

REPUBLIC OF ALBANIA

**assessment of the sustainability of
the opioid agonist therapy programme
in the context of transition from donor
support to domestic funding**



EACB
August – December 2022

ACKNOWLEDGMENTS

This document is a publication of the Eurasian Harm Reduction Association (EHRA), a not-for-profit public membership-based organisation which unites 247 organisational and individual members from the Central and Eastern Europe and Central Asia (CEECA) region with a mission to create within the CEECA region a favourable environment for sustainable harm reduction programmes and for decent lives of people who use drugs.

This publication was prepared by Besnik Hoxha, EHRA consultant and edited by Graham Shaw.

EHRA and the author extend their gratitude for the help in gathering information to the staff members of the following institutions: Ministry of Health and Social Protection; Institute of Public Health; Mother Teresa Hospital, Toxicology Department; Programme Implementation Unit of the Ministry of Health and Social Protection; Local Fund Agent PwC; Art Academy of Albania; the non-governmental organization, Aksion Plus.

In particular, EHRA and the author are deeply grateful to the Advisory Group members of this project whose critical feedback and advice have made a significant contribution to the preparation and finalising of this report, including Mr. Roland Bani, National AIDS Coordinator, Institute of Public Health, Ministry of Health and Social Protection; Ms. Annie Gjollma, Local Fund Agent, Team Lead, PwC; Jonida Haxhiu, Specialist at the National Data System Office on Drugs, Institute of Public Health; Dr. Andrin Tahiri, Head of the Toxicology Department, Mother Teresa Hospital; Mr. Genci Muçollari, Executive Director of the NGO, Aksion Plus; Marjeta Dervishi, HIV/AIDS Surveillance Officer, National AIDS Programme, Department of Epidemiology and Control of Infectious Diseases; and Mr. Irvin Muçaj, Counselor-Activist at the Art Academy.

Financial support

This report is published within the framework of the regional project, 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia', implemented by the Alliance for Public Health in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Viewpoints presented herein are solely those of its author and may not coincide with the views or opinions of the Global Fund.

Citation

Hoxha B. Republic of Albania: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Eurasian Harm Reduction Association: Vilnius, Lithuania, 2023.

Contact: info@HarmReductionEurasia.org

FREE DISTRIBUTION

© Eurasian Harm Reduction Association, 2023

Citing the source is necessary when using any parts of this publication. Please contact EHRA for permission if you wish to use the entire publication. Thank you.

TABLE OF CONTENTS

ACKNOWLEDGMENTS	2
ACRONYMS AND ABBREVIATIONS	6
EXECUTIVE SUMMARY.	8
1. Context.	16
2. Purpose and methodology.	20
3. Key results: policy and governance.	23
3.1. Political commitment	24
3.2. Management of transition from donor to domestic funding.	27
4. Key findings: finance and other resources	29
4.1. Medications	29
4.2. Financial Resources	30
4.3. Human Resources.	31
4.4. Evidence and Information systems.	32
5. Key findings: Services.	34
5.1. Availability and coverage	34
5.2. Accessibility.	35
5.3. Quality and Integration.	38
6. Conclusions and Recommendations.	40
Annex 1. A conceptual framework for assessing the sustainability of an OAT programme	46
Annex 2. Finalized table of scores for all assessment indicators and benchmarks	48
Annex 3. List of the respondents who contributed in the assessment	55

TABLE OF FIGURES

Figure 1 Issue Areas and Indicators	12
Figure 2 A schematic of the Aksion Plus's NGO	32
Figure 3 Geographic Map of the OAT sites in the Country	37
Table 1 The OAT programme assessment framework.	21
Table 2 Scale for the status of sustainability	21
Table 3 Methodology of the OAT programme sustainability assessment.	22
Table 4 Estimated Government commitments for the HIV programme and services, 2020-2022	28
Table 5 Estimation of actual contribution to operational costs of Aksion Plus	30
Table 6 Number of OAT clients	35
Table 7 Number of people enrolled in the OAT programme, October 2022.	38
Table 8 Recommended daily dosage.	39

ACRONYMS AND ABBREVIATIONS

ARV	Antiretroviral
CCM	Country Coordination Mechanism
CDC	United States Centers for Disease Control and Prevention
CEECA	Central and Eastern Europe and Central Asia
CoC	Continuum of Care
CSO	Civil Society Organisation
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
GDP	Gross Domestic Product
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Surveillance
INSTAT	Institute of Statistics
IPH	Institute of Public Health
M&E	Monitoring and Evaluation
MMT	Methadone Maintenance Therapy
MoHSP	Ministry of Health and Social Protection
MOU	Memorandum Of Understanding
NGO	Non-Governmental Organisation

NSP	Needle/Syringe Programme
OAT	Opioid Agonist Therapy
OMT	Opioid Maintenance Therapy
OSFA	Open Society Foundations
OST	Opioid Substitution Therapy
PIU	Programme Implementation Unit
PLHA	People Living with HIV/AIDS
PLWH	People Living With HIV
PwC	Price Waterhouse Coopers
TB	Tuberculosis
TFR	Transition Fund Request
TUHC	Tirana University Hospital Centre 'Mother Theresa'
UIC	Unique Identifier Code
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	The United Nations Population Fund, formerly the United Nations Fund for Population Activities
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The opioid agonist therapy¹ (OAT) programme has been implemented in the Republic of Albania since 2005, initially with the support of the Open Society Foundations (OSFA) for the first two years. From 2007 until now, support has been provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the 'Global Fund'). The Republic of Albania is still committed to allowing free access to the OAT programme at facilities run by the NGO, Aksion Plus, at various sites around the country through Global Fund support. As of September 2022, nine OAT sites were functioning in nine different cities of the country, providing services to 888 clients. In addition, 126 clients receive OAT in 16 prisons (1,014 OAT clients altogether)². The OAT programme is fully financed by the Global Fund and, hence, is the main and only source of funding through the Programme Implementation Unit (PIU) of the Ministry of Health and Social Protection.

It is expected that support from the Global Fund will end in 2024 and the OAT programme should fully transition to State funding by that time.

Under these circumstances, it is crucial to assess the sustainability of the OAT programme in the context of transition from the Global Fund support to national funding; and to identify the strength, the weaknesses, barriers, challenges, risks and opportunities to enhance the sustainability of the OAT programme. This assessment was conducted during August-December 2022 using the OAT sustainability framework concept and methodology developed by the Eurasian Harm Reduction Association (EHRA)³.

This assessment considers the current situation, progress achieved, and the risks and opportunities pertaining to the sustainability of the OAT programme in Albania with an emphasis on programmatic aspects, including a focus on the following three issue areas: policy and governance; finance and resources; and services. This assessment includes an overall summary, a progress review, and an overview of challenges and opportunities within each issue area, as well as conclusions and recommendations for government ministries and agencies, national coordinating bodies, OAT practitioners, civil society, technical partners and donors.

¹ Opioid agonist therapy (OAT) is also referred to as Opioid Substitution Therapy (OST) or Opioid Maintenance Therapy (OMT). In Albania, the widely used term is Methadone Maintenance Therapy (MMT) and Opioid Substitution Therapy (OST). In this review, we use the terms 'OAT' and 'participants of the OAT programme' as well as other relevant terms as used in the officially approved national protocols, guidelines, laws and regulations referred to herein.

² Author's communication with a key expert and Aksion Plus data as of September 2022.

³ Eurasian Harm Reduction Association (EHRA). Measuring the sustainability of opioid agonist therapy (OAT). A guide for assessment in the context of donor transition. Vilnius, Lithuania; EHRA, 2020.

http://eecapplatform.org/wp-content/uploads/2020/08/OAT_zip-4.zip

Based on the assessment, the **strengths** and **accomplishments** of the programme can be summarised as follows:

1. There are no legal barriers to the implementation of the OAT programme in the Republic of Albania and there is political commitment to the provision of the OAT in the country;
2. Starting in 2005, when OAT was first introduced, the programme has significantly expanded with regard to both its geographic coverage and availability throughout the country and its coverage of people with opioid dependence. Beginning with 6 OAT sites (Tirana, Shkoder, Durres, Elbasan, Vlora, and Korce), three further OAT sites were added by the end of 2018⁴;
3. Methadone and Buprenorphine are on the List of Narcotic drugs and psychotropic substances⁵ of the Republic of Albania. However, only methadone, purchased and supplied within the Global Fund supported programme, is available for the OAT programme;
4. The OAT programme is now available in all the prisons of Albania;
5. There is no waiting list and all eligible clients can be enrolled into the methadone maintenance therapy (MMT) programme;
6. The data collection and assessment system has been strengthened over the past two years and Aksion Plus has created an electronic participant register for OAT centres that is updated on a monthly basis⁶; the data collected is kept confidential;
7. There is a Unique Identifier Code (UIC) system covering the whole HIV cascade;
8. In all of the OAT centres, people can access a range of prevention services, including HIV, hepatitis C virus (HCV), hepatitis B virus (HBV) and Syphilis testing, and can receive free legal aid as well as psychosocial counselling;
9. Clients of the OAT programme who are detained in pre-trial facilities or arrested can continue receiving therapy if they meet the straightforward entrance requirements and get confirmation emails or phone calls from Aksion Plus personnel. Additionally, if an individual who has been incarcerated and is opioid dependent and wishes to enroll onto the OAT programme in jail, they may be eligible based on the assessment by a toxicologist inside the prison;

⁴ Author's communication with the key experts Fier, Berat and Sarande.

⁵ Law No. 7975, dated 26.7.1995 on narcotic drugs and psychotropic substances. <https://shendetesia.gov.al/wp-content/uploads/2018/06/28-1.pdf> (in Albanian), accessed 01 October 2022.

⁶ Author's communication with key expert.

10. At least three people are part of the OAT staff at each centre: a doctor evaluates the client's physical condition; a nurse administers the methadone; and a psychologist evaluates the client's psycho-emotional state. Every 3-6 months, all of the aforementioned employees undergo continuous training. Additionally, prison medical and psychosocial staff are trained to provide OAT inside the institution. Furthermore, the trainings on HIV, HCV, HBV and OAT have strengthened the entire health care system by fostering better communication and collaboration between services (treatment of HCV, HBV, HIV and the Toxicology Department); and,

11. Local hospitals or polyclinics are hosting four of the nine OAT sites (Korca, Shkodra, Vlora and Saranda centres).

The main **challenges** and **obstacles** to achieving full sustainability of the OAT programme in Albania are as follows:

1. The OAT programme continues to be fully funded by the Global Fund, and such funding is coming to an end in 2024;
2. The OAT programme continues to be considered a part of the national response to the HIV epidemic rather than a part of the national drug policy aimed at enhancing drug dependency treatment and care;
3. The country does not have a detailed financial plan for transition of the OAT programme to domestic funding. Also, agreement has not yet been reached as to which domestic funding sources should be used for the OAT programme during and beyond the transition;
4. There is a concern that there will be no transition at all of the OAT programme from Global Fund support to domestic funding after the termination of the last Global Fund grant. The high number of client requests to access therapy exceeds the capacity of the existing staff to provide improved care that better meets their requirements;
5. The coverage of OAT services (16%) is below the levels recommended by WHO and other international organisations (any level of coverage below 20% is considered low)⁷;
6. Except for the OAT site in Tirana, the other OAT sites mainly operate within improvised state-owned premises that do not meet the requirements for implementing and carrying out all programme activities as effectively as possible. Water and electricity are unavailable at

⁷ WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. Geneva; WHO.

https://apps.who.int/iris/bitstream/handle/10665/44068/9789241597760_eng.pdf (accessed 01.12.2022).

the Elbasan centre. There is no suitable place at the centre in Shkoder, Fier, Durres, Sarande, Berat, and Vlore to conduct the tests and offer psychological support. As the national health care system faces structural challenges with regard to its financing, no domestic funding is yet available for OAT sites;

7. The OAT client community does not participate enough in programmes for advocacy, education and awareness. There is also no involvement of OAT programme clients in National Drug Policy working groups⁸;

8. After 2024, when the Global Fund is anticipated to leave, it will be challenging to maintain the current staffing structure (now fully funded by the Global Fund). Over 50% of the OAT personnel left their jobs during the 2020–2022 transition due to a lack of funding and the changes in the financial support from the Global Fund⁹;

9. A social contracting mechanism should be established to support the delivery of the OAT programme after the end of the Global Fund grant. These contracts should be based on realistic unit costs with no artificial budget cap and should include staff costs and equity in the payment of community-based peers who deliver services for people who inject drugs;

10. Only methadone is currently used in the OAT programme. It is purchased and supplied with the support of the Global Fund through open procurement by the PIU. Both methadone and buprenorphine are available in the country, but only methadone is provided in OAT sites in tablet form (20mg's). In August 2022, there was a shortage of methadone tablets, resulting in liquid methadone (Alkaloid 1000ml's) being purchased and used¹⁰. Buprenorphine is never purchased and used at OAT sites through Global Fund support;

11. There is a shortage of motivated health care personnel. Additionally, the OAT programme lacks staff members who specialise in drug dependence counseling;

12. One of the most critical gaps in the provision of high quality OAT services is a low supply of qualified psychosocial support to programme clients. Most programme participants urgently need assistance with employment and/or capacity building to learn skills that are in demand in the labour market;

13. There is a lack of involvement by people who inject drugs in the design, development, implementation, monitoring and evaluation of OAT programmes and strategies; and,

14. There is no official national structure within the MoHSP responsible for the oversight and coordination of the implementation of the OAT programme outside the scope of the Global Fund grant.

