation allows for constant maltreatments of these people. The distinction between drug users and dealers is difficult to do. When a drug user is caught in possession of two or three doses, he is considered a user, but when he is caught in possession of four doses, for example, he is called a dealer and incarcerated. That is why the most urgent request is to stop the maltreatment and to ensure ten days of detoxification for the arrested drug users.

Here is the case of a drug user who was caught in possession of four doses and when, after ten days, he was given a drug test, the results came back negative. The judge, who not only called the doctor's testimony worthless, but also kept on stigmatizing the plaintiff, issued the maximum sentence of five years in jail. Even the family of the user agreed with the sentence, because they saw no way out of his hopeless case, and they thought that only by staying in prison he would give up drug use. But the fundamental rights of the drug user had been forgotten. On the other hand, the drug users are missing especially the legal help, regardless of the fact that the *Aksion Plus* organization has employed a part-time lawyer.

The Protection of the Human Rights

Drug users and those infected with HIV are citizens of Albania who have equal rights. **It is important to response to the disease, not the patient.** Every person, drug user or patient, has the right to enjoy the deserved confidentiality and dignity. The patients should not be despised, should not be discriminated by society, and should not be deprived from their right to get education, employment and services. The stigmatization of HIV-positive persons cannot be allowed to continue. The *Aksion Plus* organization, in collaboration with other organizations like Albanian Human Rights Group and international organizations, is intensively working to protect the rights of the drug users.

²⁸ Altina Peshkatari – Drug Users' Human Rights

The pressure on the lawmakers and the Parliament

In their attempt to make a difference and represent the drug users and the PLWHA, different NGOs, in collaboration with other organizations, have always kept in contact and organized round table discussions with lawmakers and directors of institutions which have an influence on changing and improving the present legislation. An intensive lobby is being done to permit the opening of a methadone clinic that would be a good strategy for reducing the harm caused by the drug use. It has been also emphasized the need to have a legal distinction between the users and the dealers, and, in some cases, Albanian NGOs have even intervened at the judicial authorities or have testified in open court so that the drug users be treated as sick people, not as criminals.

A closer partnership with the State and the police

The Harm Reduction Center and the *Aksion Plus* organization have always paid a particular attention to cooperating and having reciprocal relations with the state structures. It could be mentioned here the common activities with the Public Health Institute, with the Toxicology Clinic and with the Anti-drug Directory of the Public Order Ministry. In this respect, there have been held training sessions and get to know sessions with the Tirana, Durrës and Kruja anti-drug police, about the problems concerning drug use, harm reduction and the observance of human rights by the public order authorities. It has been noticed an increase in the level of good understanding with the police forces, and very soon will begin the instruction and the education of the military bases around Tirana.

In Albania, NGO's experience on the human rights of drug users varies from advocacy campaigns in media, meetings with the special anti-drug forces, up to the Criminal Prosecution offices. The doctor of the harm reduction center was once invited at the court to testify in favor of one drug user who had been arrested by the police. The latest effort was the meeting with the Minister of Justice to get a special permission to continue the methadone therapy for those clients who are imprisoned.

V. CONCLUSIONS AND RECOMMENDATIONS FOR KEY STAKEHOLDERS

Conclusions

The HIV infection rate is low in Albania, in comparison with other European countries,²⁹ but the same type of risk factors exist and, without appropriate prevention, treatment and care measures, an already difficult situation is likely to grow worse. A real link exists between the drug users' human right to health and their vulnerability to AIDS epidemic. So, in order to provide equal opportunities and rights for the IDUs, it is necessary to respect and promote drug users' human rights, to offer adequate services, like harm reduction and treatment.

On the other hand, in the case of Albania, there is an obvious lack of supportive legislation or specific policies or regulations for the treatment of drug users, which generates inadequate and limited services. These services do not comply with users' needs and create the grounds for the violation of the human right to health and its impact on other related rights, like the right for an adequate standard of living, the right to work, the right to information, and the right to be healthy.

