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THE CHALLENGES OF GLOBAL FUND TRANSITION IN ALBANIA: HIV PREVENTION SERVICES FOR KEY POPULATIONS ON THE BRINK OF COLLAPSE

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ACRONYMS

€	Euro (currency)
ALGA	Albanian Lesbian and Gay Association
CCM	Country Coordinating Mechanism
CHIF	Compulsory Health Insurance Fund
CRS	Community Response and Systems
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
DIC	Drop-In Centre
EU	European Union
Global Fund	Global Fund to fight HIV/AIDS, Tuberculosis and Malaria
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Surveillance
IEC	Information, Education, Communication
IPH	Institute of Public Health
KP	Key Population
LFA	Local Fund Agent (of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria)
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MMT	Methadone Maintenance Therapy
MoHSP	Ministry of Health and Social Protection

MoJ	Ministry of Justice
MoU	Memorandum of Understanding
MSM	Men who have Sex with Men
NSEP	Needle/Syringe Exchange Programme
PHC	Primary Health Care
PLWH	People Living With HIV
PMU	Project Management Unit
PR	Principal Recipient
PWID	People Who Inject Drugs
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TFR	Transition Fund Request
UNAIDS	Joint United Nations Programme on HIV/AIDS
USD	United States Dollars ($)
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

SUMMARY

According to the estimated needs to sustain HIV and TB responses in Albania[1], approximately US$3 million is required *per year* to address the two epidemics effectively. The implementation of the current Global Fund HIV and TB grant of approximately US$5.8 million is ending in December 2019. The last transition grant is expected to start in January 2020, but its level of investment will only be in the region of one-third of the value of the current grant.

This case study looks at the challenges faced in sustaining HIV prevention programmes among KAPs, implemented primarily by civil society organisations (CSO's), as a result of the withdrawal of the Global Fund through the transition period of 2020 to 2022 and the lack of government capacity and resources to maintain the already limited services that will likely result in the re-emergence of HIV epidemics among people who inject drugs (PWID), sex workers (SW) and men who have sex with men (MSM).

Based on the issues raised in this case study, it is evident that the Global Fund, bilateral donors and private foundations need to establish a 'safety net' through which sustainable bridging funds can be made available that are able to address the challenges faced in those countries, such as Albania, which can no longer rely on Global Fund grants in the future. If such a mechanism is not forthcoming, there will be a serious risk that Albania will become re-eligible for Global Fund support due to re-emerging epidemics among vulnerable groups, as has been the case in Montenegro, Serbia and certain other countries of South Eastern Europe.

OBJECTIVES AND METHODOLOGY

The purpose of this report is to identify gaps and challenges faced by CSO's in the transition from Global Fund assistance to government support of services for key populations (KP) under the 2017-2019 grant. Whilst the funding commitment by government institutions is to absorb all costs, the methodology to prepare for this transition, and also the strategy to transfer costs, is unclear.

A considerable number of monitoring and evaluation reports have been produced[2] during the 2017-19 grant implementation period. As such, this report only

[1] Sanigest International. Transition Readiness Assessment: Tuberculosis & HIV Supported Programs in Albania. Draft, , March 2019.

[2] Such as by the Global Fund's Local Fund Agent (LFA), WHO, and the Global Fund itself.

highlights the challenges and anticipated bottlenecks resulting between the closure of the 2017–2019 grant and the operationalisation of the TFR (2020–2022) and aims to raise awareness, in a timely manner, of the disruption to KP services that is almost certainly to occur.

In this regard, a desk review of documents in Albanian and English was conducted. Many reports and official documents are not in the public domain and are hard to access; this raises issues from the start as to the transparency of the decision-making and funding process.

Discussions were held with key CSO representatives (STOP AIDS, Aksion Plus, PLWH and ALGA) to evaluate their expectations and to understand their perception of the impact caused by the decrease in support from the Global Fund and the possible process for the adoption of funding of KP services by the Albanian Government.

