

## REPORT on the Workshop

**“Transition from Global Fund support of HIV and TB programs to national funding: role, opportunities and priorities for civil society in Albania”**



23 - 24 October 2019  
Tirana, Albania

## Summary

As Albania closes its last regular grants for HIV and TB from the Global Fund, and envisions its transition grant to start in early 2020, transition-related challenges and opportunities were discussed at the civil society workshop on 23-24 October 2019. The meeting gathered 29 participants from civil society organizations (CSOs), Country Coordinating Mechanism (CCM) members, government representatives, the Global Fund Community, Rights and Gender (CRG) Department and CCM Hub (on-line), World Health Organization (WHO) and other United Nations (UN) agencies, and experts from neighboring North Macedonia and Montenegro. The event was convened by the Regional Communication and Coordination Platform for Eastern Europe and Central Asia. The Regional Platform is hosted by the Eurasian Harm Reduction Association (EHRA), as part of the Global Fund's CRG Strategic Initiative.

The civil society participants agreed on specific steps after the workshop in the following areas: (1) options to mitigate the effect on continuity of vital health services as a result of the anticipated funding gap of approximately 4 months, between the current grant and the transition grant, (2) civil society networking and unified and coordinated advocacy in the transition process, (3) working on ensuring public funding of civil society services among vulnerable populations; and (4) reinvigorating and increasing transparency of CCM that would work after the Global Fund's grants (and increasing meaningful involvement there and overall in the HIV and TB related decision-makers of civil society representatives). They planned to turn to the Global Fund's CRG technical assistance to support some of these actions. Among other areas discussed were the need to improve quality, monitoring and evaluation of services that would require funds for that purpose, predictability of funding, more appropriate salaries for outreach workers, improved quality of psychosocial support in testing facilities and better tracking of linkages between non-governmental organizations (NGOs) and government services for tracking civil society contribution to testing and understanding the profile of people tested positive in the country. The upcoming national HIV and TB programs, developed with WHO support, should integrate the transition plans with costs and identified funding sources. HIV treatment protocols should be updated, mirroring the update of the comprehensive TB care protocols. Civil society representatives expressed interests in continuing learnings from North Macedonia and Montenegro, possibly with organizing study multi-stakeholder visits including politicians.

The Regional Platform committed to producing a [case study on Albania](#) to raise awareness of issues in the Global Fund, potential donors and other stakeholders. The suggestions from the workshop will be important to a number of stakeholders who were not able to attend the meeting, including the leadership of the Project Implementation Unit of the Global Fund grant's Principal Recipient at the Ministry of Health and Social Protection, the CCM Chair and Secretariat, as well as the Global Fund Secretariat's portfolio management team.

## The workshop aims and objectives

The workshop aimed at improving the understanding of the current issues and in particular Global Fund transition-related processes among local civil society representatives involved in the country's HIV and TB responses in Albania. It had the following objectives:

- To update on the progress of the key elements planned in the Global Fund transition grant, national transition plan and roadmap, and discussions on future governance;
- To discuss and identify how services for key populations could be improved including options of increase the scale, quality and delivery models, effective referral systems, access to diagnostics and treatment in the next 3 years;
- To present the governance structure for HIV and TB programs that will allow the non-state actors to participate in decision making processes after transition;
- To share experiences from other countries how civil society engages in building sustainability of HIV and TB responses, what options chosen on service delivery models for key populations, social contracting, and governance;
- To discuss what civil society could do to prepare and start public funding for services provided by NGOs
- To identify technical assistance (TA) needs related to transition processes for the Global Fund's Community, Rights and Gender TA Program<sup>1</sup> and discuss the other opportunities of funding and other support in Albania.

## Organizers, preparation and participation

The event was convened by the Regional Communication and Coordination Platform for Eastern Europe and Central Asia, which is hosted by the Eurasian Harm Reduction Association (EHRA) as part of the Global Fund's CRG Strategic Initiative. Before the workshop, EHRA extensively consulted with the Global Fund staff to develop the workshop's content. The draft concept note and agenda was also developed in consultation with several Albanian civil society representatives to get their additional inputs. All workshop documents were shared with the Albanian CCM and the Principal Recipient of Global Fund grants, prior to the event. This consultative approach was important to ensure the national buy-in and ownership of the event which unfortunately didn't happen.

