

**Mapping and reviewing  
roles and responsibilities  
of the main stakeholders  
of the National Tuberculosis Programme  
in Albania**



## ABSTRACT

The National Tuberculosis Programme (NTP) of Albania recently received an HIV/TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Albanian Ministry of Health and Social Protection (MoHSP) is the principal recipient of the grant. The MoHSP has an agreement with the WHO Regional Office for Europe to provide technical assistance in implementing the programme supported by the Global Fund grant. The assessment contained in this report, made during a mission to Tirana from 14 to 18 May 2018, forms part of that assistance; its objectives are to map and review the roles and responsibilities of the main NTP stakeholders and to make recommendations on what the future governance of the programme should be.

## Keywords

Tuberculosis – prevention and control  
National health programmes – organization and administration  
International cooperation  
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## Acronyms and abbreviations

ACSM	advocacy, communication and social mobilization
CCM	Country Coordination Mechanism
CHIF	Compulsory Health Insurance Fund
DOTS	directly observed treatment, short-course
GDF	Global TB Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immune-deficiency virus
HIV/TB	HIV-related tuberculosis
IPH	Institute of Public Health
MDR-TB	multidrug-resistant tuberculosis
M&E	monitoring and evaluation
MoHSP	Ministry of Health and Social Protection
NAP	National HIV/AIDS/STD Programme
NGO	nongovernmental organization
NRL	National TB Reference Laboratory
NSP	National Tuberculosis Strategic Plan 2015–2019
NTP	National Tuberculosis Programme
PHC	primary health care
PLHIV	people living with HIV
PMU	Global Fund Programme Management Unit
PR	principal recipient
PSM	procurement and supply management
SEEHN	South-eastern Europe Health Network
SR	subrecipient
TB	tuberculosis
UHCMT	University Hospital Centre “Mother Teresa”
UHSN	University Hospital “Shefqet Ndroqi”
UNICEF	United Nations Children’s Fund
WHO	WHO Regional Office for Europe

## Executive summary

The National Tuberculosis Programme (NTP) of Albania recently received an HIV/TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Albanian Ministry of Health and Social Protection (MoHSP) is the principal recipient of the grant. The MoHSP has an agreement with the WHO Regional Office for Europe to provide technical assistance in implementing the programme supported by the Global Fund grant. The assessment contained in this report, made during a mission to Tirana from 14 to 18 May 2018, forms part of that assistance; its objectives are to map and review the roles and responsibilities of the main NTP stakeholders and to make recommendations on what the future governance of the programme should be.

Albania is an upper-middle-income economy country with an estimated 480 new tuberculosis (TB) cases and less than 500 new HIV infections per year. There is a limited overlap between the two epidemics, and only 10 (2%) of the new TB cases are HIV-related. Other factors and social determinants of TB, such as poverty, social marginalization, imprisonment and mining, should be more effectively addressed. Unfortunately, there are no specific studies giving guidance on this.

The mission reviewed the main reference documents, conducted a number of interviews with key informants, and made site visits to a number of main institutions. In making its assessment, the mission considered the framework within which the following governance/stewardship functions with respect to health are organized: (1) strategic planning; (2) development of policies and guidelines and operational research; (3) coordination of services and supervision; (4) human resources development; (5) advocacy, communication and social mobilization; (6) procurement and supply management; (7) recording and reporting; and (8) engagement with partners.

Based on existing shortcomings, the mission makes the following recommendations to strengthen the governance/stewardship of the NTP of Albania:

### *To the MoHSP*

1. Update the current legislation on TB in order to provide a basis for the organization and full implementation of an NTP commensurate with its public health importance.
2. Ensure a dedicated budget for the NTP that is unlinked to any hospital budget and covers all its public health functions.
3. Strengthen the role of the NTP manager by giving clear terms of reference that include all programme stewardship functions and give proper technical authority.
4. Establish an NTP central management unit in the IPH, with clear terms of reference and composition (see Annex 3), a dedicated budget, and the same capacity as the National HIV/AIDS/STD Programme (NAP) Central Unit.
5. Issue an order requesting that the IPH reports annually on each programme item, rather than on the consolidated budget only.
6. Issue an order making the laboratory of the University Hospital “Shefqet Ndroqi” (UHSN) the official National Tuberculosis Reference Laboratory (NRL), with clear terms of reference; protect the laboratory’s public health functions from privatization.
7. Revise the composition of the Country Coordination Mechanism (CCM): keep 16 members, but have only two representatives from nongovernmental organizations

(NGOs), selected from those working with HIV key affected people and TB key affected people; ensure equal representation of key tertiary care and academic institutions (University Hospital Centre “Mother Teresa” (UHCMT) and UHSN); and include both NAP and NTP managers.