COUNTRY CONTEXT

In June 2014, Albania gained EU candidate status which has served as a powerful motor toward implementation of reforms. External support remains crucial to the country, especially to the government agenda on human rights, rule of law, and quality and equitable services. The social aspects of health services have not been addressed until recently, with improvements to the quality of social services being tested through different approaches as are efforts to reduce the distance between service providers and beneficiaries. The *Monitoring Matrix on the Enabling Environment for Civil Society Development* was approved in 2015 but little progress has resulted. Tax offices and officials remain a challenge for CSO's and data on public funds allocated to CSO's has not been reported; the only public information concerns around €700,000 distributed to CSO's each year[3].

EPIDEMIOLOGICAL DATA

Albania continues to have low HIV-prevalence with a cumulative total of 1,205 HIV cases reported to December 2018, of whom 951 remain alive[4], and HIV prevalence

[3] Hoxha J, Tavani K, Topi A, Keruti K. Monitoring Matrix on Enabling Environment for Civil Society Development: Country Report for Albania 2017. Tirane; Partners Albania for Change and Development, 2017.
https://partnersalbania.org/wp-content/uploads/2018/07/Monitoring-Matrix-report-for-Albania-2017.pdf

[4] National AIDS Programme of Albania. Programme records, 2019.

estimated at 0.04%, while incidence was 3.6 per 100,000 people[5]. However, by dividing the number of HIV diagnoses in 2018 (102) by the number of HIV tests conducted (45,760) provides a prevalence rate of 0.22%.

Yet the available HIV data is likely to be an underestimate of the actual number of cases as it is based on HIV testing data, while only a small proportion of the population is being tested, especially KP's. Also, most people seek a HIV test when in the late stages of infection (about 60% of newly reported cases) and, hence, the official figures do not accurately represent the actual infection rate. According to UNAIDS SPECTRUM 2017, the number of people living with HIV in Albania was 1,400[6].

BACKGROUND TO FUNDING ELIGIBILITY AND TRANSITION

Albania was successful in getting Global Fund support for the period of 1 October 2017 to 31 December 2019 (see Table 1)[7], but was unable to commence implementation before mid-2018. The Ministry of Health and Social Protection (MoHSP), as Principal Recipient (PR), is the lead policy-setting agency and is supported by bilateral partners, institutions at central and local government levels, and through the considerable assistance of CSO's. The implementation, monitoring and evaluation of the Global Fund grant is the responsibility of the Project Management Unit (PMU) and overseen by the Country Coordinating Mechanism (CCM).

COMPONENT	ROUND	GRANT	GRANT START DATE	GRANT END DATE	GRANT AMOUNT (US$)	STATUS
TB-HIV	–	ALB-C-MOH	1 OCTOBER 2017	31 DECEMBER 2019	5,823,183	ACTIVE

Table 1: Outline of the 2017–2019 Global Fund grant to Albania for TB-HIV.

The selection of Sub-Recipients (SR's) was finalised in July 2018 and the procurement of goods was concluded at the end of 2018. Consequently, all SR's,

[5] Based on the total population of Albania according to INSTAT, Census, 2011.

[6] Transition Funding Request [TFR] 2020–2022 HIV and TB Albania, April 2019.

[7] Albania Transition Readiness. Assessment and Transition Work Plan: Tuberculosis and HIV Supported Programs in Albania. Draft for discussion at TRA workshop, November 2018, Sanigest International.

especially CSO's, were left with only one year for implementation. Grant indicators did not change as a result of the delay and this put considerable pressure on CSO's, leading to a lack of motivation to implement the Grant.

By April 2019, Albania submitted a Transition Fund Request (TFR) to the Global Fund which was approved by the Board in June 2019. The TFR covers the period 2020-2022 and, "the overall focus of the request is on preparing Albania for a gradual transition from a national HIV response with major support from the Global Fund to one that is sustainable with national resources."[8]

CSO SUB-RECIPIENTS AS IMPLEMENTERS OF GLOBAL FUND GRANTS

The 2017-2019 grant aimed to improve the performance of government institutions and CSO's, to strengthen their cooperation, and to ensure the provision of services to people affected by, and at risk of, HIV or TB. Nine out of the twelve CSO's involved in the grant implementation are working on HIV and two CSO's combine HIV and TB prevention, as shown in Table 2.