⁸ Author's communication with key experts. During the interview, Mr. Genci Mucollari noted that it would be good to have people from the OAT community to participate in National Drug Policies working groups.

⁹ Author's communication with key experts.

¹⁰ Author's communication with key experts.

The following provides a summary of progress towards ensuring the sustainability of the OAT programme in Albania by the three thematic areas reviewed in the course of this assessment.

Figure 1. Issue Areas and Indicators.

Issue Areas	Indicators		
Policy and governance	At high to moderate risk	Political commitments	Moderate
		Management of transition from donor to domestic funding	At high risk
Finance and resources	At moderate to high risk	Medications	Moderate
		Financial resources	At high risk
		Human resources	At moderate to high risk
		Evidence and information systems	At high to moderate risk
Services	Moderate	Availability and coverage	Moderate
		Accessibility	Substantial
		Quality and integration	Moderate

Based on this assessment, the following recommendations have been developed to enhance the sustainability of the OAT programme:

1. Recommendations to the Institute of Public Health

1.1 Initiate an open dialogue between the Ministry of Health and Social Protection and the Ministry of Finance to ensure consistent and sustainable budget allocations during the transition period 2022-2024 and after 2024 to prioritise the OAT programme, taking into account the current economic situation of the Republic of Albania and COVID-19. This dialogue should involve stakeholders, OAT service providers, specialised treatment centres regarding opioid dependencies, CSOs and OAT programme participants;

1.2 Adopt a joint document with stakeholders, OAT service providers, CSOs and OAT programme participants outlining the position towards OAT as the primary method for opioid dependence management and emphasising commitment to support and promote further

development of the OAT programme, particularly through a phased transition to domestic funding. Building upon the successful (as confirmed by country previous assessments)^{11,12}, implementation of the national OAT programme over the past seventeen years, it is necessary to recognise OAT as an evidence-based programme which has proved to be highly effective in the country. This position should be taken into account and used to inform the development and official endorsement of the third National Strategy on Drugs;

1.3 Develop and put into force a strategic document/position in the national drug policy reflecting the positive role and importance of OAT for the reduction of all crimes among people who use drugs and their social re-integration; and,

1.4 Request the Ministry of Health and Social Protection to develop a roadmap to foster the further development of the OAT programme in the country.

2. Recommendations to the Ministry of Health and Social Protection

2.1 Develop and pilot the detailed plan for the transition of OAT from Global Fund support to domestic funding with specified unit costs, co-financing levels, and sources of domestic funding, as well as a M&E plan for the provision of services;

2.2 Develop regulations to define a comprehensive mechanism for the management and coordination of the OAT programme;

2.3 Ensure that take-home doses of OAT medication can be dispensed for self-administered therapy to highly adherent clients, as well as to all clients with limited access to OAT service sites (including those who fall ill and those in pre-trial detention facilities);

2.4 Introduce buprenorphine at OAT sites so that it is available together with methadone under the OAT programme;

2.5 Develop a mechanism to raise the level of pay for medical/psychosocial personnel at OAT service sites to the average pay level in the private sector of the national economy;

2.6 Develop and introduce training modules for physicians, nurses and psychosocial staff with a focus on administering OAT and reducing stigma towards key populations affected by HIV, including people who use drugs;

2.7 Organise and deliver integrated services based at OAT sites to support the continuum of care for HIV and drug dependence treatment;

¹¹ Bell J. UNODC assessment of drug abuse treatment services in Albania -16/07/2012. Draft. accessed 01 October 2022 on <https://www.scribd.com/document/210635615/UNODC-Assessment-of-Drug-Abuse-Treatment-Services-in-Albania#>

¹² Report on the evaluation of the Community-Based Methadone Program for Opiate Users in Tirana, May – July 2007, Methadone Saves Lives, Draft Aksion Plus.

2.8 Set performance indicators to increase OAT coverage to achieve the level of coverage recommended by WHO (at least above 20%);

2.9 Continue to provide support through personnel training to the penitentiary system. Enhance support to drug dependent people who are being released from prison and provide dynamic supervision;

2.10 Ensure the sustainability of OAT services being implemented by non-governmental, not-for-profit, organisations within the transition from Global Fund support by using the social contracting mechanism. The implementation of the social contracting mechanism first needs to be developed and then piloted;

2.11 Organise a population size estimation study, as the last one was undertaken in 2014¹³ to estimate the number of opioid dependent people in the country. The last IBBS study was conducted in 2019¹⁴ and, therefore, another IBBS study of people who inject drugs should be organised.

3. Recommendations to the Country Coordination Mechanism (CCM)

3.1 Address OAT programme sustainability issues on a regular basis at the Country Coordinating Mechanism meetings; and,

3.2 Advocate and initiate the development of a Transition Plan for OAT.

4. Recommendations to OAT service providers

4.1 Ensure that OAT sites establish a more convenient time to dispense medications to clients. One of the possible options is to establish pick-up and take-in hours in both the mornings (07:00–11:00) and the afternoon (16:00–19:00) since most of the people work and this could be part of their integration;

4.2 Initiate a review of existing OAT clinical protocols to further improve them and to make them fully compliant with WHO guidelines and recommendations and also related to experience within the country regarding harm reduction;

4.3 Make the provision of qualified psychosocial support to clients a key priority for the OAT programme. Jointly, with the technical assistance of partners and donors, develop and implement a range of measures to address this high-priority task; and,

¹³ In 2014, a report was developed with the results of the 2014 Survey of Substance Use Among the General Population in Albania. This was the first nationwide survey conducted in Albania which included a representative population-based sample. This Survey was conducted by the research Working Group with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) https://www.emcdda.europa.eu/system/files/attachments/9650/GPS_Albania_2014.pdf accessed 01 October 2022.

¹⁴ Draft - Integrated Biological and Behavioral Surveillance Study among People Who Inject Drugs. November 2019, 'STOP AIDS' NGO.

4.4 Improve the quality of the OAT programme and ensure higher retention rates within the programme by considering the development of an employment counselling and assistance programme to support clients who need such help.

5. Recommendations to civil society representatives

5.1 Develop a mechanism for coordination to promptly communicate information on issues faced by OAT clients;

5.2 Find sources of funding and develop projects to provide social, legal and information support to OAT programme clients, as well as projects driven/implemented by client communities, including peer-to-peer projects;

5.3 Scale-up the implementation of activities aimed at the development of NGO capacity and client organisations, and the training of NGO activists involved in OAT; and,

5.4 Involve people who inject drugs in the design, development, implementation, monitoring and evaluation of OAT programmes and strategies.

6. Recommendations to technical partners and donors (including WHO, UNODC, UNAIDS, UNFPA, the Global Fund, and CDC)

6.1 Provide support to conduct training of specialists involved in OAT programmes;

6.2 Provide technical support to calculate the estimated number of people who use drugs, including people who inject drugs, disaggregated by gender and age;

6.3 Provide international advice and tools for the development of national low threshold drug dependency treatment programmes;

6.4 Prioritise the provision of financial, technical and methodological support to civil society organisations, including communities of OAT clients and people who use drugs, in order to (i) foster the enabling environment to ensure their more meaningful involvement in the processes of on-going monitoring and improvement of the OAT programme; (ii) support community mobilisation efforts; (iii) strengthen communication and advocacy capacities; and, (iv) support a dialogue between civil society members and government agencies to discuss both investment and allocation of national financial resources for the implementation of the OAT programme and options for cost optimisation; and,

6.5 Prioritise continued dialogue with the Government of Albania to identify domestic funding sources for the OAT programme in transition. Continue to provide necessary technical assistance to cost such a plan.

1. Context

Albania has a population of 2.8 million¹⁵ and is located on southeastern Europe's Balkan Peninsula. Albania is a middle-income country that has been transitioning to an open market economy. Albania continues to experience a low prevalence HIV epidemic. HIV incidence was recently estimated at less than 0.05% and there were estimated to be about 1,400 people living with HIV¹⁶. The number of people who inject drugs in Albania was last estimated in 2014-2015 at 6,182 (range 3,626-8,737)¹⁷ and an estimated HIV prevalence of 1.4% in contrast to the national HIV prevalence among the adult population of 0.04% in 2019, with hepatitis C (HCV) prevalence of people who inject drugs estimated at 44%¹⁸. In June 2014, Albania gained candidate status for integration into the EU which, in the view of some, has served as a powerful incentive towards the implementation of reforms. However, an assessment conducted during the first half of 2016 found that Albania's readiness to sustain harm reduction interventions was only 19%¹⁹. Currently, Albania is implementing a transition plan ending in 2024, a dual-component TB/HIV programme that has funding of up to US\$1.6 million allocated and will end in December 2024²⁰. By the end of Year 2 of the transition plan (2021), the Ministry of Health and Social Protection (MoHSP) had still not provided any funding, relying instead on the provision of Government staff, such as doctors and psychologists, to the OAT programme and premises that are located in local directorate of health care or governmental entities (Shkodër, Korçë and Sarandë), but there should be better working conditions for the implementation of the OAT programme. By mid-year of 2022, there was a reallocation of funds available and support from the Global Fund will last until the end of 2024.

The country has a low burden of TB and HIV and this grant is supporting interventions that are preparing Albania's disease response programmes to operate sustainably without Global Fund

¹⁵ Institute of Statistics, Albania's Population, 2022, <http://www.instat.gov.al/al/statistika/t%C3%AB-dh%C3%ABna-ky%C3%A7e/> accessed 1 October 2022..

¹⁶ UNAIDS. Albania, 2021. Country Factsheets; <https://www.unaids.org/en/regionscountries/countries/albania> accessed 1 October 2022.

¹⁷ In 2014, a report was developed with the results of the 2014 Survey of Substance Use Among the General Population in Albania. This was the first nationwide survey conducted in Albania which included a representative population-based sample. This Survey was conducted by the research Working Group with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) https://www.emcdda.europa.eu/system/files/attachments/9650/GPS_Albania_2014.pdf accessed 05 December 2022.

¹⁸ Draft - Integrated Biological and Behavioral Surveillance Study Among People Who Inject Drugs, November 2019, STOP AIDS Ngo

¹⁹ Varentsov, I. The impact of transition from Global Fund support to Governmental Funding on the Sustainability of Harm Reduction Programs A case study from Albania. Vilnius; Eurasian Harm Reduction Network, 2016. <https://icaso.org/wp-content/uploads/2016/10/Albania-case-study-1.pdf> accessed 01 October 2022.

²⁰ Global Fund, Albania. Overview. Geneva; GFATM, 2022 <https://data.theglobalfund.org/location/ALB/overview> accessed 1 October 2022.

resources. Albania's HIV cases are concentrated among people who inject drugs (1.4 %) ²¹, sex workers (0.7 %) ²², and gay men and other men who have sex with men (2%) ²³. Reaching these key populations requires interventions that address stigma and discrimination, both of which present an ongoing barrier to reporting, testing and treatment. There are 80 new cases of people with HIV for 2022 ²⁴. There are also 1400 adults and children living with HIV ²⁵. Only half of TB patients were tested for HIV in the last available dataset, which highlights the need for increased vigilance and robust testing to ensure that a complete picture of both diseases is available ²⁶. Of note is that the Government pays all the costs for antiretroviral (ARV) drugs and there could be opportunities to reduce this cost, thereby allowing more domestic funds to be put into HIV prevention activities, including OAT.