Main issues:

- Although Albania had approved a National Strategy on HIV/AIDS and there is a draft for a National Strategy on Drugs, the degree of political commitment to implement the strategies shows that they are not a priority for the Albanian government
- Information about the most vulnerable and at risk groups, including data about knowledge and practices, is scant; routine surveillance does not provide relevant data
- Knowledge about HIV and AIDS is very low amongst those who are most vulnerable and at risk and the general population; practices like using non-sterile injecting equipment and unsafe sex, that involve a high risk of infection, among vulnerable groups are reported by the NGOs
- Public health services are under funded and have low capacity; therefore, they do not comprehensively fulfill key public health function like policy development, surveillance and prevention of HIV
- The Albanian unsafe phenomena, like trafficking of women and drugs, drug use and commercial sex work, put youth at increased risk for HIV infection

Recommendations

Policy makers

- Should ensure a proper and adequate national legislation regarding drug use and the provision of effective interventions, like harm reduction services,
- Initiate mechanisms of monitoring and evaluating the needs and characteristics of the at-risk groups
- Review the legal framework in respect to facilitating the implementation of harm reduction programmes

Governmental institutions

- Should develop and implement sustainable national harm reduction programmes after assessing effectiveness of current HR programs
- Should respect national strategies on HIV/AIDS and drugs goals and objectives and approve the adequate funding in the national budget
- Improve data collecting and surveillance through facilitating and developing the proper mechanisms and institutions

²⁹ National Programme of HIV/AIDS, Institute of Public Health, Tirana, August 2005.

- Strengthen and expand the capacities for offering services to the IDUs, including VCCT, referral to mental health programmes, methadone maintenance and detoxification programmes, as well as needles and syringes exchange programmes
- Compile, implement and evaluate evidence based and theory driven programmes for reducing the demand for drug, stressing primary prevention programmes among young people

NGOs

- Expand advocacy strategies that pursue development of harm reduction services and HIV prevention services
- Compile, implement and evaluate culturally appropriate and theory driven IEC and rights based programmes for preventing the spread of HIV among the IDUs

Donors

- Donor, especially foreign development agencies, should base their response and funding on the real situation at hand and on scientific evidence
- the programmes should be better coordinated to ensure continuity of service

Researchers

- Support NGOs and other service providers with accurate and reliable data
- Should develop an efficient monitoring and evaluating system

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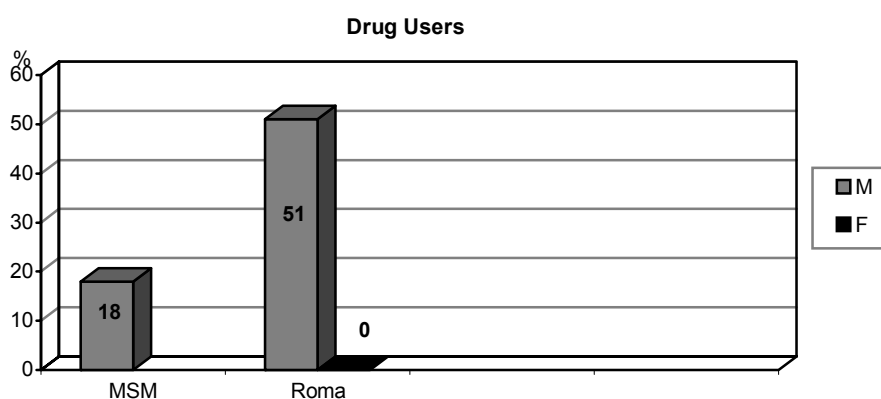
VII. APPENDICES

Appendix 1: UNICEF RAR 2005

Young Drug Users Behaviour in Albania – Roma and MSM (age groups 10-24)

The groups under study: young MSM and young Roma represent different features as regards the use of illegal drugs. The study revealed that half of the young Roma male contacted by the research team members had taken at least once an illegal drug, as compared to about 18% of the MSM. Interesting is the fact that no Roma woman had ever been trying any of the illegal drugs or at least none admitted to have done so.

Figure 1: Young Drug Users



The rather marked difference in illegal drugs use between the two groups, namely young Roma and MSM, is explained by the fact that many of the young Roma men are involved in drug trafficking activities, as confirmed by the focus group interviews. Evidence revealed by other studies conducted in other countries support the fact that there is a direct correlation between drug trafficking and use of drugs. The fact that Roma women do not use drugs reinforces this reasoning, since they are kept out of drug trafficking activity. The differences between the kinds of drugs used by the two different groups sustain the existing distinction between the two groups' ways of living. Roma people are more alcohol users, accounting for 90% of the cases, while MSM are consuming cannabis more. Alcoholism of young Roma is a frequent phenomenon occurring out of the difficult social and economic problems the Roma communities have to face. As regards young MSM, cannabis is considered more of a 'recreational' and a fashionable drug, given the relative ease with which it can be found and used. More expensive drugs, like cocaine and ecstasy, are consumed by those MSM that can afford the cost. Young MSM use parks and bars as drugging places more than young Roma. These environments are mostly frequented by MSM to socialize, meet new partners, as well as to consume drugs, due to the relative privacy they provide.

