

ADDRESSING THE ESCALATING HIV EPIDEMIC IN ALBANIA: POLICY EFFICACY, IMPLEMENTATION CHALLENGES, AND STRATEGIC PATHWAYS FOR IMPROVEMENT

Klarisa Rexhvelaj^{1*}, Geraldo Enes Rexhvelaj²

¹University of Greenwich, London, United Kingdom, e-mail: rexhvelajklarisa@gmail.com

²Faculty of General Medicine, University of Medicine Tirana, Albania, e-mail: geraldoenes2007@gmail.com



Abstract: Albania, despite its historically low HIV prevalence, is experiencing a concerning and continuous rise in new infections, with reported cases doubling over the past decade. This trend necessitates a critical examination of the nation's public health response to HIV/AIDS within its unique socio-cultural and economic context.

This section outlines the methodological approach for reviewing grey literature. Due to its complexity and limited indexing, a structured search plan based on a systematic review protocol was developed, using four strategies: grey literature databases, customized Google searches, targeted websites, and expert consultation. Grey literature, including government, NGO, and institutional reports, which were assessed. This study conducted a qualitative policy analysis using national reports, global agency data (e.g., UNAIDS, WHO), and academic literature. It critically examined the implementation and impact of Albania's core legal frameworks: the "Prevention and Control of HIV/AIDS Law" (2008) and the "National Action Plan 2020–2025."

Results indicate that 60–72% of new HIV cases are diagnosed at late stages, exposing serious gaps in early detection and access to testing. Key populations, such as men who have sex with men, people who inject drugs, and sex workers, remain underserved due to stigma, and traditional cultural values. Additionally, the withdrawal of major international donors, including the Global Fund, has led to critical shortages in testing supplies and awareness campaigns. While ART is available, it remains centralized in Tirana, limiting rural access.

Albania's progress in controlling its HIV epidemic is substantially impeded by deeply entrenched social stigma, systemic under-reporting, and an unsustainable reliance on external funding. To meet SDG Target 3.3 by 2030, Albania must decentralize HIV services, establish sustainable national funding mechanisms, and prioritize anti-stigma strategies through multi-sectoral collaboration.

Addressing these multifaceted challenges is paramount for improving public health outcomes and ensuring equitable HIV prevention and care in Albania.

Keywords: HIV/AIDS, Public Health Policy, Stigma, Albania, Health System

Field: Medical and Public Health Sciences (HIV/AIDS Epidemiology, Health Policy, and Healthcare Management)

1. INTRODUCTION

HIV/AIDS remains a significant global public health challenge, particularly in low- and middle-income countries where access to prevention, diagnosis, and treatment service may be limited (WHO, 2023). Despite international effort to combat HIV/AIDS, reduce transmission, and improve the life of affected individuals, the epidemic continues to pressure individuals, their families, health care systems and societies (Beyrer et al., 2024). Albania, a South-Eastern European country, is classified as a low-prevalence country, however, recent epidemiological trends indicate a gradual but concerning increase in new HIV infected cases, raising questions about the effectiveness of existing national responses (UNAIDS, 2024).

According to UNAIDS reports, the number of people living with HIV in Albania has increased from approximately 671 cases in 2013 to between 1300 and 1500 cases in 2023 (UNAIDS, 2023; Institute of Public Health Albania, 2013). This upward trend suggests the need for renewed attention to prevention, early diagnoses, and treatment strategies. This situation is particularly relevant with Sustainable Development Goals Agenda (SDG), especially SDG 3, Target 3.3 which aims to end HIV/AIDS epidemic by 2030 through universal access to prevention and treatment, alongside with elimination of stigma and discrimination (Ministry of Health and Social Protection, 2020). This global commitment is not only a health issue, but also a social, economic, and human rights issue, which needs common actions from governments, international organizations, civil society, and private sectors in their bid to transform the world by 2030 (WHO, 2024). Albania aligns its public health policies with international frameworks promoted

*Corresponding author: rexhvelajklarisa@gmail.com



by United Nations, the World Health Organization, and European Commission, reflecting a commitment to global health standards and human rights principles (Ministry of Health and Social Protection, 2020).