CSO	KP ADDRESSED	SERVICES PROVIDED	GEOGRAPHIC AREA
PLHW	PLWH and their families.	Counseling and psychological support	National
Aksion+	PWID; Prisoners; Sex Workers	Methadone; rapid test[9]; psycho-social support; education; outreach.	Methadone: Tirana, Durres, Elbasan, Korce, Vlore, Fier, Berat, Shkoder, Sarande; Prisoners: Tirana
Stop Aids	PWID; Prisoners	NSEP; rapid test; psycho-social support; education sessions; IEC materials; outreach	NSEP: Tirana, Durres, Elbasan, Korce, Berat, Vlore; Prisoners: Tirana, Shkoder, Fier, Korce
IP3	Local government and NGOs	Capacity building	Tirana, Durres, Elbasan

[8] TFR, Ibid.

[9] Rapid tests include HIV, Hepatitis, Chlamydia, and Gonorrhea.

CSO	KP ADDRESSED	SERVICES PROVIDED	GEOGRAPHIC AREA
ALGA	MSM and transgender	Rapid test; psycho-social support; education sessions; IEC materials; outreach	Tirana, Durres, Elbasan, Korce, Vlore.
Open Door	Sex Workers	Rapid test; psycho-social support; education sessions; IEC materials	Tirana
Infectious Disease Association	PLWH	Psycho-social support; capacity building of health workers to diagnose and improve treatment	National
Alliance Against LGBT Discrimination	MSM and transgender	Rapid test; psycho-social support; education sessions; IEC materials; outreach	Tirana
National Association of Public Health	Roma Community	Education sessions on HIV and TB; IEC materials	Kucove, Berat, Korce, Pogradec
National Centre for Health and Community Wellbeing	Roma Community	Education sessions on HIV and TB; IEC materials	Tirana, Durres
Southeast European Centre for Surveillance and Control of Infectious Diseases (SECID)	PMTCT	Training of health staff	National

CSO	KP ADDRESSED	SERVICES PROVIDED	GEOGRAPHIC AREA
Center for Health Studies	Health workers/ TB community	Capacity building/ community engagement	National/Lushnja, Kamza, Durres

Table 2: CSO services under the 2017-2019 Global Fund grant.

The TFR poses a direct challenge to the services provided by SR's/CSO's. As of 2019, there are 11 SR's/CSO's targeting KP in the HIV sector. However, according to the TFR, only 5 CSO's will continue providing services to KP as sub-recipients during 2020-2022, including 2 CSO's providing services for PWID, a further 2 providing services for MSM, and 1 for SW, without any indication of which CSO's will be selected. In addition, it is unclear what will happen to other activities currently being implemented by CSO's.

The transition phase will create a service vacuum for PLWH and the Roma Community; for example, the *Platform for the PLWH* self-support group will not be finalised. Without a real and pragmatic commitment, the presentation of potential funding for certain areas does not guarantee access to such funds/resources and the subsequent continuation of services.

The national commitment to support a dedicated budget line for KP HIV services has not yet materialised and the breakdown of the current budget of the primary health care (PHC) system does not provide the necessary clarity as to whether it includes only administrative staff costs or community-based interventions. Furthermore, there is no apparent role for CSO's in the TB sector.

SELECTION OF CSOS/SRS AND CHALLENGES OF SERVICE DELIVERY

The 12 CSO SR's were selected by July 2018 through a process of expressions of interest. The rigid implementation of grant modules disadvantages CSO's and does not reflect their real needs, such as the budget lines and staffing being predefined and not compatible with the work of CSO's. For example, the Albanian Lesbian and Gay Association (ALGA), which is an outreach focused CSO, received support during grant implementation for 4 psychologists and 6 outreach workers. Whilst the psychologists were highly paid, the outreach workers only received USD180 per month. This disparity created low esteem among the outreach workers and impacted upon the quality of services.