Amid reconstruction efforts from a deadly earthquake that struck the country in 2019, the COVID-19 pandemic has put added pressure on the Albanian government's budget and programmes. Overcoming logistical and economic challenges faced by the health system is critical to developing resilient and sustainable systems for health and to the success of Albania's long-term TB and HIV response. The TB component of the grant is focused on diagnosing TB patients, linking them to treatment and establishing systems of care for multidrug-resistant TB. The HIV component supports interventions that focus on prevention in key populations and linking HIV-positive patients to care ²⁷.

Albania is a party to all three international drug control conventions. National legislation on illicit drugs is summarised in the Albanian Penal Code (Law No. 7895) of 27 January 1995, as amended by various laws in 1998, 2001 and 2004. Of note is that the possession of a 'day dosage' of drugs for personal use is not punishable under the law. An inter-ministerial 'National Committee for the Coordination of the Fight against Drugs' was established in April 2011, supported by a Secretariat and the 'Office of the National System of Information on Drugs'. The National Committee developed the 'National Drug Strategy, 2012-2016' ²⁸. The drug strategy includes four main pillars:

²¹ <https://www.unaids.org/en/regionscountries/countries/albania> accessed 30 November 2022.

²² UNAIDS 2021, Ibid

²³ UNAIDS 2021, op. cit.

²⁴ Ministry of Health and Social Protection, Tirana, 2022. <https://shendetesia.gov.al/hapet-klinika-ambulatore-e-rikonstruktuar-e-hiv-aids-manastirliu-garantojme-testimin-dhe-trajtimin-falas-se-shpejti-perfshijme-edhe-vete-testimin/> accessed 15 January 2023.

²⁵ UNAIDS 2021, ibid

²⁶ EHRA, 2016, Ibid.

²⁷ EHRA, 2016, op. cit.

²⁸ National Committee for the Coordination of the Fight against Drugs. National Drugs Strategy 2012-2016. Tirana; National Committee for the Coordination of the Fight against Drugs, 2012. http://ishp.gov.al/docs/DESiSH/drogat/Strategjia%20e%20re%20Kombetare%20e%20Drogues%202012-2016%20_%20SHQIP%20-%20doc%201.pdf accessed 01 November 2022.

(1) Strategic coordination; (2) Supply reduction; (3) Demand reduction; and, (4) Harm reduction. Although OST is included in the drug strategy, there is no legislative, nor strategic, provision for sterile needle/syringe programmes (NSP) in Albania. However, through the facilitation of the UNODC office in Albania, the police have entered into agreements with local NGOs for the implementation of NSP in the country. NSP is provided by the NGO Stop Aids with the support of the Global Fund and is offered in 5 cities (Tirane, Durres, Elbasan, Vlore and Berat).

Law No. 9952 on HIV/AIDS was adopted on 14 July 2008, protecting the rights of PLHA, followed in February 2011 by a Council of Ministers Decree on the prevention of HIV/AIDS and the provision of care, counseling and treatment for PLHA in a range of facilities and environments. The National Programme for Prevention and Control of HIV/AIDS was established by the Ministry of Health in 1987 at the Institute of Public Health (IPH) through the support of WHO²⁹.

There is only very limited data available on the socio-economic and health status of people who inject drugs in Albania. The number of people who inject drugs nationwide is estimated to be between 3,626 and 8,737; a more recent study estimated there to be 6,182 problematic drug users, with more than 60% reporting injecting drug use³⁰. Mean and median age of starting drug use is around 18 years of age with 62% having first used drugs in their teenage years and the earliest at only 8 years of age³¹. The median age of first injection is 21 years³². However, no formal studies have been conducted amongst children and young people below the age of 15 years who use drugs. Most users have been incarcerated at least once for drug use-related issues³³. Most people who inject drugs appear to be located in urban areas including Tirana, Durres, Vlore, Shkoder, Korca and Elbasan³⁴, with heroin the most popular illicit drug for injection. People who inject drugs comprised 0.6% of all HIV infections in 2015³⁵, resulting in only 1-2 people who inject drugs living with HIV, although this may be greatly underestimated due to difficulties in accessing most people who inject drugs nationwide.

A draft National Strategy on drugs exists, covering the period 2019-2023, although it has yet to be officially endorsed. The draft strategy includes sections on harm reduction as well as the OAT programme.

²⁹ HIV in Albania: A National Programme Report, September 2014. https://www.euro.who.int/__data/assets/pdf_file/0005/270095/HIV-in-Albania-A-National-Programme-Report-Final.pdf accessed 01 February 2023.

³⁰ Institute of Public Health. National Study on Problematic Drug Users: Size Estimates and Patterns of Drug Abuse, Albania 2014-15. Tirana; Institute of Public Health, 2015
<http://ishp.gov.al/docs/DESiSH/drogat/PDU%20size%20estimation%20report%20final%2014%20may%202015%20-%20doc%2012.pdf> accessed 01 November 2022.

³¹ Institute of Public Health, 2015, Ibid.

³² IBBS, 2019, Ibid.

³³ Institute of Public Health, 2015, Op.cit.

³⁴ Institute of Public Health, 2015, Op.cit.

³⁵ Institute of Public Health, 2015, Op.cit.

Aksion Plus started the OAT programme in 2005 and, as of October 2022, has 1,014 people being dosed every day at nine sites, and there are 126 people in up to 20 prisons in the country enrolled in the OAT programme; the work of OAT services is currently being supported within the project, 'Scaling up and Ensuring Sustainability of the National Response to HIV/AIDS and TB among Key Populations' supported by the Global Fund for the period 2020-2024. Methadone is distributed in the facilities run by Aksion Plus as well as in prisons. Each month, personnel from the prisons go to Aksion Plus with an official request and the number of people under OAT maintenance. The OAT maintenance is administered on prison premises by prison staff (nurses) who are trained by Aksion Plus.

In a 2014-15 study of problematic drug users, 4.2% had self-reported experience of one overdose over the previous one-year period³⁶. This percentage equates to approximately 250 opioid overdose cases per year in the six main urban areas of Albania, resulting in an estimated 10 fatalities per year³⁷. However, only 2 drug-related deaths were officially reported by the Forensic Medicine Institute Registry in Albania for the same period³⁸.

Albania's projected real annual growth in Gross Domestic Product (GDP) in 2021 was 5.3%, higher than the Eastern European average of 4.9%; the annual change in the rate of inflation is 1.9% which is significantly below the 5.2% average across Eastern Europe³⁹. As of 2018, health expenditure as a proportion of GDP was 5.23%⁴⁰. This indicates that the Government of Albania has the economic potential to fulfil its commitments to transitioning from Global Fund support to domestic resources before the end of 2024 if it has the political will to do so.

³⁶ Institute of Public Health, 2015, Op.cit.

³⁷ Institute of Public Health, 2015, Op.cit.

³⁸ Institute of Public Health, 2015, Op.cit.

³⁹ International Monetary Fund (IMF). IMF Country Information. Albania. Washington, D.C.; IMF, October 2022. <https://www.imf.org/en/Countries/ALB#countrydata> accessed 01 November 2022.

⁴⁰ Current health expenditure (% of GDP) – Albania, World Health Organization Global Health Expenditure database. <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=AL> accessed 20 February 2023.

2. Purpose and methodology

Several frameworks have recently been conceptualised within the context of sustainability and transition to domestic funding of the HIV and TB response. Almost all Eastern European and Central Asia (EECA) countries with Global Fund support have carried out such assessments and developed their own national transition plans⁴¹.

In 2020, EHRA developed an assessment guide and toolkit with a particular focus on the sustainability of OAT programmes. This was developed in response to ongoing calls and requests for support from EHRA members to assess the prospect of OAT programmes continuing upon the completion of international projects that provide political, technical and financial support in their respective countries⁴².

The purpose of this current assessment was to assess the sustainability of the OAT programme in the context of its transition from the Global Fund, and other donors, to domestic funding in the Republic of Albania; and to identify risks, as well as opportunities, to enhance the sustainability of the OAT programme. The results of this assessment will then be used to justify the importance of OAT programme development and to have the OAT programme completely funded by the government of the Republic of Albania.

A consolidated framework for the assessment of OAT programme sustainability is shown in the following table (please see Annex 1 for a detailed version with key deliverables/benchmarks).

⁴¹ The challenges of Global Fund Transition in Albania: HIV Prevention services for key populations on the brink of collapse. Eurasian Harm Reduction Association, 2019. https://www.globalfundadvocatesnetwork.org/wp-content/uploads/2019/12/ehra_albania_rev_1-5.pdf accessed 01 December 2022.; Also, other EECA assessment could be found in the following link. <https://harmreductioneurasia.org/sustainability/transitioning>

⁴² Measuring the Sustainability of Opioid Agonist Therapy (OAT). A Guide for Assessment in the Context of Donor Transition. Vilnius; EHRA, 2022 <https://ecapplatform.org/en/oat-a-guide-for-assessment-in-the-context-of-donor-transition/> accessed 01 December 2022.

Table 1. The OAT programme assessment framework.

Issue Area	Indicators			
A. Policy and governance	Political commitment		Management of transition from donor to domestic funding	
B. Finance and resources	Medications	Financial resources	Human resources	Evidence and information systems
C. Services	Availability and coverage	Accessibility		Quality and integration

This assessment includes a section with a summary, an analysis of the progress achieved, an overview of challenges and opportunities within each issue area, as well as general conclusions and recommendations for government ministries and agencies, national coordinating bodies, OAT practitioners, civil society, technical partners, and donors, respectively. Progress towards the sustainability of the OAT programme in Albania is assessed across the three issue areas. It is shown in a general summary table as well as in individual summaries by each issue area. The table below describes the sustainability scale with corresponding percentage values.

Table 2. Scale for the status of sustainability.

Scale for the status of sustainability	Description	Approximation of the scale as a percentage
High	High level of sustainability with low or no risk	>85–100%
Substantial	Substantial level of sustainability with moderate to low risk	70–84%
Moderate	Moderate level of sustainability, at moderate risk	50–69%
At moderate to high risk	Sustainability at moderate risk to high risk	36–49%
At high to moderate risk	Moderate to low level of sustainability, at high to moderate	25–35%
At high risk	Low level of sustainability, at high risk	<25%

The OAT programme sustainability assessment has been conducted with the involvement of OAT programme participants and a team of national experts (as part of an Advisory Group). The Advisory Group included heads of governmental entities, international projects, and CSO representatives; OAT service providers; civil society; and technical partners. Please see **Annex 3** for a full list of experts who contributed to this assessment. Of note is that field visits were made and the focus group discussions involved people from different OAT sites (Tirana, Durrës, Elbasan and Berat).

The main limitations of this assessment include the following: the assessment had to be completed within a short period of time; there is no up-to-date data available; there are few reports or studies conducted with regards to the programme; and there is a lack of relevant information available online.

Table 3. Methodology of the OAT programme sustainability assessment.

1. Adaptation of the regional EHRA Methodology in the Albanian context	2. Establishment of the Advisory Group	3. Desk review of +40 sources
4. 12 interviews with key experts	5. 2 focus groups with OAT participants	6. Development of the draft report
7. Engagement of the Advisory Group throughout the process of the report development	8. Finalisation of the report	

An Advisory Group was established to provide support during the assessment process and comprised the following members:

1. Dr. Andrin Tahiri, Head of Toxicology Department, Mother Teresa Hospital
2. Ms. Annie Gjollma, Local Fund Agent, Team Lead, PwC
3. Mr. Genci Muçollari, Executive Director of Aksion Plus
4. Mr. Irvin Muçaj, Activist–Art Academy, Counselor
5. Jonida Haxhiu, Specialist at the National Data System on Drugs, Focal Point of the EMCDDA for Albania
6. Marjeta Dervishi, HIV/AIDS Surveillance Officer, National AIDS Programme, Department of Epidemiology and Control of Infectious Diseases
7. Dr. Roland Bani, National AIDS coordinator, Institute of Public Health, MoHSP

The Advisory Group members provided comments on the completed evaluation sheets and reviewed the results of the assessment. This assessment was conducted using a system approach method, including statistical approaches using historical data and expert assessments.

Firstly, a desk review was conducted of the historical data and the data available regarding the OAT and harm reduction and available studies. Alongside the desk review, interviews were conducted with representatives of IPH, PIU, the Toxicology Department, the EMCDDA focal point for Albania, NGO representatives, activists and counselors. Two focus groups were also held with OAT programme participants at four OAT sites.