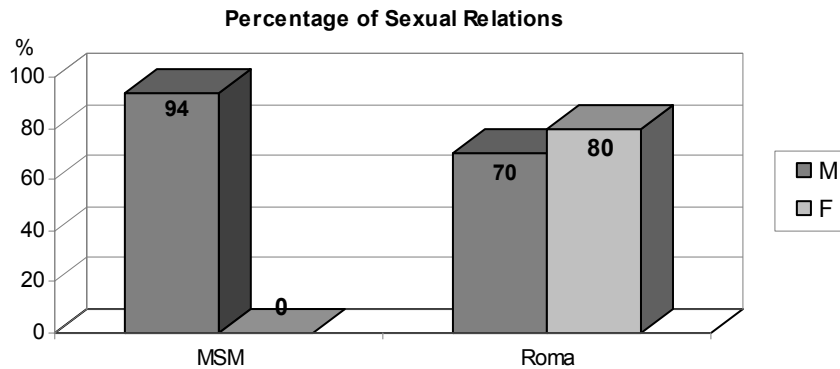
Young Romamen starts using drugs from their very early adolescence and even childhood, due to availability of drugs. While more Roma use drugs than MSM, in 60% of the cases MSM use two and more drugs at a time, thus putting their lives in great danger. Drugs like marihuana and cocaine are usually mixed with alcohol. Intravenous drug injection is more common in young Romamen and such conclusion is supported by data attained through this survey that maintain that young Romamen use heroin twice as much as MSM do. Injecting drug intake and precarious hygiene expose young Roma men at great risk of contracting HIV or other blood-transmitted diseases. Though less MSM are using drugs, compared to young Romamen, they are more likely to use non sterile injecting equipment. The explanation for this behaviour rests in the fact that young Roma benefit from a greater access to syringes, due to their access to Harm Reduction services which provide sterile injection materials. This fact is confirmed by the information on the activities of the services tailored to address young

Romamen and MSM needs, especially for Tirana. Young MSM are more difficult to be tracked down and therefore to be assisted by the syringe provision service of the Harm Reduction project.

Unprotected sexual behaviours

Young MSM are more sexually active than young Roma, as the percentage of youngsters having had sexual relations indicates.

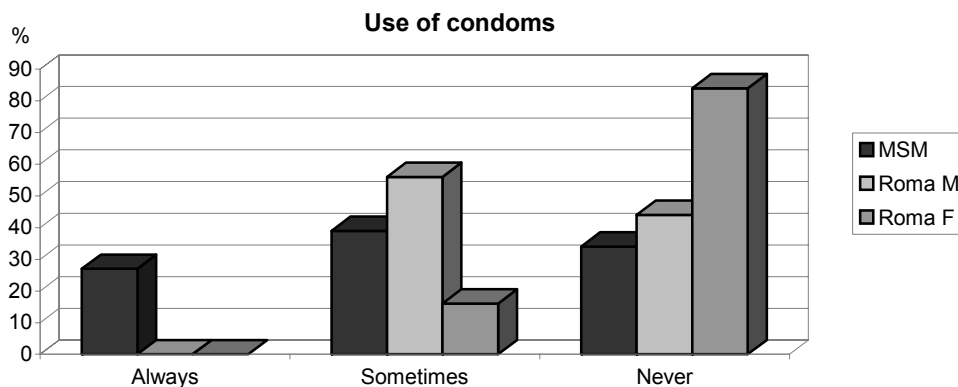
Figure 2: Percentage of sexual relations



The fact that young Roma start their sex life earlier does not necessarily contradict the above observation. Usually Roma female have an earlier debuting to sexual life. Both young Roma and young MSM, in more than 50% of the cases, have had 3-4 or even more sexual partners during the last year, thus exposing themselves to a great risk of contracting a STI or even HIV. In opposition to this young Roma female though entering the sexual life at an early age have less sexual partners and therefore are less exposed to STI. Sexual relations of Roma women usually end up in marriage at an early age.