Seventeen civil society and communities' representatives joined the workshop. These participants included former and current sub-recipients of Global Fund grants who deliver HIV and TB services, predominantly to key populations, including men who have sex with men (MSM), sex workers, also community-based groups of people who inject drugs (PWID) and lesbian, gay, bisexual, transgender and intersex (LGBTI) people; public health association, health practitioners and young Christian women organization. These participants were the main



<sup>1</sup> <https://www.theglobalfund.org/en/technical-cooperation/community-rights-gender-technical-assistance-program/>

constituency that the Regional Platform aimed to engage in the workshop. They actively participated in both plenary and group work sessions.

The organizers proactively reached out to the CCM Chair, Global Fund grant's Principal Recipient at the Ministry of Health and Social Protection, CCM Secretariat and Global Fund Portfolio management team to secure their participation. The Principal Recipient delegated a staff member from the Institute of Public Health to represent them in the workshop. This participation was very helpful to orient the workshop around the current grant's activities, challenges and opportunities. Representatives from the Ministry of Health and Social Protection and Ministry of Finance participated in the segments dedicated to social contracting (public financing of civil society services). This engagement, too, was extremely valuable for the workshop. The Ministries' presentations helped elucidate the existing public financing mechanisms for NGOs.

Lastly, participants from WHO, UNDP and UNICEF joined the workshop. Their engagement was very useful in terms of learning about other Global Fund-related technical support opportunities in Albania, and how civil society can tap into these. The meeting was also greatly supported by Global Fund Secretariat staff, including Gemma Oberth, the Coordinator of Global Fund's CRG Region Platforms, and Mercedes Garcia with the CCM Hub (remotely).

## **Languages**

Albanian, English

## **Discussions**

See the following links for: [Agenda \(also available as an Annex\)](#), [Presentations](#)

## ***National response: progress, perspectives and challenges***

Dr, Marjeta Dervishi from the Institute of Public Health presented on behalf of the Global Fund grant management unit in the Ministry of Health and Social Protection (see the [presentation](#)). She detailed the transition grant and the current activities to start public funding of CSO services. Her presentation was complimented by a [presentation](#) by the national consultant Bujana Hoti who compared the current service coverage with the upcoming under the transition grant, starting from 2020.

The discussion highlighted that the country, through combined efforts of various stakeholders including civil society, managed to achieve low HIV prevalence and sustain the level of incidence in TB. TB incidence is higher in the country than that of HIV and is also confronted by high degrees of stigma. The gaps in testing of pregnant women are expected to be filled under the transition grant. Antiretroviral therapy (ART) is offered to all people living with HIV, however, treatment interruptions have been reported. Prevention of the vertical transition of HIV is an emerging challenge. The country is currently implementing a Stigma Index study, which should contribute with the knowledge about stigma and discrimination among people living with HIV and options to address it.

Increased testing led to identifying more new HIV cases, totaling 1200 diagnosis of HIV by the end of 2018. There is insufficient understanding of the risk profile among people newly diagnosed with HIV (70% males, officially 10% of new cases are among new MSM, likely underreported). Community-based testing is possible with relevant staff involved but not for the confirmation of the diagnosis. The NGOs, particularly these working with gay and other MSM, highlighted that they are referring people to the state testing sites for getting a diagnosis



but the referred individuals would not disclose their sexual orientation or behaviors in these testing sites due to high levels of perceived stigma and limited counseling competence from the staff, especially outside the capital city of Tirana. The limited services outside of the capital city was also flagged as an issue for sex workers. There are four drop-in centers for PWID outside of Tirana, but the sex work program is only in the capital. There was consensus among civil society in the room that sex workers were the hardest to reach key population in Albania. This lack of decentralized services, and limited linkage and referral pathways from outreach to the health sector, makes it difficult to accurately assess the role that NGOs play in identifying new HIV cases.

Currently, outreach and prevention programming among key populations is implemented exclusively by civil society organizations, with funding from the Global Fund grant. The standards of these services have been developed and are waiting for the adoption by the Minister of Health and Social Affairs. A roadmap on public financing of NGO-run services is in preparation. Review of social plans in 3 municipalities is under way while the UNDP supports efforts to increase NGO capacities.

The need to articulate the level of effectiveness and efficiency of services delivered by NGOs was flagged as important. Gemma Oberth highlighted a comparative cost and effectiveness study from Tanzania, as an example: treatment support programs for stable HIV patients cost US\$108 per person per year in facilities in comparison with US\$45 with a mix of facility-based and community-based services and US\$20 for only community-based services. These types of analyses are compelling evidence for government to invest in community-led service delivery, especially in the context of donor transition.