As a result of the Transition Grant, support to PWID, SW and MSM will decrease, especially activities in the regions/municipalities outside of the capital, Tirana. The indicators/targets for KP remain the same even as the budget decreases and there is no mechanism or plan in place to provide alternative resources to CSO's or institutions that will take over those services.

A new selection process will be held when the transition grant becomes operational. During a meeting held in Tirana on September 18, 2019, with the Global Fund Portfolio Manager, it was stated that the process will be open to all CSO's in the country and that there is no certainty that those organisations currently implementing services will be the ones to continue. As currently organised, the transition from grant implementation to the transition fund does not provide confidence, or sustainable models, for CSO's currently providing services to KP that they may somehow continue their activities.

Disruption of services may be expected between grant closure and the start of the transition fund. If the transition grant agreement is signed by the end of November 2019, ratification of the grant by the Albanian parliament may require between 2 to 6 months. Consequently, it is unclear as to when the grant will become operational.

POLITICAL AND GOVERNANCE TRANSITION BARRIERS

The low HIV and TB prevalence in Albania contributes to the lack of attention to address these diseases by public institutions. The 12 voluntary counselling and testing (VCT) sites at district level indicate a low number of people tested (45,760 in 2018) with almost no budget allocated for outreach work/information and awareness activities. Access by KP to services in the regions is inhibited due to stigma (in small communities) and also a lack of outreach into KP communities. Cooperation with CSO's is heavily promoted but there is very little motivation to implement services.

The national HIV and TB strategies are being revised with the technical assistance of WHO. A working team, which is exclusively comprised of government staff, is working on the first draft. The national strategy on the *Prevention and Control of HIV/AIDS 2015-2019* reflected the important work undertaken by CSO's with KP's, although no national resources were allocated to such activities. Consequently, prevention among KP's is considered a gap to be filled.

Analysis of the TFR indicates a high proportion of the budget is to cover services and activities of public institutions, building the capacity of public officials, and goods

and utilities to be used within public institutions. The tendency to absorb community-based services within the public health system is highly visible. Whilst there are still CSO's being supported for their activities in the capital, their activities in the regions are shrinking, or have disappeared, within public health institutions, such as the case of the proposed methadone maintenance therapy (MMT) services in two regions.

The decrease in Global Fund support from USD5.8 million in 2017–2019 to USD1.2 million for 2020–2022 is reflected in the budget lines and the proportion of the budget for technical assistance (TA) in support of public institutions which prevails over TA directed towards CSO's or their activities.

The letter of commitment submitted by MoHSP does not display the strategies and mechanisms for taking over, and financially supporting, CSO's during the phasing out of Global Fund support. Some alternatives are listed but none of these constitute an existing working structure.

The annual increase in funding to HIV and TB programmes is insufficient to justify the direct support of the MoHSP for CSO activities. The increase provides for only the foreseen increase in the budget of existing services within public institutions. The challenge to continue support to the work of CSO's is stated as part of the TFR, as follows:

> "The current grant is supporting the scale-up of HIV prevention services for KPs beyond Tirana to more cities and districts, as well as prisons. Maintaining this scale-up during and after the transition period depends on strengthening commitment and support for KP programmes by national and local government. A key transition challenge will be to ensure the continued access to these HIV services for KPs without Global Fund support. This will depend on the successful integration of key components of the service package (HIV testing, STI testing and treatment, condoms, MMT) in public health services, as well as effective partnerships between municipalities and local CSO service providers.[10] "

ADMINISTRATIVE/INSTITUTIONAL CONSTRAINTS

In Tirana, PWID, SW and MSM groups will receive decreased support from the Global Fund transition grant, whereas in the regions, public funds are supposed to cover such services.

[10] TFR, Op.cit., p13.