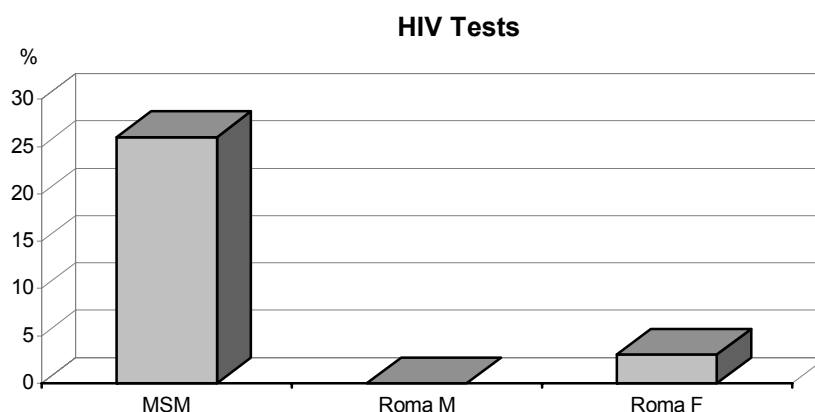
MSM on the other hand seem to be much exposed to the STI and HIV since more than one third of them have had more than five partners during the last year. The sexual behaviour models described above become dangerous in view of the fact that most of the MSM practice unprotected sex. The information collected for this study revealed that only one third of the MSM regularly use condoms when involved in sexual intercourse with their partners. While none of the young Roma reports having used condoms regularly. Young Roma women indicate even lower use of condoms during sexual relations, also due to the fact that they most of the cases are involved in marital sexual relations. This attitude, on the other hand, accounts for the high number of unwanted pregnancies among Roma women and the great number of abortions also reported in focus group interviews.

Figure 3: Use of condoms



Interviews conducted with the MSM sample indicate that a high percentage of MSM involve in sex work in exchange for money or other benefits. Paid sex is considered even by MSM as a predisposing factor accounting for the high rate of STI among MSM. Both groups in study present almost the same pattern of information acquisition regarding STI and HIV. Media and peer communication remain the main sources of information, while families have an insignificant role in sexual education. A considerable part of MSM refers to school as an important source of information on sexual related issues, while for young Roma school is not even mentioned as such. It is obvious that, on average, a great education disparity exists between the two groups. There also exist considerable differences in the perception of HIV and STI threat, highlighting the discrepancy in the information and awareness level of these groups. These distinctions in risk perception are reflected in the unequal number of STI and HIV tests these groups had taken.

Figure 4: HIV Testing



A 2004-2005 rapid assessment study found that 95% of Roma young women reported having sex with only one partner over the last year, whereas 43.5% of Roma **young men** had four partners in the same period. This is associated with very low rates of condom use. Among young MSM, three quarters perceive themselves as at risk, yet 35% never used a condom.

Appendix 2: Terms of Reference of the Country Mission in Albania

Background:

In June 2005, a new regional initiative *The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe* (SEE Collaborative Network) was launched in order to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV in this region. The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programmes and projects. It focuses on filling the existing gaps and synergies, and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks, and individuals) from nine countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FRY of Macedonia, Kosovo, Romania, Serbia and Montenegro, Slovenia) who share common interests and values related to building relationships, sharing knowledge and learning. The SEE Collaborative Network will contribute to solving specific problems related to the health and rights of at risk and vulnerable populations in SEE and will achieve individual and collective results at regional level through sharing information and best practices, establishing different task forces and committees, and developing cross-country projects.

The goal of the project *“Support Network for HIV Prevention among IDUs in SEE”*, developed with financial and technical support from UNICEF Romania, is to increase the capacity-building of Romanian Harm Reduction Network to offer support for other national harm reduction coalitions, in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment and care services. This goal will be achieved through sharing experiences, lessons learned

and best practices at regional level, through identifying and documenting the needs related to HIV and drug use, and through promoting HIV prevention and specific treatment services for most at risk adolescents (MARA) priorities in the Balkans.

As part of this project, on January 16-20, 2006, one country mission was performed in Albania. Reasons for choosing Albania:

- most IDUs are adolescents and youth;
- there is the first methadone center developed by NGO;
- the data also suggest that there is a tendency toward an increase in injecting drug use, and more than two thirds of injectors share needles/syringes (UNAIDS/WHO, 2004).

Objectives:

The main objectives of the country mission were:

- to collect data about most at-risk adolescents (MARA)
- to map the existent services for MARA, with focus on drug used and IDUs
- to assess the availability of international and national funds for HIV services
- to elaborate a general overview of the situation and the needs of at risk and vulnerable populations from Albania.

Key tasks:

- Prepare and facilitate a plenary meeting with main local counterparts was planned to happen during the first day of each country mission. At the meeting participated representatives of governmental institutions, nongovernmental organizations and international agencies from Albania. The meeting was organized with local support from NGO Aksion Plus (member of SEE Collaborative Network) and UNICEF Country Office in Albania.
- Prepare and conduct meetings on the field with stakeholders, representatives of NGOs and beneficiaries (IDUs) in order to collect accurate and relevant data about HIV and harm reduction services in Albania.
- The information collected consisted of demographic and behavioral data about MARA (IDUs), number and type of Youth Friendly Health Services (YFHS) in place at the community level, the coverage of MARA, the response of YFHS to MARA's specific needs (according to their age and gender), number and types of HIV prevention interventions for MARA etc. All this data created the baseline for the development of the national evidence-based interventions (including advocacy).
- Prepare and deliver the report of country mission in Albania. The report includes the results of the mission, as well as recommendations for national/local advocacy strategies.