3. Key results: Policy and governance

Policy and governance	At high to moderate risk
Political commitment	Moderate
Management of transition from donor to domestic funding	At high risk

There are no legal barriers to the implementation of OAT in Albania. The government knows the issue of OAT and has officially signed and approved its full commitment to support OAT during the transition period of 2020-2022⁴³. But there not yet the needed financial support from the MoHSP for the full implementation of the OAT programme in the country despite this being part of the transition plan from the Global Fund to domestic funding by December 2024. The last endorsed Strategy on Drugs covered the period 2012-2016. There is also a draft strategy on drugs covering the period 2019-2023, but it has not yet been officially endorsed. There is a section on harm reduction, within which is the OAT programme. During interviews conducted with experts for this assessment, it was noted that a new 2020-2025 HIV/AIDS National Strategy has been drafted and that the OAT programme has been included within it, but what exactly was included and how it will help to sustain the OAT programme is not yet clear. The main strategic goal mentioned in the strategy is to improve the coverage/utilisation, quality and comprehensiveness of HIV prevention services for key populations (for people who inject drugs). In this context, sustainability of these services beyond the existing Global Fund grant is a key challenge. In this regard, priority activities in the National Action Plan on HIV (NAP) 2020-2025 for people who inject drugs focuses on the continuity and sustainability of current services⁴⁴. This requires a gradual absorption of the cost of these services during the Transition Grant (2020-2022) and full financing from Government resources as of January 2023⁴⁵. Also, the following points are related to the provision of the OAT programme: 1.1.1.3 Provide Methadone Maintenance Therapy (MMT) to people who inject drugs in 9 districts (Tirana, Durrës, Vlorë, Elbasan, Fier, Korçë, Saranda, Shkodër, and Berat); and 1.1.1.4 Training of Governmental service providers in MMT by national CSO experts⁴⁶.

⁴³ Letter sent to the The Global Fund to Fight AIDS, Tuberculosis and Malaria, signed by the Ministry of Health and Social Protection on 26.04.2019, No. 2388 of the protocol.

⁴⁴ National Action Plan 2020-2025 (Draft strategy on HIV), it is not available online since it is not endorsed yet.

⁴⁵ Draft - NAP [2020], Ibid.

⁴⁶ Draft - NAP [2020], Op.cit.

An OAT clinical protocol was officially adopted in 2019⁴⁷ having been developed by experts from the Addictology and Toxicology Department of the MoHSP and the Institute of Public Health. In the clinical protocol, it is stated that OAT is one of the most effective methods of treatment for opioid dependence. There is a memorandum of understanding (MOU) between Aksion Plus and the General Administration of Prisons of the Ministry of Justice, signed in 2006, under which Aksion Plus provides methadone treatment to people arrested and imprisoned.

However, the transition plan is not working as envisaged. The Global Fund is still fully funding the provision of OAT, including the purchase of methadone and rapid tests (HIV, HBV, HCV and Syphilis); costs of OAT staff for the intervention (coordinator, finance officer, psychologists, doctors, nurses and social workers); OAT overhead costs (office running costs) for 9 centres; and OAT centre transportation costs. As part of the phased transition plan, MoHSP had committed to absorbing the operational costs of OAT centres: 2 OAT centres in 2020; 5 in 2021; and 8 in 2022⁴⁸; and also the cost of methadone procurement and OAT operational costs by January 2020⁴⁹.

There is not yet an official government structure that could oversee the implementation and development of the OAT programme in line with national and international recommendations when Global Fund support ends. At present, the PIU within the MoHSP is responsible for the supervision, coordination and management of the OAT programme as part of the implementation of the Global Fund grant. The PIU is implementing the OAT programme through Aksion Plus which operates all nine of the OAT sites in the country. There is a possibility that both the PIU and the CCM will not be functional after the termination of the Global Fund grant. Consequently, it is very important to put a structure or department in place within the IPH, which could work after the end of the Global Fund grant and provide regular oversight of the harm reduction and OAT programme as well as act as a quality assurance mechanism.

3.1. Political commitment

Based on the assessment results, the OAT programme has a moderate level of sustainability in the area of political commitment. OAT is mentioned in the 2020-2025 draft – but not yet adopted - HIV National Strategy as an important issue for people who use drugs and HIV⁵⁰. The law 'On narcotic and psychotropic substances' was adopted in 1994 and, with subsequent amendments, it defines

⁴⁷ Beqo, F., Morina, S., Sulaj, Z., Cela, M., Meksi, A., Clinical Guidelines for Methadone Maintenance Treatment. Tirana; Ministry of Health and Social Protection, March 2019. <https://shendetesia.gov.al/wp-content/uploads/2019/09/UDHEZUES-TMM-LAST-10-converted-1.pdf> accessed 01 October 2022.].

⁴⁸ The Global Fund data for Albania, 2019; Country Coordinating Mechanism of the Republic of Albania Funding Request Application Form, Tailored to Transition, CCM. <https://data.theglobalfund.org/location/ALB/documents> accessed 22 February 2023.

⁴⁹ The Global Fund data for Albania, 2019. Ibid.

⁵⁰ Author's communication with key experts.

the rules on production, manufacturing, import, export, control and storage of, and trade in, narcotic and psychotropic substances. The list of controlled drugs is part of this law. The Criminal Code of the Republic of Albania was adopted in 1995. Drug use is not specified as a distinct offence, while possession of small quantities for personal use is not punishable (Criminal Code, Art. 283). Above this level, offenders will be charged with a trafficking offence. Following a conviction for drug possession, if the offender is a drug user, probation may include an order for treatment (Criminal Code, Art. 60)⁵¹. There are no negative consequences on basic rights when being an OAT programme participant, with the records of clients not disclosed to the police (unless required by a court order).

In general, depending on the quantity of the drug, the age of the offender and sometimes the type of drug, alternatives to punishment may be applied in practice (Criminal Code, Arts. 59, 60). In 2011, the Inter-Ministerial Committee for the Fight against Drugs was established by a decision of the Council of Ministers and supported by a Secretariat and the Office of the National Drug Information System under the auspices of the Institute of Health. The main function of the Inter-Ministerial Committee for the Fight against Drugs is to ensure coordination and the exchange of information among different sectors involved in the field of drug control⁵². There are estimated to be 6,182 problematic opiate users in Albania⁵³, with around 16% of active users enrolled in the OAT programme⁵⁴. The Albanian drug treatment system has one specialised drug treatment centre, the Addictology and Clinical Toxicology Service of the Tirana University Hospital Center (TUHC). The TUHC has 12 beds dedicated to clients with substance use problems. The service covers the entire country and provides mainly detoxification and overdose treatment, and serves as both a hospital inpatient and outpatient unit. In addition, Aksion Plus provides OAT in 20 prisons of Albania. Another issue is that the available data is very old but is the only official data available regarding active users in Albania.

Republic of Albania has adopted and implemented complete and contemporary national legislation in compliance with the international conventions that are summarised in Law No. 7895 of 27/01/1995, 'On the Penal Code of the Republic of Albania', as amended by Laws No. 8279 of 15/01/1998; No. 8733 of 24/01/2001; and No. 9275 of 16/09/2004. Other laws cover different aspects of drug control. The importance of drug prevention in Albania has been reflected by endorsement of the National Strategy Against Drugs 2004–2010 through the Decision of the Council of the

⁵¹ Penal Code Of The Republic Of Albania; Approved by law no. 7895, dated 27.1.1995; Publication of the Center for Official Publications; December 2014. https://www.drejtesia.gov.al/wp-content/uploads/2017/11/Kodi_Penal-1.pdf accessed 01 October 2022.

⁵² Albania, National Drug Report , European Monitoring Centre for Drugs and Drug Addiction, 2017. https://www.emcdda.europa.eu/publications/country-drug-reports/2017/albania_en accessed 01 November 2022.

⁵³ EMCDDA, 2017. Ibid.

⁵⁴ Aksion Plus's latest data available for people on OAT therapy regarding the total number of opiate problematic users estimated back to EMCDDA study. No latest data are available in the country.

Ministers No. 292 of 7 May 2004. The strategy was comprehensive and covered both drug demand and supply reduction. The strategy recognised the serious nature of the drug problem at national and international level and admitted that success might be achieved only by coordinating the efforts of all acting parts, namely the government, civil society and international partners. The second National Drug Strategy was implemented over the period 2012-2016. A strategy for 2019-2023 has been drafted but not yet officially endorsed.

With regard to international legislation, Albania has adhered to the three UN Conventions related to drugs through the following Laws: (i) Law No. 8722 of 26 December 2000, 'On the adherence of the Republic of Albania to the "United Nations Convention Against illicit traffic in narcotic drugs and psychotropic substances, 1988"' (Official Gazette of the Republic of Albania No. 50, dated 29/01/2001, page 2156); (ii) Law No. 8723 of 26 December 2000, 'On the adherence of the Republic of Albania to the Single Convention on narcotic drugs of 1961, and that Convention as amended by the 1972 Protocol' (Official Gazette of the Republic of Albania No. 50, dated 29/01/2001, page 2190); and, (iii) Law No. 8965 of 07 November 2002, 'On the adherence of the Republic of Albania to the Convention on drug and psychotropic substances, 1971' (Official Gazette of the Republic of Albania No. 79 dated 08/12/2002, page 2254)⁵⁵.

The Government in the past has taken over funding of some parts of the HIV Continuum of Care (CoC) for the general population - such as voluntary counselling and testing (VCT), plus first and second line antiretroviral (ARV) drugs.

The provision of OAT is authorised by law⁵⁶ and is very well known by State institutions, but there is no financial support for its implementation to-date. There are also no legislative barriers for the provision of OAT in the country. Since OAT has been working for more than 17 years, it cannot be considered a pilot programme. There is a national protocol for methadone treatment therapy approved by the MoSPH⁵⁷. Civil society and OAT clients are not active or effective in the processes concerning evidence and recommendations for the governance and coordination process. There are also no formal processes and no regular meeting regarding the transition process. OAT clients stated that they are not included in meetings held between CSOs and governmental structures⁵⁸.

⁵⁵ National Report Albania, European Monitoring Centre for Drugs and Drug Addiction, 2013. https://www.emcdda.europa.eu/html.cfm/index233178EN.html_en accessed 01 December 2022.

⁵⁶ Law no. 7975, 26.07.1995, on narcotic drugs and psychotropic substances. <https://shendetesia.gov.al/wp-content/uploads/2018/06/28-1.pdf> accessed 01 November 2022.

⁵⁷ Clinical Guidelines for Methadone Maintenance Treatment, 2019. Op.cit.

⁵⁸ Author's communication with OAT programme participants.

3.2. Management of transition from donor to domestic funding

The National HIV/AIDS strategy (2020-2025) was drafted by the IPH under the MoHSP. The main goal of the Strategy is to assist in securing funding for HIV prevention, diagnosis, treatment, care, and support activities conducted in the country. The strategic goal for OAT is 'To improve coverage/utilisation and quality and comprehensiveness of HIV prevention services for key populations – within the expected activity no. 1.1.1.3 Provide Methadone maintenance therapy (MMT) to PWID in 9 districts (Tirana, Durrës, Vlorë, Elbasan, Fier, Korçë, Saranda, Shkodër, Berat)'⁵⁹.

In 2019, a transition plan was developed and it was expected to be put in place for the following three years (2020-2022) regarding the national HIV programme. The Global Fund transition grant 2020-2022 covered a decreasing proportion of salaries for CSO outreach staff: 100% in 2020, 70% in 2021 and 50% in 2022. In addition, the government would gradually absorb the operational costs of OAT centres: 2 OAT centres in 2020; 5 in 2021; and 8 centres in 2022⁶⁰.

In addition to HIV service delivery to people who inject drugs, the grant was to also support annual training of governmental service providers in MMT by national CSO experts. This was to focus on further capacity building of government employees staffing the MMT centres, thus increasing government involvement and contributing to future sustainability⁶¹. However, during the second and third year of that plan, nothing changed financially. The State did not provide the above-mentioned support.