8. Replace the CCM committees with a strong secretariat which can facilitate the work of the CCM and be directly accountable to it.
9. Move advisory technical functions from the Oversight Committee to the TB Technical Group and HIV Technical Group of the joint HIV/TB committee (to be established with clear terms of reference and composition, as proposed in Annex 4).

*To the IPH*

10. Create a specific TB budget line which supports all NTP stewardship functions, including central procurement of TB medicines and laboratory consumables.
11. Adopt for TB medicines the same arrangements for storage and country distribution as those used for vaccines.

*To the NTP*

12. Maintain close collaboration with the UHSN in supporting key NTP functions such as development of policies and technical guidelines, the NRL, training and research.
13. Involve all NGOs that are subrecipients of the Global Fund HIV/TB grant in TB-related education, early identification of TB infection and disease cases, supervision of TB treatment, and health education.
14. Enhance collaboration with organizations/institutions working for TB-relevant Sustainable Development Goals; further explore and establish partnerships with new NGOs (e.g. World Vision, Red Cross and Red Crescent) that are working with key populations at risk of non-HIV-related TB, such as the poor, the homeless, alcohol addicts, miners, ethnic minorities, and others to be identified.
15. Undertake an external review of the NTP by 2018.
16. Based on the results of the review and referring to the End TB Strategy and the *Roadmap to implement the tuberculosis actions plan for the WHO European Region 2016–2020*, produce a revised National Tuberculosis Strategic Plan (NSP) with new analysis of the funding gaps.
17. Establish a dialogue and collaboration with the Compulsory Health Insurance Fund (CHIF) to ensure that effective TB services are assigned and delivered at all levels of care.

*To the Global Fund Programme Management Unit (PMU)*

18. Support capacity-building of the NTP’s central management unit.
19. Give preference to TB activities in the allocation of Global Fund grant funds not yet earmarked for HIV and of future savings.
20. Implement and monitor application of the current agreement of collaboration between the MoHSP and WHO.

## Introduction

The National Tuberculosis Programme (NTP) of Albania recently received the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through a 27-month HIV/TB grant of US\$ 5.8 million, to be implemented by December 2019. The Ministry of Health and Social Protection (MoHSP) is the principal recipient (PR) of the grant and signed a memorandum of understanding for technical assistance with the WHO Regional Office for Europe.

The assessment presented in this report, conducted during a mission to Tirana that took place between 14 and 18 May 2018, is part of the technical assistance provided by WHO. The mission had the following specific objectives:

1. To map all relevant stakeholders and their roles and responsibilities; to draft the stakeholders' implementation map of the NTP based on Global Fund criteria.
2. To assess the implementation capacities and define the roles and responsibilities of the main government NTP stakeholders, e.g. MoHSP, the Country Coordination Mechanism (CCM), the Institute of Public Health (IPH), Medical Chambers and other relevant government bodies in terms of legal and regulatory functions, monitoring and evaluation, human resources, procurement and supply management, training, finance, and other relevant capacities.
3. To assess the implementation capacities and define the roles and responsibilities of other NTP actors, such as the Global Fund grant PR, subrecipients (SRs), civil society organizations, and nongovernmental organizations (NGOs) involved in implementation of the NTP.
4. To assess ongoing NTP assistance from different international partners (WHO, other United Nations agencies, NGOs, the donor community).
5. To recommend the design of future NTP governance structures that will be able to take over implementation of the NTP following transition from Global Fund support, focusing on the National Tuberculosis Strategic Plan 2015–2019 (NSP) and beyond.
6. To recommend best strategies and optimal timelines for transition/handover of NTP activities currently supported by the Global Fund and implemented by civil society organizations and NGOs to national governance structures.

The recommendations made by the mission are based on a review of reference documents, interviews with key informants and site visits to the main relevant institutions. The mission was conducted jointly with a parallel follow-up mission on the programmatic management of drug-resistant tuberculosis (TB) on behalf of the regional Green Light Committee for Europe.



## Background

### General information

Albania is situated on the eastern shore of the Adriatic Sea, with Montenegro and Kosovo<sup>1</sup> to the north, the former Yugoslav Republic of Macedonia to the east, and Greece to the south. According to the latest United Nations estimates (1), Albania has 2.93 million inhabitants, and its population has been steadily falling since 2001 as a result of emigration to other countries, especially Italy and Greece. There is also an internal migration from rural to urban areas, especially to Tirana, which has given rise to a growing problem of poor and homeless people.