For CSOs such as Aksion Plus, doctors and nurses that serve at each of their centres are public officials who top-up their salary with extra project payments. This contributes to the quality of services and provides easy reference for CSO clients within the health system for follow-up. Such personnel are not equally distributed within the health system, however, and the transition phase does not take into account the capacity raised during grant implementation, nor how to ensure that such knowledge is not lost. The transition to government resources will challenge service provision by the same personnel due to the law on double employment or absorption of the tasks performed by CSO's within the duties of primary health care (PHC).

The WHO evaluation of the PHC system in Albania in 2018 provided a list of shortcomings and provided recommendations to overcome them. High importance was given to strengthening the capacity of health staff as well as providing national models and improving the image of General Practitioners (GP's). The evaluation noted, "A corresponding development for PHC has not been observed. Management at the facility level – PHC centers and a polyclinic – remains centralized, and the expression "micro-management" was often used during the interviews. Although the municipal system governance for infrastructure and education is being decentralized, health is not fully embedded."[11]

PHC and polyclinics are not able to fully implement their current programmes. The Check Up programme, procured by MoHSP through a public-private partnership, aims to improve PHC services to certain age groups as a result of low quality of, and accessibility to, services in the system. Whilst there are continuous improvements taking place within the PHC, and investment by the government, the system itself does not appear to be ready to absorb the services listed in the TFR.

FINANCIAL CHALLENGES

The letter of commitment that accompanies the TFR shows a steady increase in the HIV and TB budgets from 2014 to 2019 and the projection for 2020-2022. However, the 2014-2019 annual increase of funds does not include any of the support to CSO's that is required as co-funding to the Global Fund grant.

In addition, the TFR does not provide any rationale as to how the annual budget increase can be achieved whilst also taking over CSO services by health institutions

[11] World Health Organization. Primary health care in Albania: rapid assessment. Copenhagen, Denmark; Regional Office for Europe, 2018.
http://www.euro.who.int/__data/assets/pdf_file/0011/373718/alb-phc-ra-eng.pdf

and the MoHSP. It is unclear if there is a plan by the MoHSP to commit special funds for CSO services as part of the national strategy for HIV and TB, respectively.

	ESTIMATION OF ACTUAL CONTRIBUTION				AI-CONTRIBUTION ALLOCATION REQUIREMENT BASSED ON LATTERB 2016 AND PROVESION OF NSP		% OF FINANCING ACHIVEMENTS	
YEAR	HIV	TB	TOTAL	EXCHANGE RATE	HIV	TB	HIV	TB
	a	b	c=(a+b)	d	e	f	g=(a/e)	i=(b/f)
2014	$996,447	$496,025	$1,492,472	113,64	$1,110,000	$540,000	90%	92%
2015	$1,074,989	$480,811	$1,555,801	126,64	$1,150,000	$1,250,000	93%	38%
2016	$1,313,272	$514,154	$1,827,426	128,29	$1,290,000	$1,250,000	102%	41%
2017	$1,607,570	$584,322	$2,191,892	112,56	$1,670,000	$1,250,000	96%	47%
2018	$1,711,798	$1,080,735	$2,792,532	107,56	$2,170,000	$1,250,000	79%	86%
2019	$2,058,646	$803,879	$2,862,525	107,90	$2,800,000	$1,250,000	74%	64%
Total 1	$8,762,722	$3,959,926	$12,722,648		$10,190,000	$6,790,000		
2020	$2,213,709	$791,588	$3,005,297	107,90				
2021	$2,648,952	$837,539	$3,486,491	107,90				
2022	$2,755,006	$978,092	$3,733,098	107,90				
2023	$2,860,366	$1,061,866	$3,922,232	107,90				
2024	$2,974,798	$1,064,348	$4,039,145	107,90				
Total	$13,452,831	$4,733,432	$18,186,263					
Total 2014 2016	$3,384,709	$1,490,990	$4,875,699					
Total 2017 2019	$5,378,013	$2,468,936	$7,846,950					
Total 2020 2022	$7,617,667	$2,607,218	$10,224,886					

Table 3: Total estimated HIV and TB financial contributions for the period 2014-2024[12].

