Initiatives for vulnerable groups in Albania

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Vulnerable groups

- IDU
- Roma populations
- Prisoners
- MSM
- Migrants
- Health care workers
- Pregnant women
- Persons that are in hemodialysis, and receiving multiple transfusions
The data sources on IDU

- Surveillance system of HIV, Viral hepatitis and STIs (the Department of Control of Infectious Diseases at the Institute of Public Health)


- The sentinel surveillance in collaboration with different NGOs working in the field of harm reduction (Action +, Stop AIDS)
Sentinel surveillance in IDU

1. Sentinel surveillance of IDU was first established in 2002
2. It was a collaboration between IPH and the NGO (Action+)
3. This surveillance was within the harm reduction program

**Results**

<table>
<thead>
<tr>
<th>Year</th>
<th>HBsAg Prevalence</th>
<th>Anti HCV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>10.1% (8 / 79)</td>
<td>12.6% (8 / 63);</td>
</tr>
<tr>
<td>2006-07</td>
<td>22.8% (38 / 166)</td>
<td>29.4% (48 / 63);</td>
</tr>
<tr>
<td>2009</td>
<td>20.2% (20 / 99)</td>
<td>29.2% (29 / 99)</td>
</tr>
<tr>
<td>2011</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>
The Behavioural and Biological Surveillance Survey

Prevalence of HBV and HCV (%), 2005-2011

- HBsAg (%): 12.4 (2005), 28.8 (2011)
- antiHCV (%): 25.4 (2005), 28.8 (2011)

IPH (under the Global Fund Grant) had conducted three Bio-BSS among vulnerable groups Roma, IDU, MSM during 2005, 2008, 2011
Harm Reduction Services

• HRS are established in 1993 under collaboration with SOROS (NGO)
• In 2007, under the Global Fund Grant there were four NGOs offering harm reduction programs in Tirana.
• IDUs are reached and served through a range of activities including:
  – needle exchange
  – safe disposal of used injecting equipment
  – counseling
  – medical support and training
  – peer education and recreational activities (contacts with IDU, providing information, education and life skills)
• The service were offered in the centers (stationary) and through outreach teams
1. An outreach worker collecting used equipment in drug injecting area
2. Group counseling at drug injection site (in a minivan)
Harm Reduction Services after 2012

• Only one of the NGOs (Action +) is offering Methadone Maintains Therapy (MMT) and Buprenorphine Therapy (due to funding from the government)

• There are 6 units all over the country when this NGO operates

• NGOs are no longer providing NSPs (Needle Syringe Program) due to lack of funding

• Until the end of 2011 the cumulative number of clients enrolled in the MMT programme (2005–11) was 813

• The Institute of Public Health offers vaccinations against hepatitis B to IDUs (the IDUs have been included in hepatitis B vaccination programmes of risk groups since 2001, which are provided free of charge)
Roma population

- Roma in Albania are recognized as an ethnic-linguistic minority.

- The initiative of the National Program of HIV/AIDS/STIs in the Institute of Public Health over the identification of Roma community in Albania

- Romani communities are found all over the country; the largest in central and southeast regions.
Initiatives on Roma

• Albania joined the Decade of Roma Inclusion in 2008

• Within this framework the Government adopted a National Action Plan which focuses on:
  – education
  – employment and social protection
  – housing and infrastructure
  – health
  – social infrastructure and equal opportunities and cultural heritage
Evaluation of Viral Hepatitis In Roma

- Health service is equally offered to all the population, Roma or not
- Roma is registered as every non Roma populations

**Laboratory testing:**
- Every Public Health laboratories all over the country since 2010
- VCT (Voluntary Centers for Testing) for HIV/Hepatitis
- Private laboratories

**Treatment protocol and follow-up:**
- Every person that results positive for viral hepatitis is referred to the infectious disease specialist or hepatologists for further analysis and follow-up
- A problem of Roma community is the fact that they do not pay health insurance within the insurances scheme, so they do not benefit from the services in due way
Data for HBV and HCV infection in Roma

IPH in collaboration with Global Fund, national and international NGOs and Roma NGOs conducted:

- The Behavioural and Biological Surveillance Survey
- Screening for HBV and HCV in Tirana district 2014-2015
- Method of testing – Rapid test, ELISA
- All the samples are testing in National Laboratory of Reference in IPH

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>BioBSS 2005</th>
<th>BioBSS 2008</th>
<th>Screening</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td>13.5% (629)</td>
<td></td>
<td>9.8% (273)</td>
<td>7-9%</td>
</tr>
<tr>
<td>antiHCV</td>
<td>0.6% (1200)</td>
<td>0.7% (273)</td>
<td></td>
<td>1-1.2%</td>
</tr>
</tbody>
</table>
Vaccination

• Vaccination is mandatory in Albania since 1994 for each born babies in 24 hours of birth

• The National Immunization Program (under IPH Department of Control of Infectious Diseases) had conducted several vaccination campaigns in order to reduce the gap and increase the immunization into the Roma population
Vaccination

- Vaccination coverage of Roma children is good on the first doses due to vaccination at birth done in maternity houses.
- In 2014 in Tirana, in 114 Roma children born, 113 (99%) are vaccinated at 24 hours of birth.
- After that, there is a gradual decrease of coverage for further doses of basal vaccination (from 90% at 2 months - 67% at 4 months - 57% at 6 months).
- Vaccination is free of charge of Roma population and other vulnerable groups near GP practitioner.
Other vulnerable groups

- Bio-BSS for MSM
- Protocol of screening for infectious agents in pregnant women 2015
- Testing of infectious agents in health care workers
- New draft of communicable diseases law
- Seroprevalence study in prisoners (Stop AIDS and UNDP)
- Biologic Surveillance of infectious agents among individuals receiving multiple transfusions since 2006
- In this surveillance are included centers of hemoglobinopathies and Hemodialysis units in 8 districts.
Conclusions

• Improving sentinel surveillance in those groups
• Established protocol of testing, follow-up in IDU
• Joint action with HIV and other screening programs
• Screening for Roma population outside Tirana
• Improve the collaboration with the NGOs
• Promote and educate healthy behavior, promote vaccination
• Review of legal framework related to prisoners
• The extension of VCT services in all prisons and provider initiated testing
Thank you!