According to the 2011 census, the population of Albania is composed of 83% Albanian, 0.9% Greek, 0.3% Aromanian, 0.3% Roma, 0.2% Macedonian, 0.1% Balkan Egyptian and 0.01% Montenegrin; 14% did not declare their ethnicity and 1.5% could not be classified. Roma, Greek and Macedonian minorities have questioned these data and claimed a larger share. The two main religions are Islamic (59% of the population) and Christian (17%).

In 1991 the People's Socialist Republic of Albania dissolved and turned into the current constitutional republic, with a parliament, a president as head of state, and a prime minister as head of the government. Albania applied for European Union membership in April 2009 and received the status of candidate in June 2014.

Agriculture is still a significant asset for Albania's economy, employing 41% of the population and using 24% of the land. The country's secondary sector is diversified (electronics, manufacturing, textiles, food, cement, mining, energy), and it has the largest oil reserves in Europe and is one of the world's top producers of chromium (the three main mines are in Batra, Bulqizë and Thekna). There is also mining of copper, nickel and coal. Service industry and tourism are the fastest-growing sectors of the country's economy.

The economic crisis, globally and in the neighbouring countries of major emigration (Italy and Greece), hit Albania heavily, and socioeconomic conditions became worse, especially among specific population groups, including returning emigrants. In 2014 Albania negotiated a US\$ 300 million loan with the International Monetary Fund, and in the following year a loan of US\$ 200 million with the World Bank. These loans have been progressively repaid, and in 2017 Albania was listed among countries with an upper-middle-income economy (2), with a gross domestic product purchasing power parity (GDP PPP) of US\$ 4297 per capita but a GINI index of 29% (2012 data). Thirty-three per cent of the population live below the poverty line (US\$ 5/day PPP), while only 61% of the population are covered by social protection schemes.

In 2015 the administrative division of Albania was streamlined from 36 districts to 12 regions (prefectures) and 61 municipalities, each municipality having a number of villages or communities. More than half of the country's population live in urban areas, with 764 000 people (26%) living in the great metropolitan area of Tirana (the capital town), 113 000 in Durrës, 51 000 in Korçë, 78 000 in Elbasan and 95 000 in Shkodër. The country's population is 50% male, 11% below 16 years of age, and 7% above 65 years of age.

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<sup>1</sup> In accordance with the United Nations Security Council Resolution 1244 (1999).

Albania has five university hospitals, two maternity hospitals, two psychiatric hospitals, one paediatric hospital, one military hospital, 11 regional hospitals, 24 district (intermediate) hospitals and 14 licensed private hospitals. There are plans to upgrade and reprofile the regional hospitals in accordance with patient load and a new health services delivery model. There is also a plan to cut 800 beds at intermediate hospital level to improve the overall cost-effectiveness and quality of health services. Consequently, pulmonary and TB inpatient care is also expected to fall and move to primary health care (PHC). This level is recognized as instrumental in early identification, effective treatment follow-up and prevention of TB.

## Epidemiology

In 2016 the life expectancy at birth in Albania was 78 years, with an annual mortality rate of 14 deaths/1000 population, an infant mortality rate of 12 deaths/1000 live births, and an under-5 mortality rate of 13 deaths/1000 live births. The top 10 causes of death were, in decreasing order: ischaemic heart disease, cerebrovascular disease, lung cancer, Alzheimer's/dementia, stomach cancer, breast cancer, inflammatory heart disease, road injury, chronic obstructive pulmonary disease, and lower respiratory infection.

According to WHO estimates (3), in 2016 Albania had 480 new TB cases (i.e. 16 per 100 000 population), of whom 12 had multidrug-resistant TB (MDR-TB) and only 10 (2%) had HIV-related TB. HIV is estimated to have an incidence of under 500 new infections per year, while people living with HIV (PLHIV) have a prevalence of 1700 (4). Such data suggest a minor overlap of the HIV and TB epidemics in Albania, where the TB risk should be identified mainly among other non-HIV-related factors and social determinants such as poverty, social marginalization, imprisonment, mining, migration (e.g. migrants from Middle East and Africa), etc. Unfortunately, there are no specific studies giving guidance on this.

