

## Albania Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Roland Bani

**Postal address:**

Rr "Aleksander Moisiu" N.80 Tirana, Albania

**Telephone:**

+355 67 20 53 075

**Fax:**

+ 355 4 370 058

**E-mail:**

landiscape@yahoo.co.uk

#### Describe the process used for NCPI data gathering and validation:

The National Composite Policy Index (NCPI) form was sent to the governmental institutions and representatives of the civil society sector active in the area of HIV/AIDS. Contributions to the National Composite Policy Index have been completed at two separate meetings. The major partners gave their contribution to this report through the everyday work they have done during this reporting period and have helped the National AIDS Program when compiling the report through providing extensive consultations, promptly and expertly providing the information needed.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

-

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Institute of Public Health	Roland Bani, antional AIDS coordinator	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
PLWHA association	Olimbi Hioxhaj, Chair	No	No	No	No	No

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2010-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

National AIDS Strategy is the basic document stating the vision for the approach to HIV/AIDS, the management of strategic components, the coordination of all available resources, and the orientation of efforts made by government, non-government and international organizations operating in the area of the prevention and control of the spread of HIV/AIDS in Albania. The need for a new Strategy of Prevention and Control of HIV/AIDS in Albania became evident due to the following factors: - Change of epidemiological situation, with an increase in the number of new cases every year. - Change of behavioral patterns among the general population. - The opportunities and the need to establish an active intersectoral and interagency collaboration and actions. - Building of necessary technical, scientific and management capacities able not only to develop strategic plans, but also to implement them. - Strengthening the efforts and commitment of the Albanian Government and International Organizations present in our country, to achieve Millennium Development Goals where prevention and control of

HIV/AIDS is included in Objective Nr.6.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	-
Yes	Yes
Yes	-
Yes	-
Yes	-
Yes	-
-	-

**Other [write in]:**

-

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

No

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men who have sex with men, Injecting Drug Users, Sex workers, Roma population, People spending time in correctional facilities, Returning and visiting migrant population, Youth, Women, PLWHA

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

In the process of the preparation of National Strategy a series of round tables were conducted and different working groups were established. Member of civil society organizations were members of these working groups, and in the meantime during the round tables NGO actively took part, giving a valuable contribution in the drafting of strategy.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

N/A

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

No

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

No

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

No

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

Men who have sex with men, Injecting Drug Users, Sex workers, Roma population, Prisoners, Youth, PLWHA

**Briefly explain how this information is used:**

-

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

Prefecture level. Local implementing structures are established at Prefecture level and follow the process of health service regionalization, in line with the existing health reform strategy. They have a crosscutting nature, comprising the Public Health Department or other local bodies, and will establish strategic partnerships with government structures at local level, civil society, community and private businesses in line with the existing healthcare and decentralization strategies

**Briefly explain how this information is used:**

-

**5.4. Has the country developed a plan to strengthen health systems?:**

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

Albania's health system has been going through a major reform process, which continues to date. Priority attention has been given to strengthening health finance, including health insurance schemes; strengthening the infrastructure, quality and coverage of basic health-care delivery; and strengthening the health workforce and conditions of work. VCT centres established (in all 12 prefectures of Albania) under the GFTAM are taken over by the Ministry of health, assuring the continuity and sustainability of this service.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

- Expanding the services offered to vulnerable groups (IDU, MSM, Roma population, SW) - Ensuring the continuity of ARV therapy (all patients in need for ARV can get it) - Improvement of legislative environment ( anti-discrimination law on which protects the citizens from a number of forms of discrimination, including on the grounds of sexual orientation and gender identity). - Active involvement and ownership of beneficiaries – Client-oriented services that meet the specific needs of sub-groups require the active involvement of the intended beneficiaries. Their active involvement is most clearly demonstrated by the importance of working with peer outreach workers and educators, which plays a central role in all the strategies to reach MARP groups. Peer outreach workers play a key role in getting access to MARP groups, in delivering services and in referring them to more specialised services, such as drug treatment and STI treatment

**What challenges remain in this area:**

As the Albania completed the GF round 5 grant, and it is not anymore eligible to apply, a real challenge in the future is the lack of sustainability of services, which leads to inadequate and under-funded prevention programs, and especially among the vulnerable groups.

## A - II. POLITICAL SUPPORT AND LEADERSHIP

\_1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a

year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

In the last year, during the events of World Aids Day in Albania, the President of Republic, the Minister of Health spoke publicly, tackling the issues of human rights, the achievements of national response, as well emphasizing a greater commitment of government in the fight against HIV/AIDS.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Klodian Rjpaj, Chair of CCM Albania, Chief of Cabinet to the Minister of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

26

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

9

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1

**Include the private sector?:**

No

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

Although the CCM was established for facilitating the submission of an application with the Global Fund for Fighting HIV/AIDS and TB, its functions go beyond the scope of the Global Fund-supported program. Its functions include: -Coordinating the national response to HIV/AIDS and TB in Albania. -Providing the environment to facilitate information sharing among National Programs for HIV/AIDS and TB and similar programs, including the Global Fund program, and receiving relevant inputs from other stakeholders. -Providing a forum where stakeholders can participate in developing and reviewing the national response to HIV/AIDS and TB. -Making joint decisions on the programs to be implemented, -Supervising and monitoring national response programs, similar to the program supported by the Global Fund.