Despite the alignment, significant challenge persist. Reports indicate that diagnosis in Albania occur during AIDS stage (late stage), pointing to potential gaps in population-level testing, awareness, and engagement with healthcare services (UNAIDS, 2022). This trend highlights the possibility of deficiencies in early diagnosis through the population, especially in between marginalised groups (UNAIDS, 2022; 2024). Marginalised populations, including people who inject drugs, sex workers, male who had unprotected sexual intercourse with men, face additional barriers due to stigma, discrimination, and social exclusion (UNAIDS, 2022). Cultural norms and traditional social structure further contribute to secrecy surrounding Hiv status and sexual orientation, complicating efforts to identify and support high-risk groups. Agolli-Nasufi, Ndrio, and Rada (2014), in their research, refer to Albanian society as being a closed, patriarchal and very traditional country, and is still not open-minded and informed towards HIV, or accepting of the homosexual community. Due to the great fear of discrimination, individuals tend to live in secret, making it very difficult to identify high-risk groups.

2. RACIONALITY FOR THIS STUDY

HIV/AIDS remains a significant public health challenge in Albania, despite the long standing classification as a low-prevalence country. Recent increases in HIV cases, as reported by World Health Organisation and UNAIDS, represent an urgent call for action within a small country with limited healthcare resources. The persistence of late diagnosis, combined with social stigma, limited testing coverage, and barriers to accessing prevention and treatment services, suggests that the real burden of HIV may be underestimated.

A comprehensive evaluation of current trends, policies, and structural challenges is necessary to identify in implementation and to construct evidence-based strategies that can strengthen prevention, early diagnosis, and care. This study is also justified in addressing an important public health matter, while research in this topic is totally absent, and to support national efforts in improving Hiv related outcomes.

3. AIM

This study aim to evaluate the effectiveness of Albania's National HIV/AIDS response by examining current trends, policy implementation, and barriers to prevention, testing, and treatment, with the goal of identifying potential strategies to improve outcomes and support the achievement of SDG 3 to terminate HIV epidemic by 2030.

Objectives

- To analyse trends in HIV prevalence and diagnosis over the past two decades.
- To systematically analyze and synthesize existing peer-review research, epidemiologic studies, and grey literature reports related to HIV/AIDS in Albania.
- To examine the presence, scope, and implementation framework of national action plans related to HIV/AIDS.
- To identify key structural and cultural barriers affecting HIV prevention and care.

4. MATERIALS AND METHODS

This study adapt a systematic review design with a specific focus on grey literature to evaluate Albanians national response to HIV/AIDS. Grey literature was selected due to its relevance in public health policy analyses, as key information on national strategies, guidelines, and implementation frameworks which are often published outside peer-review journals, and lack of research related to this topic in Albania. This methodological approach follows principals of systematic review methodology to ensure transparency, reproductivity, and minimisation of bias.

5. SEARCH STRATEGY

A structured grey literature search plan was developed in accordance with systematic review protocol. The search strategy incorporated four complementary approaches: (1) target search of grey literature databases, (2) customized Google search queries with preferable key words, (3) screening of relevant organizational and institutional Websites, and (4) consultation with experts, authoritative international and national bodies. Search terms included combination of keywords related to HIV/AIDS,

Albania, national policy, prevention, testing, treatment, awareness, stigma and discrimination.

Grey literature articles are often legal documents, reports, government publications, non-governmental organisations reports, international bodies reports, research institutes, and health institute. Those articles sourced from target websites of governmental and non-governmental organisations, such as the World Health Organisation, UNAIDS and Albanian Health Ministries, Parliament, and Institute of public Health, all focusing on national HIV/AIDS reports, strategies, and programs documentation.