There are gaps in data in the country. Civil society organizations provide services for key populations but there is observed fragmentation of these services, according to Dr Dervishi. Population size estimates (PSEs) of key populations are available only for people who inject drugs, though a PSE of sex workers and MSM are to be completed with resources from the current Global Fund grant. Therefore, the current prevention coverage is reported as absolute numbers and not as a portion of people in need who are reached. The HIV prevalence, behavioral trends, prevention and testing coverage will be seen in the upcoming results of an integrated biological and behavior survey (IBBS). The NGO monitoring system is not unified: the country still does not use a single unified code system for anonymous services for key populations and there is no single database, unlike in a number of other countries where electronic databases are developed to monitor and report on prevention progress. Dr Dervishi highlighted the need to improve verification of NGO services outside the capital, while NGOs indicated that they are not provided with resources such as travel allowances to conduct this work, despite earlier requests.

Civil society groups also pointed to the other two challenges that undermine the quality of their work: significant uncertainty and interruptions of funding for services and low payment for services while the targets are increasing. The low costing of services particularly affects the level of outreach workers - their salaries are as low as US\$130/month<sup>2</sup> and high risk of losing well-trained workers. This challenge is reflective of chronic underfunding of community-led service delivery in Albania over the past 8 years. Reaching some populations, especially sex workers, has been already rather challenging in itself due to unsupportive legal and policy environment. Civil society representatives in CCM recommended increasing but this has not been approved and they asked if that was possible to reconsider. Albanian civil society

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<sup>2</sup> In Montenegro it was 150 EUR before the Global Fund return and now 300 EUR. In North Macedonia, 4 years ago it was 150 EUR, while minimum salary now is 245 EUR.

expressed interest in reviewing how other countries produce their unit costs for services and to cost such services in the country.

### ***Global Fund's support so far and start of transition grant***

Global Fund has been critical for the HIV and TB responses in Albania, in particular for services implemented by civil society. The current Albanian HIV and TB grants are coming from the 2014-2016 allocations and are ending in December 2019.

In the context of transition, challenges with the continuity of services—particularly for key populations—was a key theme of discussion. The country will move to a transition grant starting from 2020, as it has been ineligible for both HIV and TB after the 2014–2016 allocations due to sustained low HIV prevalence and TB burden. The mismatch of the allocation period and the implementation period has meant regular interruptions in funding coming from the Global Fund. First, it was interrupted due to the cancelation of Round 10. The current grant for HIV started with a 20-month delay, which halved the time for the implementation the 3-year work and targets, which significantly affected NGO services.

Now, for the transition grant, another service gap is anticipated. The Global Fund grants are integrated in the state budget. The unintended negative consequence is that it takes significant time to ratify the grant in the Parliament. The transit grant proposal is undergoing review of the Global Fund as of October 2019. After the review, the agreement between the country and the Global Fund is expected to take 4-5 months in the Parliament, hence delaying the real start of the grant operations until April or May 2020, not January 2020. This period of uncertainty and a gap in funding of civil society services is particularly problematic given this is a transition grant. Albania has reduced funding in this grant, and the focus of the investment is on systemic changes to ensure the long-term sustainability of HIV and TB services. There is no plan from the Principal Recipient to manage the impact of this funding gap on services, and there is little alternative funding available for civil society. This topic was identified as one of the areas that civil society would like to follow up after the workshop.

### ***Funding and integration of key HIV services in 2020-2022***

The upcoming Global Fund's transition grant is to cover the three-year period starting in January 2020. It will have a significantly lower level of investment from the donor—about one third the value of current Global Fund grants—in line with the Global Fund's Sustainability, Transition and Co-Financing Policy.

The HIV response totals to some 7 million euros annually. The government has taken over significant components of the HIV and TB responses, notably funding of first and second lines of ART, among others. Currently, HIV prevention activities and work with vulnerable populations are exclusively implemented by civil society and are fully dependent on the Global Fund but should be absorbed by the government step-by-step:

***Table 1. Share of government financial contribution for select HIV interventions, 2020-2022***

	2020	2021	2022
ART	100%	100%	100%
Opioid substitution therapy	100%	100%	100%

Other prevention through NGOs	0%	30%	50%
Testing kits for key populations	25%	50%	75%

Based on Dr Marjeta Dervishi answers

Under the new HIV transition grant, there will be the reduction of prevention work and engagement of NGOs in both HIV and TB. Some outreach is planned to be integrated in the state health system, however, with little clarity how and with whom to be delivered, how knowledge transfer would be ensured to take over the current expertise accumulated among the providers that will not be engaged in the future. The continuation of the following services implemented with the Global Fund's support in 2018-2019 is yet to be defined. Moreover, the ongoing work with three municipalities will no longer be supported under the transition grant.