On 26/04/2019, a letter from MoHSP was sent to the Global Fund confirming the commitment of the MoHSP to sustain the gains achieved during implementation of the Global Fund-financed grants and in terms of its future commitment to support the HIV and TB programmes and services in the 2020-2022 period, it includes the following: 'a) *Methadone maintenance therapy (MMT), by covering all costs of methadone procurement and operational costs of MMT centres as of January 2020; b) Additional co-financing commitments for the Transition period 2020-2022: including the additional operational costs of HIV-prevention programmes, including staff working at MMT centres*'⁶². The letter includes the January 2020 to December 2022 government commitments as shown in Table 4.

⁵⁹ NAP, 2020, op.cit.

⁶⁰ The Global Fund data for Albania, 2019. Op.cit.

⁶¹ The Global Fund data for Albania, 2019. Op.cit.

⁶² Commitments of the Ministry of Health and Social Support of the Republic of Albania to sustain gains achieved during implementation of the Global Fund-financed grants. Letter No. Prot. 2388 of 26.04.2019 sent to the Global Fund. Signed by the Ministry of Health and Social Protection.

Table 4. Estimated Government commitments for the HIV programme and services, 2020-2022 (in US Dollars)⁶³.

Year	HIV
2020	\$2,213,709
2021	\$2,648,952
2022	\$2,755,006
Total 2020-2022	\$7,617,667

The Global Fund reallocated additional funds for the next two and a half years in July 2022 and after 2024 the OAT programme should be fully supported financially by the State.

As a whole, the prospects for domestic budget allocations to fund the OAT programme are not very optimistic at present. However, there are a number of opportunities to address the challenges and to facilitate the process of domestic funding. First, a dialogue should be promoted between the government and other parties since OAT has been delivered by a NGO for more than 17 years and, consequently, has substantial experience in delivering the programme. Second, advocacy activities should be developed and implemented, including OAT clients and other civil society representatives. OAT requires strong financial and political support. WHO, the EU and UN agencies should play a key advocacy role by improving the connection and links with various actors. It could help to have an internal (by CSOs or community groups) and external (international agencies) pressure to push for greater engagement of the government in the OAT processes. While making decisions regarding the OAT service package components and subsequent cost calculations, it will be important to build upon the relevant experience of other countries of the region that have established health care service packages and allocated national funding for OAT services.

There are no coordination meetings between the government structures and the NGO providing the OAT programme regarding the transition process, which is the main role of the CCM. There is no clear financial plan for the OAT to be fully funded by the State. There have been no consultative processes regarding this issue. There are no relevant financial, technical and human resources at the moment to implement the steps for planning and for conducting the transition.

⁶³ MoHSP, Letter No. 2388, 2019. *ibid*

4. Key findings: Finance and other resources

Finance & Resources	At moderate-to-high risk
Medications	Moderate
Financial resources	At high risk
Human Resources	At moderate-to-high risk
Evidence and information systems	At high-to-moderate risk

4.1. Medications

In-country procurement of OAT medications follow the rules for controlled medicines. There is a procurement process by which the PIU contracts a party through open procurement (a pharmaceutical party to follow the other steps in providing methadone for the needs of the OAT sites). At the moment, only methadone tablets (of 20mg's) are available for OAT within the Global Fund support. Buprenorphine is available in the country and can be bought in pharmacies with a Toxicologist's prescription but it is not used by the OAT programme. There have been some interruptions in the supply of methadone, starting with the COVID-19 pandemic in 2020 and the second Russian invasion of Ukraine in 2022⁶⁴. During July 2020, there was a delay in delivery by the supplier due to COVID-19 for a period of three weeks. In August 2022, there was also a delay in delivery for a period of two weeks, causing the interruption of OAT treatment, because of delays in the production of methadone. Liquid methadone (Alkaloid 1000 ml) was purchased at that time and used in all OAT centres to fill gaps caused by the shortage. In mid-November, there was again a shortage of tablet methadone and liquid methadone was again purchased for a two month period. The reason for buying liquid methadone was due to the war in Ukraine as the producing company was no longer producing tablet methadone as production materials were coming from Russia^{65, 66}. The methadone is paid with funds from the Global Fund through this open procurement. The PIU is responsible for the process of obtaining good prices for the methadone. The prices are around €14.50 for a bottle of 150 tablets (20mg per tablet) of methadone and €94 per bottle of (1000 ml) liquid methadone; these prices are based on the most recent price of methadone purchased. Distribution of methadone to clients is carried out by Aksion Plus that was selected under competitive tender procedures by the PR, the MoHSP. Aksion Plus has historically been the SR

⁶⁴ Author's communication with key experts.

⁶⁵ Author's communication with key experts.

⁶⁶ Author's communication with key experts.

for methadone distribution to clients under the Global Fund grants and has provided these services for the past 17 years throughout the country, mostly within government health centres or other government owned properties in Durrës, Elbasan, Berat, Fier, Korce, Shkoder, Vlore, and Sarandë as well as from its own facility in Tirana. Prison personnel receive a supply of methadone from the Tirana OAT site for the monthly needs of their respective prisoners. They also provide the Tirana OAT site with a request and a list of people registered on the programme. The methadone is administered by the prison staff inside the prison facility. The nurse who distributes methadone is trained by Aksion Plus staff on the distribution of the methadone.

4.2. Financial Resources

All entire OAT implementation is being supported by the Global Fund. There are no components of the OAT programme that are being financially supported by the government. There are no barriers for individuals to enter the OAT programme as it has a low threshold approach and no health insurances is required to be part of the programme. There is no State guaranteed package of healthcare or that OAT services will be included in universal health coverage up to the present time. Also, there is no real progress in the implementation of OAT co-financing or a commitment to the two years (2021 and 2022) from the government. The State has not delivered on its financial commitment and support to fill their percentage in the financial budget regarding OAT operational costs. There is also no clarity in the implementation of the transition plan for the newly agreed support from the Global Fund for 2022-2024.

Regarding the Transition Fund Request (TFR), there is a steady increase of the HIV and TB budgets from 2014 to 2019 and in the coming years, 2020-2024, as envisaged.

Table 5. Estimation of actual contribution to operational costs (human resources of core and programme staff, running costs of 9 NGO-run centres and travel costs for all centres) of Aksion Plus⁶⁷.

Year	OAT component (in US Dollars)
2018	\$61,854
2019	\$152,530
2020	\$42,730
2021	\$40,844 ⁶⁸
2022	\$101,254 ⁶⁹

⁶⁷ Grants support to Aksion Plus from the Global Fund for the period 2018 - 2022; *no purchasing costs for methadone, condoms, lubricants and tests are included. Data available from Aksion Plus, as per November 2022.

⁶⁸ Exchange rates included as of 01 December 2022. https://www.bankofalbania.org/Markets/Official_exchange_rate/. Albanian Lek to US Dollars.

⁶⁹ Two periods included for the reallocated funds: Jan–Jun 2022 and Jul–Dec 2022.

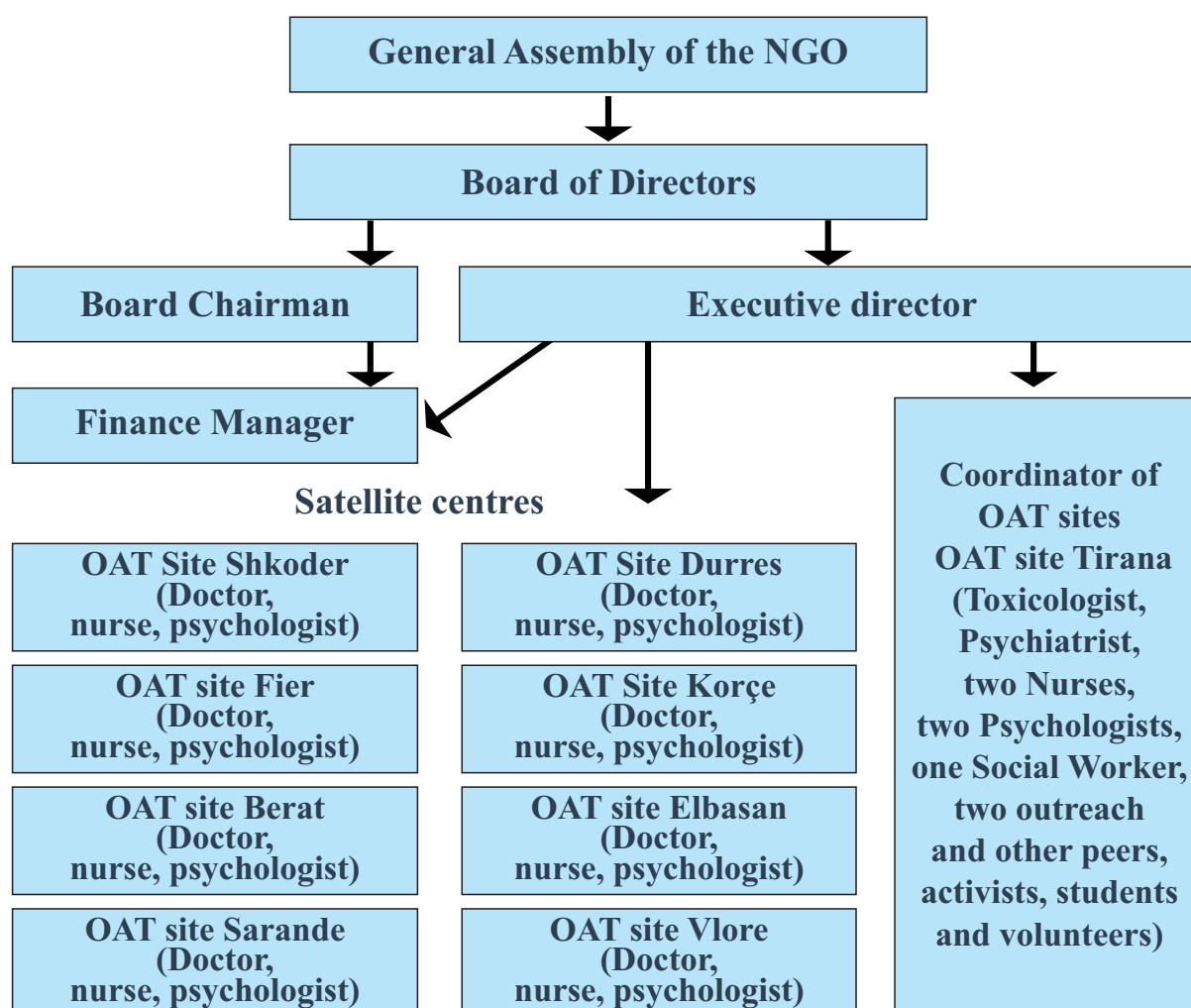
4.3. Human Resources

Provision for the OAT programme includes specialised health professionals (toxicologists, psychiatrists, nurses and clinical psychologists) hired by Aksion Plus. Each OAT site has at least three staff: the toxicologist or psychiatrist who does the client assessment, can issue a prescription for methadone and the quantity for the starting and maintenance dose. Also, they are responsible for follow-up and comorbidities; the nurse who does the dispensing of the methadone; and the psychologist who is responsible for the psychological assessment. Such staff work in OAT sites full/part-time and are paid a full/part-time salary as agreed between the two parties. Since it is the biggest site, the Tirana Centre has more staff, including: two doctors (a psychiatrist and a toxicologist) that can issue a prescription for methadone and the quantity of the starting and maintenance dose; two nurses (one for the dispensing of methadone and the other for conducting HIV, HCV, HBV and Syphilis tests); two psychologists; one social worker; outreach workers and volunteers. The treatment of opioid dependence is carried out by these trained Aksion Plus healthcare personnel based on their long experience of OAT treatment. The staff of OAT sites are always undertaking ongoing training to provide better services. All staff of OAT sites have participated in at least one capacity building training per year, including sensitisation and destigmatisation towards people who use drugs and organised by Aksion Plus and financed by the Global Fund. However, such personnel are paid at a medium salary level in Albania, as seen in Institute of Statistics (INSTAT)⁷⁰, or related to the payment system in the country. There are also unfavorable working conditions in some of the centres. For example, the Elbasan, Berat and Vlora Centres lack running water and electricity; the Saranda, Durres, Berat, Fier, Vlore and Shkoder Centres lack a proper place for psychological support and to conduct tests. In most of the centres, the employees have reported having a large number of clients but a shortage of personnel and are underpaid⁷¹.

⁷⁰ Average monthly gross salary, Institute of Statistics, Republic of Albania, 2022. www.instat.gov.al/al/temat/tregu-i-punës-dhe-arsimi/pagat/publikimet/2022/statistikat-e-pagave-t1-2022/ accessed 01 October 2022.