[12] TFR, Annex 9, Signed-Government of Albania-Letter of Commitment HIV and TB 2020-2022.

The establishment of a mechanism to enable financial commitments by public institutions at the central and local levels has started, supported by grant implementation, but the government commitment to approve this is not yet visible as other priorities/emergencies continuously prevail.

The financial commitment includes the possibility of using a *"social fund"* and local government budgets for social services to support CSO activities during the transition phase. But local government were not consulted prior to this decision. KP's supported during Global Fund grants are not part of local social plans and analyses of priorities and available resources has not taken place. Consequently, the commitment is not based on reality and, as such, may fail to support CSO services to KP.

"Social Enterprise" is a concept used for the first time in the TFR in respect of KP. Establishing a *Social Enterprise* entails the development of a business activity by KP's which will generate funds to be used to pay for the services they require. The idea may work better with non-stigmatised vulnerable groups, but it will be a significant challenge for stigmatised groups. Furthermore, it is unclear if such small business ideas will generate sufficient funds to cover service costs.

EVALUATION OF CHALLENGES IN EACH TFR MODULE

The transition fund allocation is around 1/3rd of the grant implemented for little more than a year during 2018-2019. The largest part of the budget is for the provision of TA to public health institutions and national programmes.

The following analyses takes into account only those services for which there is agreement to continue within the approved TFR. Only modules that refer to KP services have been analysed.

MODULE 1: COMPREHENSIVE PREVENTION PROGRAMMES FOR PWID AND THEIR PARTNERS

The number of opiate users was estimated in 2014-2015 at between 5,132 to 6,182[13]. The number of HIV cases attributed to injecting drug use has remained small over recent years with only two cases reported in 2015. However, the high rate of needle exchange, and the high percentage of STI's, Hepatitis and syphilis, suggests there is considerable potential for the spread of HIV among PWID.

[13] IDU size estimation in Albania 2011, unpublished report, UNAIDS.

In 2011, an Integrated Biological and Behavioural Surveillance (IBBS) showed a high level of needle sharing, and low condom use which could result in a major HIV outbreak if the virus takes hold among this population. Only 60% of PWID report ever having had an HIV test.[14]

The resulting decrease in budget from the transition plan starting in January 2020 is that regional NSEP drop-in centres will change to storage centres with only one outreach worker to distribute the needles/syringes. Health workers and psychologists who served as full time staff will not be supported by the transition plan. Information, Education, Communication (IEC) materials, condoms and rapid tests will not be provided and there is no plan as to how such materials will be provided with public funds, nor as to which public entity will be the source of such funds. There is some remaining stock which CSO's can use to fill the KP service gap for the first 3 to 6 months of 2020, but the quality of such service distribution is in question owing to the lack of paid staff.

MMT services face the same budget cuts. Methadone procured during 2019 may be sufficient to serve the needs of beneficiaries for up to 6 months in 2020. However, beyond this, no increase in such services is foreseen. As part of the transition plan and the sustainability of services, there is a "strategy" to absorb MMT services within government health services or for it to be shifted to locally based CSO's, outlined in the TFR as follows:

> "In addition to HIV service delivery to PWID, the grant will also support annual **training of governmental service providers in MMT by national CSO experts**. This will focus on further capacity building of the government employees staffing the MMT centers, thus increasing government involvement and contributing to future sustainability.[15]"

During 2020, the transition plan will cover 100% of the decrease in CSO salaries[16] and will continue to decrease it at 70% and 50% for the following two years, respectively. The government will gradually absorb the human resource cost as the Global Fund phases out. Therefore, in 2021, 70% of programme costs will continue to be paid by the Global Fund and 30% will be paid by government and, thereby, the

[14] Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; Third Round, 2011. Tirana; Institute of Public Health, 2013.
https://www.academia.edu/23029301/Behavioural_and_Biological_Surveillance_Study_Albania_2013_JOINT_UNITED_NATIONS_PROGRAMME_ON_HIV_AIDS

[15] TFR, Op.cit.