**Table 2. Services currently provided through Global Fund, and their continuation after 2019**

Global Fund support after 2019	Population served (currently)	Name of the CSO	Services provided	Geographical area (current)
<b>No funding</b>	People living with HIV and families	Union of PLHIV	Counseling and psychological support	National scale
<i>To be reduced, partners and geography still to be selected</i>	People who inject drugs, prisoners	Aksion +, Stop AIDS	Methadone, rapid test, psychological-social support, education, outreach, NSEP	Methadone: Tirana, Durres, Elbasan, Korce, Vlore, Fier, Berat, Shkoder, Sarande/ NSEP: Tirana, Durres, Elbasan, Korce, Berat, Vlore Prison: Tirana (methadone), Shkoder, Fier, Korce
<i>To be reduced, partners and geography still to be selected</i>	MSM and transgender	ALGA, Alliance LGBTI	Rapid test, psychological-social support, education sessions, IEC materials, outreach	Tirana, Durres, Elbasan, Korce, Vlore
<i>To be reduced, partners and geography still to be selected</i>	Sex workers	Open Door, STOP Aids	Rapid test, psychological-social support, education sessions, IEC materials	Tirana
<b>No funding</b>	PLHIV	Infection Disease Association	Psychological-social support, Capacity building of health workers to improve diagnostics	National scale
<b>No funding</b>	Roma Community	National Association of Public Health, National Center for Health& Community wellbeing	Education sessions on HIV and TB, IEC materials	Kucove, Berat, Korce, Pogradec Tirana, Durres

Based on the Bujana Hoti's presentation

**Policy, regulations and other support from WHO and UN**

Dr Artan Mesi, the WHO representative, [described](#) the support that WHO provides during the transition, including updating the TB protocols and capacities, establishing people-centered approached through primary care, writing the national HIV and TB programs, transition workplan development, support on infection control, laboratory capacity, biosafety. UNDP provides support with civil society capacity building, which should be completed by the end of 2019.



Some issues missing that require support is updating the HIV treatment protocols in addition to the current comprehensive WHO support for updating treatment protocols on TB including for HIV/TB but not for HIV in general.

Transition plan is yet to be finalized. WHO drafts the national HIV and TB programs. The participants recommended that the steps related to the donor transition should be reflected in the upcoming national HIV and TB programs. The programs should outline specific actions for sustaining the programming among key and vulnerable populations in the HIV and TB fields with clear responsibilities and consultation process with community and civil society groups. Moreover, the programs need to be budgeted with specific budget lines indicated from which services are to be funded. One guest questioned the rationale of having vertical programs adopted instead of integrating HIV, TB and hepatitis policy documents to provide more synergies across systems for same populations. Costing of services have not been conducted and included in the TA request (the participants highlighted it should reflect a more realistic payment for outreach workers).

Responding to questions from the audience, WHO indicated that they have not provided technical assistance to civil society as yet, though they would be eager to do so if the requests for such support came through the Ministry of Health and Social Protection. The participants confirmed that Albania has not been included in the regional programs supported by the Global Fund on HIV or TB in the past, but would be interested in opportunities for technical assistance (like on costing of services and exchange of experiences in mobilizing public funding for services). UNAIDS does not have a country office in Albania, but an opportunity for technical assistance to CSOs may still exist, including through its Technical Support Mechanism (TSM).

### ***Experience from neighboring countries and the Global Fund's implementation of sustainability and transition policy***

Gemma Oberth from the Global Fund's Community, Rights and Gender team outlined the [Global Fund's policy on sustainability, transition and co-financing](#): its progress and examples of support and country approaches to the areas of transition planning, financing, health systems, enabling environments, civil society and efficiency. They range from the comprehensive technical assistance to set-up policy and procedures for public procurement of health services delivered by NGOs in Kosovo to conducting social dialogues around civil society role and services in several countries in Latin America, from WHO helping to define the comprehensive packages of services in Latin America to UNDP's legal analysis for introduction of social contracting in Eastern European countries, Global Fund's co-investing in piloting of social contracting mechanism and others.