⁷¹ Author's communications with key experts at OAT sites.

Figure 2. Schematic of the structure of Aksion Plus.



4.4. Evidence and Information systems

A monitoring and evaluation (M&E) plan for OAT has been adopted and is used by the M&E team from the PIU for the implementation of the Global Fund grant. OAT programme monitoring is undertaken at a number of levels. First, at the level of the NGO that implements the OAT programme. Aksion Plus has its own M&E team for all nine centres. There is also a coordinator for all centres. Second, the PIU M&E team work at a technical level for the improvement of OAT services at the sites. There is a database available which was developed, and is updated, by Aksion Plus staff in Tirana. This database helps clients when they move between cities, or OAT sites. The database is secure and only authorised personnel of Aksion Plus and the PIU have access to it. The database is also for use with regards to people in prison who are enrolled in the OAT programme and is updated on a monthly basis by Aksion Plus staff. Each client in each of the 9 OAT sites has

their own physical clinical file. The data available is kept confidential, meaning it is not shared outside the respective Centre without the prior consent of the OAT client. The data can be provided only upon request of court prosecutors.

The nine Aksion Plus sites report the following every week to Aksion Plus in Tirana:

- number of clients in maintenance;
- new entries or re-entries; number of clients who do not follow their maintenance plan;
- number of counselling sessions and clients attending counselling;
- number of tests and number of positive results;
- main issues or problems encountered within the Centre;
- database entries for the dispensing of methadone;
- methadone stock;
- stock of tests; and,
- condom and lubricant stock.

Aksion Plus reports every week and every month to the PIU. On a weekly basis, the following is reported:

- the number of clients per Centre and prisons;
- the weekly consumption of methadone per Centre;
- the methadone stock per Centre;
- the stock of tests; and,
- the stock of condoms and lubricant.

On a monthly basis, the following is reported:

- number of clients in maintenance;
- new entries or re-entries;
- number of clients who do not follow their treatment plan;
- number of counselling sessions and clients attending counselling;
- number of tests and number of positive results;
- main issues or problems encountered within Centres;
- database entries for the dispensing of methadone;
- methadone stock;
- stock of tests; and,
- condom and lubricant stock⁷².

⁷² Author's communication with key expert.

5. Key findings: Services

Services	Moderate
Availability and coverage	Moderate
Accessibility	Substantial
Quality and integration	Moderate

5.1. Availability and coverage

OAT is available through an NGO in the country in nine sites in nine different cities (Tirane, Shkoder, Durres, Elbasan, Fier, Vlore, Berat, Korce and Sarande). From 2007 until 2018 there were only six centres (Tirana, Shkoder, Durres, Elbasan, Vlore and Korce) available in the country. Within the Global Fund support for the period 2018-2019, there were 3 other centres opened (Fier, Sarande and Berat)⁷³. Apart of Tirana, Fier and Elbasan, all other centres are based in government medical centres. OAT is also available in 20 prisons and police stations in Tirana and 8 cities where OAT centres are located. When someone who is enrolled in the OAT programme is apprehended and held at a police station for 24-72 hours, s/he can continue receiving OAT once their OAT enrolment status is confirmed by email or phone with staff of Aksion Plus. The methadone will then be administered by the police station nurse. A take-home OAT policy is also applied in Albania, especially as a result of the COVID-19 pandemic. However, OAT only covers around 16% of the total number of people who use opiates, especially heroin⁷⁴. As mentioned above, there is no recent official data regarding the number of people who use drugs in Albania and it is very important to have recent data estimates in which to refer.

Clients are motivated since there are no challenging programme rules as it has a low threshold programme approach to enrolment, but there is no alternative OAT medication apart from methadone tablets of 20mg's. Through an open procurement process, the PIU purchases methadone in tablet or liquid form.

⁷³ Author's communication with a key civil sector expert.

⁷⁴ EMCDDA 2014, ibid

Currently, OAT is available in 9 centres within health care units and from separate units in Tirana and Fier. Regarding take-home doses, it is available based on the following considerations:

- If the client has diseases or health conditions;
- If the client has negative laboratory test results (even though, at present, there are no urine testing available at OAT sites);
- If the client is sick;
- If the client resides very far from an OAT centre⁷⁵;
- If the client has shown a positive attitude regarding OAT and has followed the rules of the programme; and,
- If the client is undertaking short-term travel, whereby they are allowed to take away methadone for 7 days.

Table 6. Number of OAT clients⁷⁶.

Year	2017	2018	2019	2020	2021	2022
Total number of people on OAT	650	750	780	930	1,013	1,014
Number of females	24	27	30	35	40	44
Number of people in prison	80	98	105	109	120	126

The nurse, the doctor and the psychologist decide when the person is allowed take-home doses. The number of methadone clients has increased significantly over recent years which has translated into increased daily quantities of methadone being dispensed to clients.

5.2. Accessibility

During focus group discussions, it was noted that people from Kruje, Fushe-Kruje and Laç get their methadone at the Durres Centre⁷⁷; people from Lushnje get their methadone at the Fier Centre; and people from Gjirokaster get theirs at the Saranda Centre. The main issue is the long distance such clients must travel to access methadone, and the importance of the take-home policy for 3-4 days to one week for such clients⁷⁸.

Aksion Plus works in accordance with National Guidelines approved by the MoHSP in September 2019⁷⁹. It is also noted that Aksion Plus has developed an internal guideline and procedures by a team of experts (the general manager, a toxicologist, the psychologist and the psychiatrist), with

⁷⁵ Author's communication with a key civil sector expert.

⁷⁶ Aksion Plus. Number of clients, 2017-2022. Tirana; Aksion Plus [September 2022]

⁷⁷ Author's communication with OAT clients.

⁷⁸ Author's communication with service provider experts.

⁷⁹ Clinical Guide for MMT, 2019. Op.cit

each team member having over 10 years' experience of the OAT programme. According to these guidelines, there should be monitoring and evaluation, individually tailored treatment and individual support plans. Each of the clients has their own Clinical File developed by the toxicologist. Also, each client has a psychological file, including their consent form signed by the client and a family member. There are also no discriminative restrictions in the OAT programme guidelines and protocols against any populations with special needs. The needs of women and pregnant women are particularly underlined in those policies. Also, the needs of other vulnerable groups are underlined in those policies⁸⁰. In addition, there are people with comorbidity disorders including substance use and mental health disorders⁸¹. There is no waiting list and there are minimal requirements to enter the OAT programme. With a prescription from the OAT toxicologist, any person can enter OAT treatment. There are no client fees to be paid upon enrolments into the programme, with all services provided free-of-charge to clients (made possible through donor support). The mechanism of basic co-payment by programme clients could be something to try in the future especially with the clients who are willing to pay a minimal fee as this could be a more sustainable way forward for OAT service delivery. For example, in the United States, 80% of the total OAT programme costs are supported through public funding, with out-of-pocket payments by clients accounting for 17% of the total; private insurance accounts for 2.5% of total costs⁸². This approach could improve delivery due to better quality services and their longer-term sustainability. On the other hand, some groups shall be excluded service fees, including people living below the poverty line, pregnant women, and clients with chronic or infectious diseases, disadvantaged clients and those on low or fixed incomes⁸³. However, consideration should be given to people that are willing to pay for the programme. Hence, Albania needs to consider different modalities of service provision that caters to people with various needs. Analysis should look, for example, into providing access to services to people who inject drugs from all income levels, including those who are willing to pay.

⁸⁰ Author's communication with service provider experts.

⁸¹ Author's communication with service provider expert.

⁸² Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings, Methadone Maintenance Treatment. <https://www.ncbi.nlm.nih.gov/books/NBK310658/> accessed 20 December 2022.

⁸³ King, T., Kirwan, A., Lord, S., Opioid pharmacotherapy fees: A long-standing barrier to treatment entry and retention, Centre for Research Excellence into Injecting Drug Use, 2014. https://creidu.edu.au/policy_briefs_and_submissions/10-opioid-pharmacotherapy-fees-a-long-standing-barrier-to-treatment-entry-and-retention accessed 20 January 2023.

Figure 3. Map of the location of OAT sites in Albania.



Table 7. Number of people enrolled in the OAT programme, October 2022 ⁸⁴.

OAT site	Number of people enrolled in the programme as of October 2022
Tirana	236 (30 F and 206 M)
Durres	171 (8 F and 163 M)
Shkoder	44 (3 F and 41 M)
Elbasan	71 M
Korce	99 M
Fier	73 M
Berat	74 M
Vlore	68 M
Sarande	52 M
Prisons	126 (2 F and 124 M)
Total	1014 (42 F and 970 M)

5.3. Quality and Integration

With regard to the quality and integration of services, it is noted that the OAT programme in Albania is guided by WHO recommendations to determine the level of dosage. There are also national guidelines for the MMT programme that include the following four stages for its use: 1) induction; 2) stabilisation; 3) maintenance; and, 4) detoxification.

Based on the national guidelines⁸⁵:

New low risk toxicity clients are prescribed 30mg's of methadone or less per day;
New low risk toxicity client dosages can be increased by 10mg's every 3 days during the early stabilisation stage;

New moderate risk toxicity clients are prescribed dosages of 20mg's or less per day;
New moderate risk toxicity client dosages can be increased by 10mg's every 4 days during the early stabilisation stages;

New high-risk toxicity clients are prescribed dosages of 10mg's or less per day; and,
New high-risk toxicity client dosages can be increased by 5mg's every 5 days during the early stabilisation stages⁸⁶.

⁸⁴ Aksion Plus's data as of September 2022.

⁸⁵ MoHSP, 2019. Op.cit

⁸⁶ MoSPH, 2019. Op.cit

Based on the national guidelines, a daily dosage of 60-120mg's is required to manage opioid cravings and to enable a person to normally carry out daily duties (work, family, relations, etc.)⁸⁷.

Table 8. Recommended daily dosage.

Guidelines	WHO 2009 ⁸⁸	Albania National Guidelines 2019 ⁸⁹	Aksion Plus Internal Guidelines ⁹⁰
Recommended daily dosage	60-120mg's	60-120mg's	60-120mg's

At present, each centre has a psychologist, but the number of clients enrolled in the OAT programme remains too high for the number of such staff that are available. There are also peer consultants who aim to share their experience and provide peer-to-peer support to other clients, helping them out with issues of reintegration, self-realisation, to seek health care, in reducing risky behaviours and in enhancing their quality of life. There should be better coordination with other NGOs or the public sector for the provision of health care and other services. A further main issue as pointed out by national experts is the lack of access to viral Hepatitis treatment because of the high cost of treatment⁹¹. Counseling as a very important component of the OAT programme and should be provided to clients on a regular basis to help them to manage their mental health issues, if they have them; to sensitise them on the importance of regular HIV, HBV and HCV testing for their overall wellbeing; and to support them in meeting their OAT programme objectives. To achieve this, the OAT centres need to be equipped with the right level and number of psychologists/social workers and the proper facilities to conduct counseling sessions⁹². During focus groups discussions it was pointed out that the OAT programme should also focus on employment services for OAT clients as there is a lot of stigmatization of, and discrimination against, people who have a record of drug dependent use and few employers will hire people from the OAT programme.

⁸⁷ MoSPH, 2019. Op.cit

⁸⁸ Guidelines for Psychosocially Assisted Pharmacological Treatment of Opioid Dependence - WHO 2009

⁸⁹ MoHSP 2019, Op.cit.

⁹⁰ Aksion Plus, 2018. ibid.

⁹¹ Author's communication with key experts.