Deliverables:

- Agenda for the country mission;
- Materials to be used during the country mission;
- Resource materials collected during the country missions (e.g. national reports, national statistics etc – list of resource materials and copies, if possible)
- Final report of the country mission

Appendix 3: Agenda of Albania Mission

Day 1 – Monday, January 16, 2006

Time	Name/organization	Contact person – Aim of the visit/meeting
9.30-11.00	Methadone Center	Introducing the methadone maintenance therapy for the first five months – achievements and challenges ahead. Bob, Holly and Andrej will also be there.
11.30-13.30	Visit in four high schools of Tirana. A team of 8 social workers are working on daily bases. Funded by ICCO (Dutch donor)	Irida Agolli and Etleva Veliu (cel. 0692216479) Aksion Plus is implementing a project in high school to prevent HIV/STIs and drugs, as well as to promote the improvement of reproductive health of youth. This project aims to improve the communication process, education and raise the level of information. Behavioral change is also one of our objectives.
13.30-15.00	Lunch	
15.00-16.00	IOM	Holta Koci (cel. 0692081965) IOM is working with vulnerable groups i.e migrant workers and sex workers that are repatriated from abroad. At present, they are implementing an AIDS awareness raising campaign by involving popular opinion leaders among artists.
16.00-17.00	UNFPA	Elsona Agolli (cel. 0682073291 or 235520 and 257838) UNFPA is funding a three years project to improve the reproductive health of drug users.

Day 2 – Tuesday, January 17, 2006

Time	Name/organization	Contact person - Aim of the visit/meeting
9.30-13.30 (1,5 hour)	Institute of Public Health	Silva Bino – director of IPH Workshop on Harm Reduction and Methadone programmes – the need to scale up these interventions to other parts of the country and to other vulnerable groups.
Lunch will be served at IPH after the workshop		
15.00-16.00	STOP AIDS association	Memo Boci – the head of the association (tel. 362662) This association is involved in establishing the VCT, and especially in providing counseling to people living with HIV. Bob, and others will be traveling to Vlora, a town in the South.

Day 3 – Wednesday, January 18, 2006

Time	Name/organization	Contact person – Aim of the visit/meeting
11.30-13.00	APRAD	Rezarta Meneri – director (cel. 0692075050, tel. 232 151) APRAD runs a needle exchange programme and also a VCT project funded by Project Hope.

13.00-14.30	WHO	Mirela Kellezi (tel. 266162 or 234430) WHO is not a donor but they have some operational funds to support small initiatives of NGOs providing services to vulnerable groups.
14.30-15.30	Lunch	
16.00-17.00	ALGA	Skender Fifo (cel. 0682387396) ALGA is a lesbian and gay association.

Day 4 – Thursday, January 19, 2006

Time	Name/organization	Contact person - Aim of the visit/meeting
09.00-10.30	Youth Parliament	Endri Shabani (cel. 0692093123) Youth Parliament works with youth in high schools. Aksion Plus works jointly with YP to prevent HIV/drug use by organizing informal activities, Internet services, publications, newsletters.
11.00-13.00	UNICEF	Alketa Zazo (273335/6/7/8 ext. 12) UNICEF is funding a project for IDUs. Preparation of a Training Manual based on A+ experience. They have plans to support similar initiatives for vulnerable groups i.e. Roma people.
13.00-14.00	lunch	
14.30-15.30	Children's Human Rights Center of Albania (CRCA)	Altin Hazizaj This NGO is active in the field of children's human rights, they offer consultation in law and discrimination
15.30-16.30	Albanian Human Rights Group	Genci Terpo & Edmond Prifti This NGO is active in the field of human rights, they offer consultation in law and discrimination
16.30-17.30	University Hospital Center of Tirana, Infectious Diseases Services	Arjan Harxhi, MD MSC Infectious Diseases Specialist. The Infectious Diseases Services provide the treatment for HIV/AIDS in Albania. He is involved in studies regarding the HIV prevalence
17.30-18.30	UNDP	Ardiana Peci Information on Albania's characteristics on HIV/AIDS and IDU's

Appendix 4: Contact list for Albania Mission

Name, position	Organization, position	Contacts	Email
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