Advocacy and service experts from two neighbouring countries, Montenegro and North Macedonia joined the meeting. North Macedonia, represented by Mr Vlatko Dekov from NGO HOPS (see full [presentation](#)), featured their advocacy approach to secure political commitment and funding for services, which has been sustained for the 3<sup>rd</sup> year in the row and how they start working on institutionalizing services, along with conducting budget monitoring and advocacy from lottery taxes. The participants were stroke by the fact of the high investment of North Macedonia in HIV

prevention and treatment support amounting to 0.5 million euro. Montenegro, among other issues, demonstrated how they leveraged financial, political and other support from different stakeholders. Ms Jelena Colakovic from NGO JUVENTAS in Montenegro also spoke of the importance of preserving CCM after the Global Fund grant ended, continued active role of the Global Fund's portfolio manager during the absence of its grants and strong pre-condition for restarting funding for the MoH to develop social contracting. Establishing social contracting, though the first funding was secured due to parliamentary advocacy in 2018, still a work in progress and requires time.

North Macedonia and Montenegro representatives both demonstrated the importance of working with political parties and politicians to make the case for public investment in services. They both encouraged Albanian colleagues to reach out to the parliament in addition to the work with government's health and finance and top leadership through direct contact, organizing parliamentary hearings and possible study visits to countries where politicians already understand the importance of prevention and public investments. The second critical factor for the two neighboring countries has been the persistence and strong coalition across civil society to make an impact before, during and after the Global Fund support ends. "Do not attack other NGOs, no matter what. Not being unified in what we ask for will be used against us every time", highlighted Jelena. Both countries raised funds for funding such advocacy. In both countries, CCM membership and even leadership from civil society have been effectively used.

One Albanian participant expressed concern of the sustainability of all the progress if the contracting and allocation of funds is not established at the level of law and that this could change with the change of politicians. The participants expressed interest in following up with the neighbors to deepen the learning not only among civil society groups but also for politicians, MoH and health leadership, leading clinicians and municipality leaders. They highlighted that the expertise in their neighboring countries might be particularly relevant and acceptable. This is an important outcome of the meeting for the Regional Platform, given that one of its objectives is to foster spaces for peer learning and engagement in the EECA region.

### ***Public funding for services delivered by NGOs***

Bujana Hoti updated on the discussions and current progress to establish the country's approach and budget to ensure public funding for HIV and TB services delivered by NGOs. The roadmap for 'public procurement of services' (or as the Global Fund describes 'social contracting') should adopted by the Ministry of Health and Social Protection. There is a special working group established. She highlighted that the process will require administrative and legal changes, establishing implementation mechanisms, capacity of both civil society and government institutions, as well as coordination within the government institutions and among the sectors. The current law on public procurement is not adapted to procuring social services

but a law on community and residential care social services foresees NGO as social service providers. The roadmap is most likely to include the revisions to the target populations in the list of state social services and finalizing the standards. One of the options considered is to establish a special fund under the law on HIV in the country to direct some country's income generated through the Anti-Mafia Law and other sources. Local municipalities with social programs could also play a role, though 95% of their funding is already earmarked. It will be important to influence the state budgets, starting from 2020 to include key populations in the plans, this should be directed at the Ministries of Health and Social Protection and Ministry of Finance and Economy and at the Parliament. Having standards of services should be instrumental.

The representative of the Ministry of Finance, Ms Lorisa Kushi, [presented](#) the budget cycle and the opportunities for citizens and civil society to influence the budgets during its planning, adoption and implementation periods. The budget planning cycle starts at least 10 months before the beginning of the year at the level of the institutions and ministries, including the Ministry of Health and Social Policy. The Parliament reviews the budget in autumn and eventually adopts the budgets. Similar process, however, with slightly shifted timeline is available for municipalities, where also citizens and civil society have the right to influence the budgets. The Regional Platform representative, Ivan Varentsov, highlighted that in North Macedonia, Serbia, Montenegro and Bosnia-Herzegovina harm reduction NGOs engaged budget monitoring specialist NGO to understand the state budgets and to show that there are sufficient state funds that could be allocated HIV prevention. Budget advocacy work could be one of the technical support options for Albania if there was interest in the country.

The session did not answer a number of important questions from the participants and guests, e.g. if the legislation reforms and administrative process foresee that in the future, requests for proposals with clearly outlined prevention and treatment support services will be possible, also if funding for serving key populations will be earmarked and not compete with other social services, also how the budgets for these services would be costed and if that is to be costed under the HIV programs or in other budget lines.