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

Yes

**IF YES, name and describe how the policies / laws were amended:**

Approval of law of Prevention and Control of HIV/AIDS

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Improvement of policy and legislative environment. 1. Following changes of epidemiological situation, with an increase in the number of new cases every year, increasing efforts and commitment of the Albanian Government and International Organizations present in our country, to achieve Millennium Development Goals where prevention and control of HIV/AIDS is included in Objective Nr.6, and the development of other factors, a new strategy 2010-2015 has been approved. 2. In the light of rapidly changing needs MOH and IPH developed and drafted a new Law on HIV/AIDS in Albania and this was approved by Parliament in July 2008. The law addresses the most critical legal aspects of HIV/AIDS including discrimination, the right to keeping one's job, information consent, confidentiality, free access to information and treatment, the establishment of "safe places" where affected people have access to life saving treatment, and a complaints mechanism. The law provides for the right to treatment and care, and it also provides opportunities for new scientific research in HIV/AIDS. 3. The Albanian parliament approved an anti-discrimination law on 4 February 2010 which protects the citizens from a number of forms of discrimination, including on the grounds of sexual orientation and gender identity.

**What challenges remain in this area:**

More commitment to provide adequate funding to civil society organizations.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

The Assembly of the Republic of Albania, on 04.02.2010 passed law No. 10 221, "For the protection against discrimination". The aim of the law is to ensure the right of every person to equality before the law and to equal protection of the law. It stresses the importance of promoting equality of opportunity and ensuring that every person is able to fully participate in public life. It states that the law seeks to ensure effective protection not only from discrimination, but from every form of conduct that encourages discrimination. It prohibits discrimination based on gender, race, colour, ethnicity, sexual orientation, gender identity, language, political beliefs, religious beliefs, philosophical beliefs, economic status, social status, education level, pregnancy, parentage, parental responsibility, age, family or marital condition, civil status, residence, health status, genetic predispositions, disability, affiliation with a particular group or any other ground.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

Following the law "For protection against discrimination", the Commissioner for the protection from Discrimination was established as an institution which exercises its authority independently, which ensures efficient protection from discrimination and any kind of behaviour which incites discrimination due to gender, race, colour, ethnicity, language, gender identity, sexual orientation, political, religious or philosophical beliefs, economic, education or social situation, pregnancy, parentage, parental responsibility, age, family or marital condition, civil status, residence, health status, genetic predispositions, disability, affiliation with a particular group, or for any other reason.

**Briefly comment on the degree to which they are currently implemented:**

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Sex work is not legalized, there is no legal basis for harm reduction programs

**Briefly comment on how they pose barriers:**

Legal status of SWs means that it is very difficult to provide meaningful outreach, social, and health services to this large at risk group. Legal basis for harm reduction programs, including needle exchange programs

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

No

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

**Briefly describe the content of this policy or strategy:**

It is part of National AIDS Strategy

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Roma population
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	roma Population
Yes	No	No	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	Yes	Rom, PLWHA
Yes	Yes	Yes	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

-

**What challenges remain in this area:**

-

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

**IF YES, how were these specific needs determined?:**

-

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

N/A

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**



Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

The HIV/AIDS law addresses the most critical legal aspects of HIV/AIDS including discrimination, the right to keeping one's job, information consent, confidentiality, free access to information and treatment, the establishment of "safe places" where affected people have access to life saving treatment, and a complaints mechanism. The law provides for the right to treatment and care, and it also provides opportunities for new scientific research in HIV/AIDS. The prevention programme is to be coordinated by the Ministry of Health, but importantly, it involves key line ministries and institutions such as the Ministry of Education and the Ministry of Social Affairs. The law also provides social and financial care and support to people living with HIV and this is based on fundamental international standards

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

ARV therapy had been provided to people living with HIV/AIDS in Albania since mid-2004, and is carried out in inpatient and outpatient settings at University Hospital Center and Infectious Disease Service. An Outpatient Clinic for persons with HIV/AIDS was opened with Global Fund support at the end of 2007. The clinic provides services in the areas of ART, its monitoring, psychosocial support, voluntary HIV/STI counselling and testing, TB diagnosis test (skin test), and preventive medication service