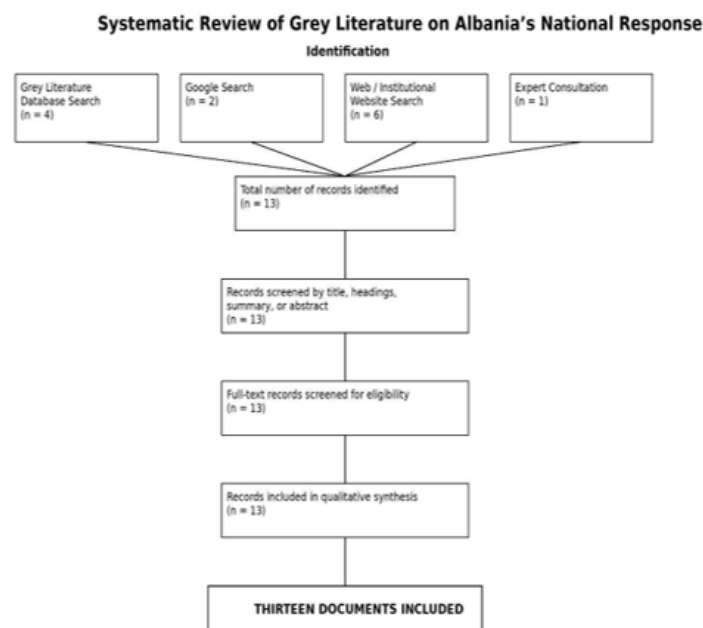
When it comes to systematic review, it requires search methods that are reproducible, and comprehensive, but those standards are difficult to apply to grey literature. Unlikely, academic literature grey literature is challenging to search systematically due to the vast and poorly indexed nature of online information, limited archiving, and inconsistent database coverage. Although various researchers have proposed web-based research approach, there is no established “gold standard” for conducting this type of research, for this reason we have designed this search strategy based in four complementary approaches.

6. ELIGIBILITY CRITERIA

Eligibility criteria were defined a priori to guide the selection of relevant documents. Included sources consisted in national and international reports, policy documents, strategic frameworks, national program, guidelines, and surveillance reports addressing HIV/AIDS in Albania. Documents were required to be published by governmental institutions, international organisations, non-governmental organisations, or recognised public health bodies. Peer-review articles were absent, also opinion and documents not directly related to HIV/AIDS were excluded. Study selection process followed PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analysis) guidelines. Identified documents were recorded in Excel sheets and duplicates were removed manually. Firstly documents were selected based on their title and summary or abstract. Secondly, full-text screening as concocted to all potentially eligible documents

Data were extracted from each included document using a standardized data extraction sheet. Extracted information include the year of publication, issuing organisation, target population, policy objectives, key interventions, and identified barriers to prevention, testing, and treatment. Data synthesis was conducted narratively, with findings organised thematically to reflect trends, policy implementations, and structural challenges within Albania’s HIV/AIDS response.

Figure 1. PRISMA 2020 flow diagram representing searches of databases, registers and other sources



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

This work is licensed under CC BY 4.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

7. ETHICAL CONSIDERATION

As this study is based exclusively on publicly available secondary data and does not involve human participants, formal ethical approval was not required. All sources were appropriately cited to ensure academic integrity and transparency.

8. RESULTS

LEGAL AND POLICY FRAMEWORK ASSOCIATED TO HIV/AIDS in ALBANIA

Albania established its national HIV/AIDS response through Law No. 9952 (2008) and subsequent national strategies. Law No. 9952 defined the legal framework for HIV prevention, diagnosis, treatment, and protection of the rights of people living with HIV. The law mandated confidentiality, access to healthcare services, anti-discrimination measures, and public awareness activities. This legal framework remained unchanged after its last revision in 2011.

The National Plan for HIV/AIDS Prevention and Treatment 2020-2025 represented the most recent strategic policy instrument. The plan aligned national priorities with Sustainable Development Goals, particularly SDG 3, focusing on prevention, expanding testing, treatment access, stigma reduction, and ensuring international cooperation in combating HIV/AIDS by 2030 (Ministry of Health and Social Protection, 2020).