### **CCM in Albania**

As CCM leadership and secretariat were not able to attend the meeting, the discussion on governance of Global Fund grants during the transition was more theoretical in nature. Experiences from the Global Fund's CCM Evolution – of which Albania was a pilot country for transition preparedness CCMs – was harnessed as a learning tool. The discussion centered on how to ensure meaningful engagement and participation of non-state actors in national HIV and TB decision-making processes, even after transition. Mercedes Garcia from the Global Fund's CCM Hub team outlined the results from the [CCM evolution project](#), emphasizing Albania's experience and lessons that are relevant for the country. The CCM evolution pilot demonstrated significant increase in the areas of oversight and linkages among stakeholders. She highlighted the three areas of governance challenges selected by Albania to work on (see Figure 1).

Figure 1. Overcoming governance challenges: learning from transition preparedness CCMs

### Transition grant and the future of the CCM

In parallel with the transition grant preparation and grant making, the CCM Albania identified the most feasible approach for keeping CCM principles and functions during implementation of the transition grant and after GF support. As a continuation of the status quo, the MoH will lead the national mechanism with the support of the IPH for operations. The work is still in progress to address challenges in maintaining a strong participation of a representative the Civil Society.

### Strengthen the CCM Secretariat

Focus on strengthening (not assisting) CCM Secretariat functions of oversight and meaningful engagement to **sustain health governance beyond GF investment**. Currently progress was made on the recruitment of a Oversight/Transition local consultant that will support to **engage in results-focused and data-driven monitoring of grant performance**.

### Conflict of interest, membership assessment and Code of Conduct

To ensure a good governance after GF support, issues in terms of membership, Col and Code of Conduct were handled with a smaller group lead by the CCM Chair. Issues in terms of representation, how to identify and manage Col and how to ensure a safe environment to speak out were discussed, prioritized and solutions were customized to the CCM Albania. Involvement from Civil society beyond CCM members is still a challenge from CCM Albania.

Consultants helped to revise the manual and will conduct a training on Code of Conduct in January 2020. The Global Fund references removed, CCM now meets every quarter instead of monthly and meets at the premises of the Ministry of Health and Social Policy instead of the Institute of Public Health. CCM members present mentioned that some issues (e.g. reimbursements of travels outside Tirana) remain unresolved. There could be a more proactive, supportive and consultative engagement of civil society members in CCM. As a guest from Montenegro put: “[In Montenegro] we from civil society and communities are 6 among many but we make up the difference with effective engagement.” It is important to have representatives of the communities engaged directly and to show the connection of the communities who have experiences to share and who are ultimately the ones who should benefit from the services and voice their concerns over services.

### ***Group work: what civil society would be interested to take forward after the workshop***

The following issues were discussed by two working groups: social contracting, CCM, and networking. The key suggestions from the groups:

- CCM transparency is needed. As a minimum, meeting agenda should be shared/published in advance and minutes should be published on the website. This would help CSOs to be better informed.
- They would like to elect their own NGO and community representatives in CCM, which could be initiated by mapping which NGOs operate and selecting 6 representatives.
- NGOs would like to develop effectiveness and cost-benefit analysis that could be used in advocacy.
- Re-invigorating the NGO umbrella body would be helpful. Some technical assistance for NGO coordination, producing analysis and defining its strategy and advocacy plans would be needed. This network would work on lobbying legislation on HIV and TB, work on media communication to convey the messages, sharing information among NGOs etc. The network’s membership would be staff of NGOs. It should have a long-term vision, engage the regions.



- Funds from the Anti-Mafia Law (confiscated property) currently only goes to private sector. NGOs would like to draft legislation on the use of this law to benefit health and NGOs.
- Another area for the following up would be to reach out to donors and private companies to increase the awareness of the upcoming emergency of HIV prevention services (with the budget and services for that budget).

### ***Other support for NGOs in Albania***

The Agency for Support of Civil Society, represented by Ms Desareta Lameborshi, Head of Sector - Strategic Grants and Regional Development, outlined their [\(state\) support for Albanian civil society groups](#), which has been established under the law in 2009. The support for civil society projects is distributed through open calls for proposals. Annually, they are allocated some 101 million LEK (app. 830,000 EUR) in the state budget as a separate budget line. Health is among priorities but there is no earmarked funding. Over the 10 annual calls for proposals nearly 50 million LEK (app. 410,000 EUR) have been awarded to the projects that mentioned health. More than ¾ of them in the last 5 calls. Many were on people with disabilities. One project specifically was focused on the assessment of social-economic status of people living with HIV/AIDS.

The Fund is known to all the participants but none of them have been successful to receive funding. Moreover, the contracts with the government should be closed (including under Global Fund grant contracts) in order to prove the full completion of commitments to the government. Moreover, the operations for the upcoming gap of HIV services at the beginning of 2020 due to the expected late endorsement of the transition grant by the Parliament are not seen eligible. Still, it might be used for organizing of civil society or community building or drug policy changes if that would be distinctive from the ongoing HIV and TB grants.