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Neutral

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Neutral

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

Yes

**Please clarify which social and economic support is provided:**

The HIV/AIDS law in two articles states: Article 40 Social Support for Persons with HIV/AIDS 1. Persons with HIV/AIDS who are under 18 years old shall be entitled to social support in cash or services if they are unemployed. 2. The Council of Ministers shall decide on the type and amount of social support and the criteria and procedures for its delivery. Article 41 Care for Persons Infected with HIV/AIDS 1. Persons infected with HIV/AIDS shall be in the care of their families and state health and welfare facilities. 2. Children infected with HIV/AIDS who have been abandoned and persons infected with HIV/AIDS who have lost contacts with their families or their ability to work shall be in the care of state social service facilities (residential social care facilities) or private social care facilities. 3. Non-for-profit organizations or organization of any other type can establish residential facilities for providing care to persons with HIV/AIDS.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

-

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Ensuring the continuity of ARV therapy for all in need of it

**What challenges remain in this area:**

-

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

N/A

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - VI. MONITORING AND EVALUATION

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

Yes

**Briefly describe any challenges in development or implementation:**

Lack of adequate funds allocated to M&E activities.

**1.1 IF YES, years covered:**

-

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**

Yes, all partners

**Briefly describe what the issues are:**

-

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

No

**A data dissemination and use strategy:**

No

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

**3. Is there a budget for implementation of the M&E plan?:**

No

**4. Is there a functional national M&E Unit?:**

No

**Briefly describe any obstacles:**

There is no M&E unit. A person at National AIDS Program, is assigned the role of M&E officer.

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

Institute of Public Health, National AIDS Program

**Permanent Staff [Add as many as needed]**

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E officer	1	-	2005

**Temporary Staff [Add as many as needed]**

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

As the coordinating centre for HIV/AIDS data in the country, the National AIDS Programme (NAP) plays a key role in the overall data flow. Implementing organisations – including government institutions and NGOs – report on key indicators to NAP, using forms designed for this purpose. There is no other reporting system, as all the information is channelled through NAP, based at the Institute of Public Health (IPH). The National AIDS Programme produces regular reports for the Ministry of Health, IPH and other stakeholders, including donors, implementing organisations and the general public.

**What are the major challenges in this area:**

HIV/STI data-collection and reporting protocols exist, but most health-care providers do not systematically collect or report the required data. STI data are particularly unreliable, also due to inadequate supervision of the private health sector

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

No

**6. Is there a central national database with HIV- related data?:**

No

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

-

**6.2. Is there a functional Health Information System?**

**At national level:**

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

No

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

9. In the last year, was training in M&E conducted

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

8

Since 2009, what have been key achievements in this area:

Programmatic M&E approaches have made possible to expand reporting on quantitative data on targets and coverage. Third round of Bio-behavioural surveillance study had been conducted in 2011.

What challenges remain in this area:

Gaps remain in terms of socio-behavioural research (especially qualitative) to allow better insight into the dynamics of risk behaviours and characteristics of specific subpopulations and their vulnerabilities. In the absence of a national research agenda, most research is driven by information needs of external partners, which fails to respond to national information needs.

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

5

Comments and examples:

Advocate on improvement of legislation. Civil society has used CCM as a forum to raise awerness among the government representatives on many concerns and problems which are met on implementations of different programs. Also taking part ina hearing session at the parliamentary commission of health with all interested parties

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

3

Comments and examples:

Civil society representatives have been part of working groups drafting the National AIDS strategy

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

4  
Comments and examples:  
-

4.  
a. Developing the national M&E plan?:  
3  
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?  
:  
2  
c. Participate in using data for decision-making?:  
3  
Comments and examples:  
-

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4  
Comments and examples:  
-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:  
2  
b. Adequate technical support to implement its HIV activities?:  
3  
Comments and examples:  
-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**  
<25%  
**Men who have sex with men:**  
>75%  
**People who inject drugs:**  
>75%  
**Sex workers:**  
>75%  
**Transgendered people:**  
>75%  
**Testing and Counselling:**  
<25%  
**Reduction of Stigma and Discrimination:**  
51-75%  
**Clinical services (ART/OI)\*:**  
-  
**Home-based care:**  
-  
**Programmes for OVC\*\*:**  
-

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

7  
Since 2009, what have been key achievements in this area:  
-

What challenges remain in this area:  
-

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

-

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

-

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

Other specific vulnerable subpopulations [write in]:

-

**Briefly describe the content of these laws, regulations or policies:**

Sex work is not legalized. No legal basis for harm reduction (needle exchange programs)

**Briefly comment on how they pose barriers:**

-

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

-

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

-

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly describe this mechanism:**

-

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

-

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

-

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

-

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

Yes

**IF YES, briefly describe the content of the policy or law:**

-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

-

**IF YES on any of the above questions, describe some examples:**

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

Yes

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

-

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

-

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

No

**Other [write in]:**

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

N/A

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**



Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

N/A

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:”:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/19/albania-report-ncpi>