⁹² LFA, 2020. ibid

6. Conclusions and recommendations

Based on the conducted assessment of the sustainability of the OAT programme in the context of the transition from donor support to domestic funding, the **strengths** and **accomplishments** of the programme in Albania are summarised as follows:

1. There are no legal barriers to the implementation of the OAT programme in the Republic of Albania and there is political commitment to the provision of the OAT in the country;
2. Starting in 2005, when OAT was first introduced, the programme has significantly expanded with regard to both its geographic coverage and availability throughout the country and its coverage of people with opioid dependence. Beginning with 6 OAT sites (Tirana, Shkoder, Durres, Elbasan, Vlora, and Korce), three further OAT sites were added by the end of 2018⁹³;
3. Methadone and Buprenorphine are on the List of Narcotic drugs and psychotropic substances⁹⁴ of the Republic of Albania. However, only methadone, purchased and supplied within the Global Fund supported programme, is available for the OAT programme;
4. The OAT programme is now available in all the prisons of Albania;
5. There is no waiting list and all eligible clients can be enrolled into the methadone maintenance therapy (MMT) programme;
6. The data collection and assessment system has been strengthened over the past two years and Aksion Plus has created an electronic participant register for OAT centres that is updated on a monthly basis⁹⁵; the data collected is kept confidential;
7. There is a Unique Identifier Code (UIC) system covering the whole HIV cascade;
8. In all of the OAT centres, people can access a range of prevention services, including HIV, hepatitis C virus (HCV), hepatitis B virus (HBV) and Syphilis testing, and can receive free legal aid as well as psychosocial counselling;
9. Clients of the OAT programme who are detained in pre-trial facilities or arrested can continue receiving therapy if they meet the straightforward entrance requirements and get confirmation emails or phone calls from Aksion Plus personnel. Additionally, if an individual who has been incarcerated and is opioid dependent and wishes to enroll onto the OAT programme in jail, they may be eligible based on the assessment by a toxicologist inside the prison;

⁹³ Author's communication with the key experts Fier, Berat and Sarande.

⁹⁴ Law No. 7975. Op.cit

⁹⁵ Author's communication with key expert.

10. At least three people are part of the OAT staff at each centre: a doctor evaluates the client's physical condition; a nurse administers the methadone; and a psychologist evaluates the client's psycho-emotional state. Every 3-6 months, all of the aforementioned employees undergo continuous training. Additionally, prison medical and psychosocial staff are trained to provide OAT inside the institution. Furthermore, the trainings on HIV, HCV, HBV and OAT have strengthened the entire health care system by fostering better communication and collaboration between services (treatment of HCV, HBV, HIV and the Toxicology Department); and,

11. Local hospitals or polyclinics are hosting four of the nine OAT sites (Korca, Shkodra, Vlora and Saranda centres).

The main **challenges** and **obstacles** to achieving full sustainability of the OAT programme in Albania are as follows:

1. The OAT programme continues to be fully funded by the Global Fund, and such funding is coming to an end in 2024;
2. The OAT programme continues to be considered a part of the national response to the HIV epidemic rather than a part of the national drug policy aimed at enhancing drug dependency treatment and care;
3. The country does not have a detailed financial plan for transition of the OAT programme to domestic funding. Also, agreement has not yet been reached as to which domestic funding sources should be used for the OAT programme during and beyond the transition;
4. There is a concern that there will be no transition at all of the OAT programme from Global Fund support to domestic funding after the termination of the last Global Fund grant. The high number of client requests to access therapy exceeds the capacity of the existing staff to provide improved care that better meets their requirements;
5. The coverage of OAT services (16%) is below the levels recommended by WHO and other international organisations (any level of coverage below 20% is considered low)⁹⁶;
6. Except for the OAT site in Tirana, the other OAT sites mainly operate within improvised state-owned premises that do not meet the requirements for implementing and carrying out all programme activities as effectively as possible. Water and electricity are unavailable at the Elbasan centre. There is no suitable place at the centre in Shkoder, Fier, Durres, Sarande, Berat, and Vlore to conduct the tests and offer psychological support. As the national health care system faces structural challenges with regard to its financing, no domestic funding is yet available for OAT sites;

⁹⁶ WHO, UNODC, UNAIDS, 2012. Op.Cit

7. The OAT client community does not participate enough in programmes for advocacy, education and awareness. There is also no involvement of OAT programme clients in National Drug Policy working groups⁹⁷;
8. After December 2024, when the Global Fund is anticipated to leave, it will be challenging to maintain the current staffing structure (now fully funded by the Global Fund). Over 50% of the OAT personnel left their jobs during the 2020–2022 transition due to a lack of funding and the changes in the financial support from the Global Fund⁹⁸;
9. A social contracting mechanism should be established to support the delivery of the OAT programme after the end of the Global Fund grant. These contracts should be based on realistic unit costs with no artificial budget cap and should include staff costs and equity in the payment of community-based peers who deliver services for people who inject drugs;
10. Only methadone is currently used in the OAT programme. It is purchased and supplied with the support of the Global Fund through open procurement by the PIU. Both methadone and buprenorphine are available in the country, but only methadone is provided in OAT sites in tablet form (20mg's). In August 2022, there was a shortage of methadone tablets, resulting in liquid methadone (Alkaloid 1000ml's) being purchased and used⁹⁹. Buprenorphine is never purchased and used at OAT sites through Global Fund support;
11. There is a shortage of motivated health care personnel. Additionally, the OAT programme lacks staff members who specialise in drug dependence counseling;
12. One of the most critical gaps in the provision of high quality OAT services is a low supply of qualified psychosocial support to programme clients. Most programme participants urgently need assistance with employment and/or capacity building to learn skills that are in demand in the labour market;
13. There is a lack of involvement by people who inject drugs in the design, development, implementation, monitoring and evaluation of OAT programmes and strategies; and,
14. There is no official national structure within the MoHSP responsible for the oversight and coordination of the implementation of the OAT programme outside the scope of the Global Fund grant.

Based on this assessment, the following **recommendations** have been developed to enhance the sustainability of the OAT programme:

⁹⁷ Author's communication with key experts. During the interview, Mr. Genci Mucollari noted that it would be good to have people from the OAT community to participate in National Drug Policies working groups.

⁹⁸ Author's communication with key experts.

⁹⁹ Author's communication with key experts.

1. Recommendations to the Institute of Public Health

1.1. Initiate an open dialogue between the Ministry of Health and the Ministry of Finance to ensure consistent and sustainable budget allocations during the transition period 2022-2024 and after 2024 to prioritise the OAT programme, taking into account the current economic situation of the Republic of Albania and COVID-19. This dialogue should involve stakeholders, OAT service providers, specialised treatment centres regarding opioid dependencies, CSOs and OAT programme participants;

1.2. Adopt a joint document with stakeholders, OAT service providers, CSOs and OAT programme participants outlining the position towards OAT as the primary method for opioid dependence management and emphasising commitment to support and promote further development of the OAT programme, particularly through a phased transition to domestic funding. Building upon the successful (as confirmed by country previous assessments)^{100,101}, implementation of the national OAT programme over the past seventeen years, it is necessary to recognise OAT as an evidence-based programme which has proved to be highly effective in the country. This position should be taken into account and used to inform the development and official endorsement of the third National Strategy on Drugs;

1.3. Develop and put into force a strategic document/position in the national drug policy reflecting the positive role and importance of OAT for the reduction of all crimes among people who use drugs and their social re-integration; and,

1.4. Request the Ministry of Health and Social Protection to develop a roadmap to foster the further development of the OAT programme in the country.

2. Recommendations to the Ministry of Health and Social Protection

2.1. Develop and pilot the detailed plan for the transition of OAT from Global Fund support to domestic funding with specified unit costs, co-financing levels, and sources of domestic funding, as well as a M&E plan for the provision of services;

2.2. Develop regulations to define a comprehensive mechanism for the management and coordination of the OAT programme;

2.3. Ensure that take-home doses of OAT medication can be dispensed for self-administered therapy to highly adherent clients, as well as to all clients with limited access to OAT service sites (including those who fall ill and those in pre-trial detention facilities);

2.4. Introduce buprenorphine at OAT sites so that it is available together with methadone under the OAT programme;

¹⁰⁰ Bell J. 2012. Op, Cit

¹⁰¹ Aksion Plus, 2007. Op.Cit

- 2.5. Develop a mechanism to raise the level of pay for medical/psychosocial personnel at OAT service sites to the average pay level in the private sector of the national economy;
- 2.6. Develop and introduce training modules for physicians, nurses and psychosocial staff with a focus on administering OAT and reducing stigma towards key populations affected by HIV, including people who use drugs;
- 2.7. Organise and deliver integrated services based at OAT sites to support the continuum of care for HIV and drug dependence treatment;
- 2.8. Set performance indicators to increase OAT coverage to achieve the level of coverage recommended by WHO (at least above 20%);
- 2.9. Continue to provide support through personnel training to the penitentiary system. Enhance support to drug dependent people who are being released from prison and provide dynamic supervision;
- 2.10. Ensure the sustainability of OAT services being implemented by non-governmental, not-for-profit, organisations within the transition from Global Fund support by using the social contracting mechanism. The implementation of the social contracting mechanism first needs to be developed and then piloted;
- 2.11. Organise a population size estimation study, as the last one was undertaken in 2014¹⁰² to estimate the number of opioid dependent people in the country. The last IBBS study was conducted in 2019¹⁰³ and, therefore, another IBBS study of people who inject drugs should be organised.

3. Recommendations to the Country Coordination Mechanism (CCM)

- 3.1. Address OAT programme sustainability issues on a regular basis at the Country Coordinating Mechanism meetings; and,
- 3.2. Advocate and initiate the development of a Transition Plan for OAT.

4. Recommendations to the Country Coordination Mechanism (CCM)

- 4.1. Ensure that OAT sites establish a more convenient time to dispense medications to clients. One of the possible options is to establish pick-up and take-in hours in both the mornings (07:00–11:00) and the afternoon (16:00–19:00) since most of the people work and this could be part of their integration;
- 4.2. Initiate a review of existing OAT clinical protocols to further improve them and to make them fully compliant with WHO guidelines and recommendations and also related to experience within the country regarding harm reduction;

¹⁰² EMCDDA, 2014. Op.Cit

¹⁰³ Stop AIDS, 2019. Op.Cit

4.3. Make the provision of qualified psychosocial support to clients a key priority for the OAT programme. Jointly, with the technical assistance of partners and donors, develop and implement a range of measures to address this high-priority task; and,

4.4. Improve the quality of the OAT programme and ensure higher retention rates within the programme by considering the development of an employment counselling and assistance programme to support clients who need such help.

5. Recommendations to civil society representatives

5.1. Develop a mechanism for coordination to promptly communicate information on issues faced by OAT clients;

5.2. Find sources of funding and develop projects to provide social, legal and information support to OAT programme clients, as well as projects driven/implemented by client communities, including peer-to-peer projects;

5.3. Scale-up the implementation of activities aimed at the development of NGO capacity and client organisations, and the training of NGO activists involved in OAT; and,

5.4. Involve people who inject drugs in the design, development, implementation, monitoring and evaluation of OAT programmes and strategies.

6. Recommendations to technical partners and donors (including WHO, UNODC, UNAIDS, UNFPA, the Global Fund, and CDC)

6.1. Provide support to conduct training of specialists involved in OAT programmes;

6.2. Provide technical support to calculate the estimated number of people who use drugs, including people who inject drugs, disaggregated by gender and age;

6.3. Provide international advice and tools for the development of national low threshold drug dependency treatment programmes;

6.4. Prioritise the provision of financial, technical and methodological support to civil society organisations, including communities of OAT clients and people who use drugs, in order to (i) foster the enabling environment to ensure their more meaningful involvement in the processes of on-going monitoring and improvement of the OAT programme; (ii) support community mobilisation efforts; (iii) strengthen communication and advocacy capacities; and, (iv) support a dialogue between civil society members and government agencies to discuss both investment and allocation of national financial resources for the implementation of the OAT programme and options for cost optimisation; and,

6.5. Prioritise continued dialogue with the Government of Albania to identify domestic funding sources for the OAT programme in transition. Continue to provide necessary technical assistance to cost such a plan.