The Elton John AIDS Foundation together with Gilead will announce a funding opportunity that Albania will be eligible for. Information should come up at <http://radianhiv.org/>

UNAIDS' Technical Support Mechanism remains an option for technical support for HIV. [Details on these international support opportunities and the link to an overview of other support](#) were provided by Ivan Varentsov from the Regional Platform. Additionally, the Regional Platform and other activists are communicating regarding potential investment in civil society advocacy as a safety net from International Civil Society Support which are starting to support Bulgarian NGO advocacy in post-Global Fund environment.

### ***Global Fund's technical assistance on Community, Rights and Gender (CRG TA)***

Ivan Varentsov from the Regional Platform presented in detail the [support provided by CRG](#) to the platforms, the global key population and other networks and availability of short-term technical assistance. Albania remains eligible for that technical assistance. The access to this assistance is low-threshold; it could come from CCM or from civil society. It is important to complete a form, making sure that the areas of the support are aligned with the areas identified by the Global Fund. The requesting party can even identify potential consultants who might deliver the requested assistance. The Platform (Ivan) is available to review the draft requests. Please see more for the following: [request form](#); [frequently asked questions](#).

The participants developed the following preliminary ideas for technical assistance from CRG:

- Consulting service beneficiaries about upcoming transition and hearing their concerns. This could help make the case to government for continued service delivery.



- Developing an emergency plan for the anticipated gap in service delivery between 1 January 2020 and April 2020.
- Comparative unit cost analysis, looking at different service delivery models (community-led vs government led) as well as a cost-effectiveness analysis of investment in prevention vs investing in treatment
- Building a network to speak with a unified voice.

### **Next steps**

To facilitate greater transparency on the transition challenges that NGOs are currently facing in Albania, the Regional Platform committed to producing a [case study on Albania](#) to support the domestic NGO advocacy inside and outside the country. This case study would capture the main discussions from the workshop, key data points, and articulate the need and opportunity for sustaining community-led service delivery during and after the transition.

The Platform also committed to following up with the Global Fund Country Team to provide feedback on the workshop proceedings, and seek their ongoing engagement in problem-solving with civil society.

Follow-up with technical assistance providers and potential NGO service delivery funding – including UNAIDS, Elton John, and ICSS, was also agreed, with the Platform providing overall coordination support.

The Platform's role in enhancing access to Global Fund-related technical assistance for Albanian civil society is a critical one. The Platform's local consultant, Bujana, agreed to support the participants in some follow up actions, including developing the ideas for Global Fund's CRG TA into requests.

## Annex 1: Agenda of the workshop

23 October 2019 (Wednesday)

Time	Session
9:00-9:30	Registration of participants.
9:30-10:15	<b>Welcome and purpose.</b> <ul style="list-style-type: none"> <li>- Dr Gemma Oberth, the Global Fund's Coordinator of Regional Platform's under the Communities, Rights and Gender Strategic Initiative</li> <li>- Ivan Varentsov, Sustainability and Transition Advisor, Eurasian Harm Reduction Association</li> </ul> <p>Introduction of the participants Agenda. Logistics</p>
10:15-11:45	<b>HIV and TB responses, civil society role and sustainability in the context of donor transition</b> <ul style="list-style-type: none"> <li>- Preparing for transition of HIV/TB prevention interventions by Dr Marjeta Dervishi, Program Management Unit of the Global Fund, Public Health Institute</li> <li>- Donor transition related risks for HIV response and civil society services - presentation by Ms Bujana Hoti, consultant</li> <li>- WHO assistance provided, perspectives and challenges to ensuring the Sustainability of HIV and TB responses in Albania during next three years and beyond - presentation by Dr Artan Mesi, WHO</li> </ul> <p>Discussions and comments from the participants</p>
11:45-12:15	Coffee break
12:15-12:45	<b>Role of civil society in the HIV and TB responses and transition globally.</b> <ul style="list-style-type: none"> <li>- Sustainability, Transition &amp; Co-financing (STC): Progress, Challenges &amp; The Role of Civil Society– by Dr Gemma Oberth, the Global Fund's Coordinator of Regional Platform's under the Communities, Rights and Gender Strategic Initiative</li> </ul> <p>Discussion</p>
12:45-13:30	Lunch
13:30-14:30	<b>Budget advocacy.</b> <ul style="list-style-type: none"> <li>- A case of North Macedonia – Mr Vlatko Dekov, Advocacy Manager of NGO HOPS, North Macedonia</li> </ul> <p>Questions and answers</p>
14:30-15:00	Coffee break
15:00-17:00	<b>Prevention, treatment support and opioid substitution therapy in Albania: how to make them more sustainable programmatically and financially?</b> <ul style="list-style-type: none"> <li>o Update on the work to secure funding and social contracting from national and local authorities: successes, challenges and unanswered questions – presentation by Ms Bujana Hoti</li> <li>o The public budget cycles, possibilities to advocate and influence the budget at central and local level - presentation by Ms Lorisa Kushi (substituting Ms Vilma Causholli) – Ministry of Finance</li> </ul>