[16] TFR, Op.cit.

government will take over the 30% of the decreased proportion of the budget for CSO's.

Consequently, all services will face a decrease of funds from January 2020 due to the absence of any government commitment. A fundraising strategy is advised for CSO's that will be phased out of Global Fund support. NSEP and MMT services which will face the budget decrease by 2020 should look at alternative funding sources, be they public or private donors.

MODULE 2: COMPREHENSIVE PREVENTION PROGRAMMES FOR MSM

MSM are a hard-to-reach population due to stigma and new approaches may be necessary to increase service coverage. There are no estimates of the size of the MSM population. The latest IBBS (2011) estimated HIV prevalence to range between 0.5% and 3.0% among MSM between 2005 and 2011. Up to 75% of MSM are in sexual relationships with wives or girlfriends. One-quarter to one-third of sexually active MSM report having four or more male partners in the past six months, while only 14% of MSM report using condoms consistently. Only 24% of MSM report ever having had an HIV test[17].

CSO's that served as SR's during Global Fund grant implementation also work closely with VCT's. The increased outreach work by CSO's, and referral to health services, must match the quality of services provided by government health workers.

The transition plan for 2020–2022 will focus on the development of the "current service-delivery models for MSM (community outreach, HIV prevention packages) at the level of communities and health system..."[18]. As such, there will be a reduction in the number of outreach workers and their replacement with social media that aims to increase the targets for MSM reached with services. Whilst the provision of IEC material, awareness and advocacy can benefit from social media tools, it is unclear as to how condoms, lubricants and other commodities will be delivered to a higher number of clients.

The decrease of funds for MSM services will decrease the number of MSM accessing communicable disease prevention services. The number of outreach workers in the regions will decrease from 3 to 1 and the storage of goods/materials will be centralised in Tirana. Furthermore, the Tirana office of each CSO serving MSM will

[17] TFR, Op.cit.
[18] TFR, Op.cit.

also face a decrease in the number of support staff, and the number of psychologists to deliver services will decrease from 4 to 1.

The strategy to involve municipalities, or to use alternative resources such as the *Social Fund* or through *Social Enterprises*, will be hard to implement in relation to MSM services due to the high levels of stigma towards this group. A strong focus by international donors is required to ensure the continuation of MSM community services.

As is the case with PWID services, "MOHSP co-financing will cover all operational costs for MSM outreach services, including mobile units and DICs, test kits, STI drugs and other medical supplies"[19]. However, there is no structure in place that will enable such support to be provided by MoHSP. There is a vital need for clear communication by MoHSP as to how, and when, they will be able to start providing their contribution.

MODULE 3: COMPREHENSIVE PREVENTION PROGRAMMES FOR SW AND THEIR CLIENTS

Sex work (SW) is criminalised in Albania and sex workers are highly stigmatised and are a hard-to-reach group because of the involvement of organised crime. There is no clear picture of the SW community in the country with the only data coming from the 2008-2009 Demographic and Health Survey (DHS) which found that 1.1% of all men reported ever having had sex with a SW. There is a need to continue support for SW, or even to increase resources to be able to provide some basic services to them.

CSO's providing services to SW under the 2017-2019 Global Fund grant only operate in Tirana through a DIC and outreach workers. The decrease in funds from 2020 will disrupt the communication built up with SW and disturb service delivery. A new model for the transition plan should be based on continued service delivery or towards expanding such services to more individuals rather than shifting to other methodologies and service delivery entities. Whilst referral must be strong, more time is required to build trust in order to show results from providers of VCT, DICs and outreach workers serving SW.

The decrease in Global Fund support of SW interventions will require considerable attention to be paid by MoHSP. Support to CSO's through any public fund will face legal challenges that will seek to prevent support to such illegal activities and groups. As is the case with MSM, use of municipal or social enterprise funds will be

[19] TFR, Op.cit.

impossible because of high levels of stigma and the vulnerability of this group of people.