9. INSTITUTIONAL RESPONSE and EPIDEMIOLOGICAL DATA

National surveillance data indicated that HIV prevalence in Albania remained officially low, however, underdiagnoses persisted (WHO, 2023; UNAIDS, 2025). According to the Global AIDS Monitoring Report, approximately 60% of diagnosed individuals were identified at an advanced stage of infection, indicating delayed and insufficient early detection (UNAIDS, 2022). HIV prevalence was estimated at 0.04%, with an incidence of 3.6 cases per 100,000 population, although data quality limitations were reported (UNAIDS, 2020; WHO, 2023). The available evidence demonstrated a gradual increase in reported HIV cases over time, particularly among key populations, suggesting ongoing gaps in prevention and testing coverage (Institute of Public Health [IPH], 2013; UNAIDS, 2023).

10. MARGINALISED POPULATION

Self-reported transmission data showed heterosexual intercourse as the dominant reported mode of transmission. However, the predominance of male cases and observed serodiscordance within couples suggested underreporting of male-to-male sexual transmission, likely influenced by stigma and social discrimination (UNAIDS, 2020). People who inject drugs (PWID) were identified as a high-risk group, with an estimated HIV prevalence of 1.4%. Most PWID reported injecting in abandoned or public spaces and frequently sharing syringes. The most affected age group was 21–24 years, indicating increased vulnerability among younger populations (UNAIDS, 2020).

Sex workers represented another underreported group. Due to the criminalization of prostitution, routine outreach and testing were limited, and existing prevalence data were considered incomplete (UNAIDS, 2020; WHO, 2024).

11. COLLABORATION WITH NON-GOVERNMENTAL ORGANISATION

Collaboration between governmental institutions and non-governmental organizations was reported as central to reaching key populations. NGOs such as ALGA, LGBT Alliance, Aktion Plus, and Stop AIDS, primarily supported through Global Fund financing, provided HIV testing, prevention services, psychosocial support, and harm-reduction interventions in major urban areas (MHSP, 2020; UNAIDS, 2024). Service coverage remained uneven, with limited availability outside major cities.

12. FUNDING AND INTERNATIONAL SUPPORT

Funding for HIV/AIDS programs was provided mainly through the Ministry of Health and Social Protection, supplemented by international donors. The Global Fund invested over USD 12 million in HIV and TB programs in Albania, contributing to the establishment of voluntary counseling and testing centers, free ART provision, laboratory strengthening, and services for key populations (WHO Regional Office for

Europe, 2015). Despite these investments, dependence on external funding remained high.

13. ANTIRETROVIRAL THERAPY

ART services in Albania were centralized at QSUT (Mother Teresa University Hospital). Although ART availability had improved since 2004, national treatment guidelines and practices were reported as not fully aligned with WHO recommendations (WHO, 2014; UNAIDS, 2020). ART provision relied exclusively on clinicians at QSUT, with no decentralized or multidisciplinary support structures in regional health centers.

Until 2020, a regulatory stock commission was not established, product conditions were insufficiently monitored, and inventory systems were underdeveloped. Although full ART stock availability was reported in 2020, testing and treatment coverage remained low, and service centralization continued to pose systemic challenges (UNAIDS, 2020; WHO, 2023).

14. STIGMA and DISCRIMINATION

Despite legal protections, stigma and discrimination against people living with HIV persisted. Evidence demonstrated continued social exclusion, including employment dismissal following disclosure of HIV status (Agolli-Nasufi et al., 2014). Stigma contributed to low uptake of routine HIV testing and underreporting of risk behaviors. Although Albania was classified as a low-prevalence country, stigma-related barriers suggested that the reported burden of HIV was underestimated (Beyrer et al., 2024; UNAIDS, 2023).

15. DISCUSSION

National HIV/AIDS Action Plan and Policy

Albania has achieved considerable progress in aligning its national HIV response with international strategies. The Law No.9952 (2008) formulates the legal bases of a multisectoral response, mandating collaboration between public and private institutions to ensure medical, psychological, and social support to affected individuals. It also promotes prevention, awareness, education against stigma and discrimination, diagnosis and treatment in line with international human rights principles. In addition, the National Action Plan for the Prevention and Treatment of HIV/AIDS 2020-2025 is the country's main regulatory plan. Even though it expired in February 2025, it is still in use and a report has not been released yet. However, this plan is formulated to achieving UNAIDS's 95-95-95 target (2020), for 95% of individuals to be diagnosed. In addition, 95% of HIV positive diagnosed individuals are to be treated with antiretroviral treatment, and 95% of those on treatment to achieve viral suppression (UNAIDS,2020). Moreover, Albania has the Fast-Track Cities Initiative, where Durrës, Shkoder, Tirana cities have signed the Paris Declaration to end HIV/AIDS as a public health threat by 2030. Those local-level initiatives supplement the national strategy and reflect Albania's aspiration to be part of the global HIV response (UNAIDS,2024).