Annex 1. A conceptual framework for assessing the sustainability of an OAT programme

Issue Area	Indicators			
A. POLICY AND GOVERNANCE	<p>Indicator A1: Political commitment</p> <ul style="list-style-type: none"> • OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with a commitment to WHO-recommended targets • Legislation explicitly supports the provision of OAT • OAT is a core part of national policy for opioid dependence management • Law enforcement and justice systems support implementation and expansion, as needed, of OAT • Effective governance and coordination oversee the development of OAT in the country • Civil society, including OAT clients, are consulted in OAT governance and coordination at country level 		<p>Indicator A2: Management of transition from donor to domestic funding</p> <ul style="list-style-type: none"> • Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline • There is a multi-year financial plan for the OAT transition to domestic sources, with unit costs developed, co-financing level, the (future) domestic funding sources for OAT identified and agreed among country representatives • Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic funding • There is good progress in the implementation of the OAT-component in the transition plan 	
B. FINANCE AND RESOURCES	<p>Indicator B1: Medications</p> <ul style="list-style-type: none"> • OAT medicine procurement is integrated into domestic PSM system and benefits from good capacity without interruptions • Both methadone and buprenorphine are registered and their quality assurance system is operational • Methadone and buprenorphine are secured at affordable prices 	<p>Indicator B2: Financial resources</p> <ul style="list-style-type: none"> • Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources • OAT services are included in universal health coverage or state guaranteed package of healthcare, including for people without health insurance • OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services • In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy 	<p>Indicator B3: Human resources</p> <ul style="list-style-type: none"> • OAT is included in the job description of main health staff and core functions of the state system for drug dependencies with relevant capacities to prescribe and dispense OAT to a required scale • Capacity building system is adequate for OAT implementation in a sustainable way 	<p>Indicator B4: Evidence and information systems</p> <ul style="list-style-type: none"> • OAT monitoring system is in place and is used for managing the OAT programme, including programme need, coverage and quality assurance • Evidence-base for OAT effectiveness and efficiency is regularly generated and inform policy and programme planning • OAT client data is stored in a database; it is confidential, protected and not shared outside of the health system without a client's consent

<p>C. SERVICES</p>	<p>Indicator C1: Availability and coverage</p> <ul style="list-style-type: none"> ● OAT is available in hospitals and primary care; take-home doses are allowed ● Coverage of estimated number of opioid dependent people with OAT is high (in line with WHO guidance: 40% or above) ● OAT is available in closed settings (including for initiation onto OAT), during pre-trial detention and for females OAT is possible and available in the private and/or NGO sectors in addition to the state sector 	<p>Indicator C2: Accessibility</p> <ul style="list-style-type: none"> ● There are no people on a waiting list for entering the service ● Opening hours and days accommodate key needs ● Geographic coverage is adequate ● There are no user fees and barriers for people without insurance ● OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups) ● Illicit drug consumption is tolerated (after dose induction phase) ● Individual plans are produced and offered with involvement of the service user ● OAT inclusion criteria are supportive of groups with special needs and are not restrictive, i.e failure in other treatment programmes is not required prior to enrolling into the OAT programme. 	<p>Indicator C3: Quality and integration</p> <ul style="list-style-type: none"> ● Adequate dosage of methadone/ buprenorphine is foreseen in national guidelines and practice in line with WHO guidance ● OAT programmes are based on the maintenance approach and have a high retention of users ● A high proportion of OAT maintenance sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB and drug dependence (in line with WHO guidance: 80% or more of the sites) ● A high proportion of OAT clients receive psycho- and social support (in line with WHO guidance: 80% or more of the sites)
---------------------------	--	---	--

Annex 2. Finalised table of scores for all assessment indicators and benchmarks

	Score	Reference (s)/ Sources
Policy and governance	34% At high to moderate sustainability	
Indicator A1: Political and commitment	54% Moderate	
Benchmark A1.1: OAT is included in national drug control, HIV and/or hepatitis strategies and action plans with a commitment to WHO-recommended targets.	50% Moderate level of sustainability	Two key experts 2019-2023 draft plan strategy on drugs 2020-2025 HIV National strategy
Benchmark A1.2: Legislation explicitly supports the provision of OAT.	75% Substantial level of sustainability	Udhezues klinik per Trajtimin Mbajtes me Metadon / Clinical Guidelines for Methadone Maintenance Therapy, March 2019 2 key experts Order No. 646 dated 11.09.2019 for the approval of the clinical guideline of Methadone Maintenance Therapy. Laws No. 8279 of 15.01.1998; No. 8733, of 24.01.2001; No. 9275, of 16.09.2004. National Strategy Against Drugs 2004–2010 approved by the Decision of the Council of the Ministers No. 292 of 7 May 2004. National Strategy Against Drugs 2012-2016 approved by the Decision of the Council of Ministers
Benchmark A1.3: OAT is a core part of national policy for opioid dependence management.	30% Moderate to low level of sustainability	2 key experts
Benchmark A1.4: Law enforcement and justice systems support implementation, and expansion as needed, of OAT.	63% Moderate level of sustainability	2 key experts

	Score	Reference (s)/ Sources
		<p>Law No. 8328, dated 16.04.1998 ‘For the rights and treatment of the people sentenced to imprisonment’.</p> <p>Memorandum of Collaboration between Aksion Plus and Ministry of Justice No. prot. 5219, date 26.06.2006.</p> <p>(i) Law No. 8722 of 26 December 2000 “On the adherence of the Republic of Albania to the “United Nations Convention Against illicit traffic in narcotic drugs and psychotropic substances, 1988” (Official Gazette of the Republic of Albania No. 50, dated 29.01.2001, page 2156); (ii) Law No. 8723 of 26 December 2000 “On the adherence of the Republic of Albania to the Single Convention on narcotic drugs of 1961, and that Convention as amended by the 1972 Protocol” (Official Gazette of the Republic of Albania No. 50, dated 29.01.2001, page 2190); (iii) Law No. 8965 of 07 November 2002 “On the adherence of the Republic of Albania to the Convention on drug and psychotropic substances, 1971” (Official Gazette of the Republic of Albania No. 79 dated 08.12.2002, page 2254).</p>
Benchmark A1.5: Effective governance and coordination oversees the development of OAT in the country.	50% Moderate level of sustainability	2 key experts
Benchmark A1.6: Civil society, including OAT clients, are consulted about OAT governance and coordination at the country level.	0% Low level of stability	1 key expert

	Score	Reference (s)/ Sources
Indicator A2: Management of transition from donor to domestic systems	13% high risk	
Benchmark A2.1: Country adopted plan which defines transition of OAT from donor to domestic funding and which includes a timeline.	25% low level of sustainability	Transition Funding Request [TFR] 2020–2022 HIV and TB Albania, April 2019. 1 key expert
Benchmark A2.2: There is a multi-year financial plan approved for OAT transition to domestic sources with unit costs developed, co-financing levels, the (future) domestic funding sources for OAT identified and agreed among country representatives.	0% low level of sustainability	Transition Funding Request [TFR] 2020–2022 HIV and TB Albania, April 2019. 1 key expert
Benchmark A2.3: Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic systems.	25% low level of sustainability	
Benchmark A2.4: There is good progress being made in the implementation of the OAT-component of the transition plan.	0% low level if sustainability.	2 key experts
<i>Finance and Resources</i>		
<i>Indicator B1: Medications</i>	53% Moderate level of sustainability	
Benchmark B1.1: OAT medicine procurement is integrated into the domestic PSM system and benefits from good PSM capacity, without interruptions.	60% Moderate level of sustainability	Two key experts
Benchmark B1.2: Both methadone and buprenorphine are registered and their quality assurance system is operational.	75% substantial level of sustainability	Law No. 7975, dated 26.7.1995 on List of Controlled drugs and psychotropic substances One key expert
Benchmark B1.3: Methadone and buprenorphine are secured at affordable prices.	25% Moderate to low level of sustainability	One key expert

	Score	Reference (s)/ Sources
Indicator B2: Financial resources	13% low level of sustainability	
Benchmark B2.1: Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources.	0% low level of sustainability	One key expert
Benchmark B2.2: OAT services are included in universal health coverage or a state guaranteed package of healthcare, including people without health insurance.	0% low level of sustainability	One key expert
Benchmark B2.3: OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services.	0% low level of sustainability	Two key experts
Benchmark B2.4: In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy.	50% Moderate level of sustainability	Spot-check Report Methadone Distribution by Aksion Plus MMT Centres across Albania 2 key experts
Indicator B3: Human resources	44% sustainability at moderate risk to high risk	
Benchmark B3.1: OAT is part of the job description of main health staff and in core functions of the state system for drug dependence with relevant capacity to prescribe and dispense OAT at the required scale.	50% sustainability at moderate risk	1 key expert
Benchmark B3.2: Capacity building system is adequate for OAT implementation in a sustainable way.	38% sustainability at moderate to high risk	2 key experts
Indicator B4: Evidence and information systems	35% at high to moderate risk of sustainability	

	Score	Reference (s)/ Sources
Benchmark B4.1: A monitoring system for OAT is in place and is used for managing the OAT programme, including programme needs, coverage and quality assurance.	38% sustainability at moderate to high risk	2 key experts PIU and Aksion Plus
Benchmark B4.2: The evidence base for OAT effectiveness and efficiency is regularly generated and informs policy and programme planning.	17% low level of sustainability	
Benchmark B4.3: OAT client data is confidential and stored in a secure, protected database and data is not shared outside of the health system without a client's consent.	50% moderate level of sustainability	2 key experts Low No.9887, date 10.3.2008 For the Protection of Personal Data.
Services		
Indicator C1: Availability and coverage		
	58% Moderate level of sustainability	
Benchmark C1.1: OAT is available in hospitals and primary care. Take-home doses are allowed.	67% moderate level of sustainability	2 key experts
Benchmark C1.2: Coverage with OAT of the estimated number of opioid dependent people is high.	0% low level of sustainability	1 key expert Integrated Biological and Behavioral Surveillance study 2019
Benchmark C1.3: OAT is available in closed settings including initiation onto OAT as well as during pre-trial detention and for females.	100% high level of sustainability	2 key experts
Benchmark C1.4: OAT is possible and available in the private and/or NGO sectors in addition to the state sector.	67% Moderate level of sustainability	3 key experts
Indicator C2: Accessibility		
	84% Substantial level of sustainability	
Benchmark C2.1: There are no people on a waiting list for enrolment into the OAT service.	100% high level of sustainability	1 key expert Aksion Plus data

	Score	Reference (s)/ Sources
Benchmark C2.2: OAT opening hours and days accommodate the key needs of clients.	100% high level of sustainability	2 key experts Aksion Plus data
Benchmark C2.3: Geographic coverage is adequate.	50% moderate level of sustainability	3 key experts
Benchmark C2.4: There are no user fees and no cost-barriers for people on low income and without insurance.	75% substantial level of sustainability	1 key expert
Benchmark C2.5: OAT is available and accessible for populations with special needs (pregnant and other women, sex workers, young users, ethnic groups, etc.).	88% high level of sustainability	2 key experts Aksion Plus data
Benchmark C2.6: Illicit drug consumption is tolerated while enrolled in OAT (after the dose induction phase).	88% high level of sustainability	3 key experts Clinical Guideline on Methadone Maintenance Therapy
Benchmark C2.7: Individual plans are produced and offered with involvement of the user of the service.	75% Substantial level of sustainability	1 key expert
Benchmark C2.8: OAT inclusion criteria are supportive of groups with special needs and not restrictive, i.e. failing other treatments is not required to join the OAT programme.	100% high level of sustainability	1 key expert
Indicator C3: Quality and integration	63% Moderate level of sustainability	
Benchmark C3.1: Adequate dosage and no restrictions on duration of methadone/buprenorphine maintenance are foreseen in national guidelines and practices are in line with WHO guidance.	67% Moderate level of sustainability	Clinical guidelines on Methadone Treatment, 2019 2 key experts

	Score	Reference (s)/ Sources
Benchmark C3.2: OAT programmes are based on the maintenance approach and have a high retention of users.	83% Substantial level of sustainability	Clinical guidelines on Methadone Treatment, 2019 2 key experts
Benchmark C3.3: A high proportion of OAT maintenance sites are integrated and/or cooperate with other health services and support continuity of care for HIV, TB, and drug dependence.	50% moderate level of sustainability	4 key experts Institute of Public Health Department of Toxicology
Benchmark C3.4. A high proportion of OAT clients receive psychological and social support.	50% moderate level of sustainability	2 key experts

Annex 3. List of respondents who contributed to the assessment

1. Andrin Tahiri, Head of Toxicology Department, Mother Teresa Hospital
2. Annie Gjollma, Local Fund Agent, Team Lead, PwC
3. Frrok Bardhi, MMT Tirana Centre, Aksion Plus
4. Genci Muçollari, Executive Director, Aksion Plus
5. Irvin Muçaj, Activist – Art Academy, Counselor
6. Jonida Haxhiu, Specialist, National Data System on Drugs, Focal Point of EMCDDA for Albania
7. Krenar Malaj, Toxicologist
8. Marjeta Dervishi, HIV/AIDS Surveillance Officer, National AIDS Programme, Department of Epidemiology and Control of Infectious Diseases
9. Meleke Lushka, MMT Durres Centre, Aksion Plus
10. Oltion Korreshi, MMT Tirana Centre, Aksion Plus
11. Roland Bani, National AIDS Coordinator, Institute of Public Health, MoHSP
12. Tedi Rrudha, Toxicologist