MODULE 4: COMPREHENSIVE PROGRAMMES FOR PEOPLE IN PRISON AND OTHER CLOSED SETTINGS

The current NSEP and MMT services in prisons are based on a Memorandum of Understanding (MoU) between the MoHSP and the Ministry of Justice (MoJ) and agreements between CSO's and the Prison Health Department. While the current grant supports two CSO's working with KP's in prisons, the TFR does not consider any continuation or transitional phase.

In January 2020, the Institute of Public Health (IPH) and the Prison Health Department will take over the provision of services currently delivered by CSO's in close cooperation with health staff and psychologists in prisons. It is unclear how the KP services will be provided whilst CSO's and experts work to develop/revise standards and protocols to raise prison staff capacity. In addition, no mechanism appears to exist that will allow the Compulsory Health Insurance Fund (CHIF) to procure services by CSO's who have the expertise in this area.

MODULE 8: COMMUNITY RESPONSES AND SYSTEMS (CRS)

The module for Community Responses and Systems (CRS) will shift the attention from current CSO's to new ones. As the focus of funds for CSO activities changes from national public institutions to local government/municipalities, the transition plan aims to identify, and raise the capacity of, locally based CSO's to continue the provision of prevention services. The community linkage is stronger for community-based CSO's and possibilities to raise funds locally is considered to be greater.

Whilst prevention services may require some effort to be fully provided by local CSO's, services to KP's that include MMT, NSEP, outreach to sex workers and MSM community mobilisers will take significant time, resources and dedication of local CSO's. There is not yet a mapping of CSO's at the local level who will be able to absorb these specific services.

There is a need to develop strategies for the transfer of knowledge and experience, the sharing of capacity and in building agreement between existing and newly established, local CSO's. This process will require an increase in resources, awareness and advocacy of local CSO's and public institutions and, in addition, a well-developed human resource strategy.

Such developments should be implemented while services to KP's are is still being provided. The decrease of funds and services to KP in the regions prior to alternative options being available will not only disrupt the existing services but will also have a negative impact on the takeover of those services by local CSO's. Well-functioning and well financed models will increase the motivation of local CSO's to carry over services from the 2017-2019 period to the 2020-2022 transition grant and ensure the continuation of such services.

RECOMMENDATIONS

The Government of Albania has committed its support to the continuation of KP services and support delivered by CSO's. However, the path to fulfil such engagement has not yet been defined and lacks some key mechanisms. Prior to, and during, the implementation of the Transition Fund, 2020-2022:

- The newly drafted strategy should change the traditional balance between prevention and treatment as well as between state provided services and those delivered by CSO's. The commitment to support CSO's should be reflected within the budget plan/law for 2020. This change will reflect the commitment taken by the Albanian Government as part of its agreement with the Global Fund.
- There is a need to map the services left behind after grant closure (2017-2019) and provide agreements with entities (public, private or CSO's) which commit to taking over such support.
- The indicators for KP's must reflect the budget decrease or alternative resources, mechanisms and availability to be provided to ensure that the same, or slightly higher, indicators can be achieved.
- Possibilities for cooperation should be explored between the government and CSO's that may result in more productive and centralised services.
- The smooth transition of KP services is advised. While the decision to change service providers may be considered fair and justified, a transition plan for each service should be developed. KP services should continue without disruption as the new settings/service providers become operational.
- Increased communication and a transparent mechanism is crucial to reaching an understanding and cooperation with, and between, CSO's and public institutions. Currently, there is a clear lack of communication and comprehension of the expectations of the transition.

- Improvements in CSO fundraising and advocacy skills is a very high priority before Albania initiates implementation of the Transition Fund and prior to the decrease in Global Fund resources.
- A strategy is needed concerning the transfer of knowledge and experience, the sharing of capacity, and the building of agreements, between existing and new, local CSO's.
- The transition from grant closure to transition funding does not provide confidence in, or the sustainability of, CSO service delivery models to KP's so that such services can continue.