Evolution of Healthcare System Response

Despite the policy recommendations, the implementation of HIV/AIDS programs in Albania is complex, where the delayed HIV diagnosis and treatment are prominent. Although the Albanian health system ensures free Antiretroviral treatment and diagnosis,, access to early diagnosis is poor due to numerous factors (WHO Regional Office for Europe, 2015). Public centers often lack infrastructure and equipment, and patients seek the service in private clinics, which are frequently unaffordable for individuals with a low-income background. This not only reinforces health inequalities but also affects the rate of early detection and treatment.

There is also insufficient integration of HIV services within the broader healthcare system, since the testing service is provided only in a few hospitals in big cities throughout the country. Many services are provided in isolation, without proper coordination with other public health sectors such as reproductive health, and mental health.

Impact of Global Support and Challenge of Sustainability

The Global Fund international donors have played a vital role in strengthening Albanian's HIV response. Previous grants helped in establishing testing centers, training the healthcare professionals, and the inclusion of community-based programs. This grant was the financial foundation that has built the system upon which the current response is based (Tereska et al., 2021). However, the withdrawal of Global Fund has resulted in shortage of critical materials and funding for awareness campaigns. Also the NGO that previously relied on this grant has had to reduce the services (Ministry of Health and Social

Protection Republic of Albania, 2020, pg.32).

The transition period has exposed weaknesses in Albanian government preparedness to independently fund and manage its HIV response (UNAIDS, 2025). The national health care budget remains too limited to absorb the financial responsibilities, previously covered by international partners. Without alternative funding mechanisms or strategic partnerships, the country risks reverse the progress made in some sectors (ten Brink et al., 2025). Also, lack of monitoring and evaluating systems has a negative impact in highlighting the real burden and importance to the policy makers (UNAIDS,2020). Data gaps, especially in marginalised groups, limit the ability to target interventions and track the success of national plans (Tereska et al., 2021).

16. CONCLUSIONS

Although Albania is classified as a low-prevalence country, HIV infections are rising among high-risk groups, including men who have unprotected sex with men, people who inject drugs, and sex workers. This trend highlights the urgent need for targeted and more effective prevention strategies. Despite progress in legislation, such as Law 9952 and the National Action Plan 2020–2025, major gaps remain in implementation, funding, infrastructure, and outreach to marginalized populations. HIV testing is largely limited to target groups, with no large-scale population campaigns. Under-reporting and late diagnoses point to weaknesses in surveillance, data collection, and access to testing, especially in rural and small urban areas. Persistent stigma and discrimination within a traditional social context further limit program effectiveness and access for key populations. Continued reliance on international funding, particularly from the Global Fund, underscores the need for a more self-sustaining national HIV response.

17. RECOMANDATIONS

Strengthen Early Diagnosis and Access to Care: Expand HIV testing nationwide, especially in rural and hard-to-reach areas, by integrating services into primary healthcare. Continued NGO involvement through drop-in centers is essential to reach marginalized groups with education, prevention, and testing.

Ensure Sustainable Funding: Increase national health budget allocations for HIV services, including continuous education campaigns, testing, and support for community-based organizations. Public–private partnerships can help reduce dependence on international donors and ensure long-term access to ART and preventive supplies.

Reduce Stigma and Social Inequality: Implement sustained education programs for both the public and healthcare providers to address stigma, which directly affects treatment uptake. Strengthen and enforce anti-discrimination laws to protect people living with HIV in healthcare, education, and employment.

Enhance International and Regional Collaboration: Strengthen cooperation with neighboring Balkan countries to share best practices and resources. Continued engagement with organizations such as WHO and the EU is vital for technical support, workforce training, and transitioning toward sustainable HIV programs.