	<ul style="list-style-type: none"> <li>○ Possibilities toward integration of Social and Health services – presentation by Ms Antoneta Njehrrrena - Ministry of Health and Social Protection</li> </ul> <p>Discussion: What steps are needed from NGOs, services and government for the services to be delivered to groups in need and if needed to prioritize?</p>
17:00-17:30	Wrap-up of the day.
18:00	Dinner ( <i>only for participants who are staying in the hotel</i> )

24 October 2019 (Thursday)

Time	Session
9:00-9:10	Reflections from Day 1. Plan of the day.
9:10-9:40	<b>Governance: Country Coordinating Mechanism</b> <ul style="list-style-type: none"> <li>- Update on the CCM Evolution project in Albania – presentation via video-link by Ms Mercedes Garcia, Global Fund</li> </ul> <p>Questions and comments from participants</p>
9:40-10:30	<b>Experience of sustainability building in other country</b> <ul style="list-style-type: none"> <li>- Lost and found: the story of Montenegro transition – presentation by Ms Jelena Čolaković, NGO Juventas, Montenegro</li> </ul>
10:30-12:00	<b>Working groups:</b> <i>Coffee served during the group work</i>
12:00-12:30	<b>Key results from the working groups.</b>
12:30-13:30	Lunch
13:30-14:15	<b>Funding opportunities for civil society from public and international sources.</b> <ul style="list-style-type: none"> <li>- Opportunities of funding from the Agency for Support of Civil Society - presentation by Ms Desareta Lameborshi, Head of Sector - Strategic Grants and Regional Development, Agency for Support of Civil Society in Albania</li> <li>- Other international possibilities – Ivan Varentsov, EHRA.</li> </ul>
14:15-15:45	<b>Opportunities for technical support from the Global Fund – Community, Rights and Gender</b> <ul style="list-style-type: none"> <li>- Presentation by Ivan Varentsov</li> <li>- Discussion in groups – what support they could apply from CRG, based on the discussed steps/needs during the two days?</li> <li>- Guidance by Dr Gemma Oberth, the Global Fund's Coordinator of Regional Platform's under the Communities, Rights and Gender Strategic Initiative</li> </ul>
15:45-16:15	Coffee break
16:15-17:00	<b>Conclusions. Next steps and coordination. Evaluation.</b>  <b>Closure</b>
18:00	Dinner ( <i>for participants coming from outside Tirana</i> )

## Annex 2: List of participants

#	surname	name	organization	country
1	Alushaj	Sidorela	STOP AIDS	Albania
2	Colakovic	Jelena	Juventas	Montenegro
3	Dekov	Vlatko	HOPS	North Macedonia
4	Dervishi	Marjeta	PMU MHSP, Institute of Public Health	Albania
5	Dini	Elona	UNDP	Albania
6	Erindi	Valentina	National Center for Community Services	Albania
7	Fifo	Skender	A.L.G.A, Rapid Test Center	Albania
8	Hoti	Bujana	Independent consultant	Albania
9	Karaj	Xheni	Alliance against discrimination LGTBI	Albania
10	Lameborshi	Desareta	Agency for Civil Society Support	Albania
11	Mesi	Dr Artan	WHO	Albania
12	Mucollari	Genci	AKSION PLUS	Albania
13	Oberth	Gemma	GF Secretariat	South Africa
14	Popshini	Hysni	Lung Disease University Hospital	Albania
15	Rabiaj	Andi	Albania Center for Population and Development	Albania
16	Stuikyte	Raminta	Independent consultant	Lithuania
17	Sula	Ajlin	Association of People living with HIV/AIDS	Albania
18	Tafili	Aida	Center on Health Studies	Albania
19	Varentsov	Ivan	EHRA	Russia
20	Zubkova	Irena	EHRA	Lithuania