REFERENCES

- Agolli-Nasufi, I., Ndrio, M., & Rada, A. (2014). Effects of stigma and discrimination upon people living with HIV/AIDS. *Albanian Medical Journal*, (2), 1–7. https://www.ishp.gov.al/wp-content/uploads/pdfdownload/AMJ_20142_/Irida_Agolli-Nasufi1_Marina_Ndrio1_Artur_Rada1.pdf
- Beyrer, C., Tomaras, G. D., Gelderblom, H. C., Gray, G. E., Janes, H. E., Bekker, L.-G., Millett, G., Pantaleo, G., Buchbinder, S., & Corey, L. (2024). Is HIV epidemic control by 2030 realistic? *The Lancet HIV*, 11(7), e489–e494. [https://doi.org/10.1016/S2352-3018\(24\)00098-5](https://doi.org/10.1016/S2352-3018(24)00098-5)
- Godinho, J., Jaganjac, N., Eckertz, D., Renton, A., & Novotny, T. (2005). HIV/AIDS in the Western Balkans: Priorities for early prevention in a high-risk environment. World Bank. <https://documents1.worldbank.org/curated/en/956161468251378385/pdf/3401810HIV0AIDS0in0the0Western0Balkans.pdf>
- Institution of Public Health Albania. (2013). HIV/AIDS in Albania. <https://www.ishp.gov.al/wp-content/uploads/2013/03/HIV.pdf>
- Law No. 9952. (2008). On the prevention and control of HIV/AIDS. Official Bulletin of Albania. <https://qbz.gov.al/eli/ligj/2008/07/14/9952/c23170f2-8a7e-4c25-ba27-4006aaaf3cc0>
- Ministry of Health and Social Protection, Republic of Albania. (2020). National action plan for HIV/AIDS 2020–2025. <https://shendetesia.gov.al/wp-content/uploads/2023/12/Plani-Kombetar-i-Veprimit-per-HIV-AIDS-2020-2025.pdf>
- Republic of Albania Ministry of Health, Institute of Public Health Tirana, & UNAIDS. (2010). National AIDS program: UNGASS country progress report. https://www.unaids.org/sites/default/files/country/documents/albania_2010_country_progress_report_en.pdf
- Republic of Albania Ministry of Health, Institute of Public Health Tirana, & UNAIDS. (2011). National AIDS program: Global AIDS response progress reporting.

https://www.unaids.org/sites/default/files/country/documents/ce_AL_Narrative_Report%5B1%5D.pdf
Tereska, N., et al. (2021). MEDICUS / Journal of the Faculty of Medical Technical Sciences. MEDICUS, 4, 168.
https://uet.edu.al/medicus/wp-content/uploads/2022/01/medicus_4.pdf
UNAIDS. (2023). HIV in Albania.
<https://www.unaids.org/en/regionscountries/countries/albania>
UNAIDS. (2024). Four Albanian cities commit to ending the AIDS epidemic by 2030.
https://www.unaids.org/en/resources/presscentre/featurestories/2024/june/20240619_albania
UNAIDS. (2025). UNAIDS HIV financial dashboard.
<https://hivfinancial.unaids.org/hivfinancialdashboards.html>
UNAIDS, & Ministry of Health and Social Protection, Republic of Albania. (2020). Country progress report – Albania: Global AIDS monitoring 2020.
https://www.unaids.org/sites/default/files/country/documents/ALB_2020_countryreport.pdf
World Health Organization. (2014). HIV in Albania: A national programme report.
<https://iris.who.int/bitstream/handle/10665/369662/WHO-EURO-2015-6472-46238-66889-eng.pdf>
World Health Organization. (2023). Albania HIV prevalence.
<https://data.who.int/countries/008>
World Health Organization Regional Office for Europe. (2015). HIV programme review in Albania: Antiretroviral therapy and procurement and supply management.
<https://iris.who.int/bitstream/handle/10665/181168/WHO-EURO-2015-6474-46240-66891-eng.pdf>
World Population Review. (2022). HIV rates by country 2021.
<https://worldpopulationreview.com/country-rankings/hiv-rates-by-country>