## Governance/stewardship of the End TB Strategy

Governance is defined as the exercise of political, economic and administrative authority in the management of a country's affairs at all levels (5). In the health field, it is sometimes used as a synonym for stewardship, which is the ability to formulate strategic policy direction, to ensure good regulation and tools for implementing it, and to provide the necessary intelligence on health system performance in order to ensure accountability and transparency. Health stewardship is the responsibility of governments as a whole but largely involves health ministries.

The second pillar of the End TB Strategy (6) encompasses strategic actions within and beyond the health sector that will enable effective transformation and strengthening of policies and systems to support TB care and prevention. These actions include enhancing government stewardship and accountability, as well as pursuing TB-sensitive policies across government and systems. The stewardship functions expected from a national TB programme are:

- (1) **strategic planning** (regular planning, budgeting and management review, engaging a wide range of stakeholders)
- (2) **development of policies and guidelines and operational research** (developing and adapting evidence-based TB care and prevention, and insertion of TB policy within broader national health policy)
- (3) **coordination of services and supervision** (securing well-functioning oversight and management of TB care and control, with strong referral, notification and information mechanisms among primary care, hospitals, and specialist services – public and private, as well as a network of laboratory and radiology services involved in TB diagnosis)
- (4) **human resources development** (human resource planning, capacity strengthening, supervision and monitoring of service quality at all levels, and continuous medical education, integrated within wider systems of human resources development)
- (5) **advocacy, communication and social mobilization (ACSM)** (providing targeted information on TB strategies and policies for all levels of care, all relevant specialist services, and both the public and the private sectors; designing and delivering enhanced educational materials for patients, families, affected communities, and partners across and beyond government, and including them in the design process)
- (6) **procurement and supply management (PSM)** (supporting, with others responsible in ministries of health, the uninterrupted supply of quality-assured drugs and diagnostic tests, based on forecasting, drug management capabilities and a strategy for rational drug use)
- (7) **recording and reporting** (collecting and analysing high-quality data at all levels of the health system in surveillance and programmatic monitoring and evaluation (M&E), including joint reviews involving stakeholders and periodic public reporting)
- (8) **engagement with partners** (engaging with government and NGO counterparts working on health financing, social policy, social protection, justice, labour, migration, etc. to define roles and create referral and support systems).

## Shortcomings in NTP governance/stewardship

Based on the observations made by this mission and previous reports (7, 8), a number of shortcomings can be identified in the manner in which the NTP performs the above-listed stewardship functions (Table 1).

**Table 1. Shortcomings in main stewardship functions performed by the NTP**

<b>Function</b>	<b>Shortcoming</b>
<b>Strategic planning</b>	<ul style="list-style-type: none"> <li>• Complicated structure of CCM, with very limited TB-related representation and limited technical inputs.</li> <li>• National TB Committee not functional since 2007.</li> <li>• Limited TB planning and budget allocation in the Global Fund HIV/TB grant.</li> <li>• NSP 2015–2019 not aligned with the End TB Strategy and the <i>Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020 (9)</i>.</li> </ul>
<b>Development of policy and guidelines</b>	<ul style="list-style-type: none"> <li>• NTP detached from the ongoing health system reform.</li> <li>• NTP guidelines not revised since 2004; other specific guidelines not available (e.g. infection control, M&amp;E).</li> </ul>
<b>Operational research</b>	<ul style="list-style-type: none"> <li>• Importance underestimated.</li> <li>• Research institutions (i.e. universities) not involved.</li> </ul>
<b>Coordination of services and supervision</b>	<ul style="list-style-type: none"> <li>• NTP manager without official terms of reference and authority.</li> <li>• Laboratory at UHSN not officially recognized as National TB Reference Laboratory (NRL).</li> <li>• Unclear plan of public–private partnership in the health sector with future privatization of laboratories.</li> <li>• Supervision visits not conducted since 2014; field supervision not included in UHSN budget.</li> <li>• Last NTP review conducted in 2010.</li> </ul>
<b>Human resources development</b>	<ul style="list-style-type: none"> <li>• NTP human resources development plan not available.</li> <li>• In-service training (domestic, international) on TB not conducted for many years.</li> </ul>
<b>ACSM</b>	<ul style="list-style-type: none"> <li>• No ACSM national plan for TB.</li> <li>• No ACSM activities based on the results of knowledge, attitude and practice surveys.</li> </ul>

<b>PSM</b>	<ul style="list-style-type: none"> <li>• NTP with limited capacity of forecasting and quantification.</li> <li>• Budget for anti-TB drugs and laboratory consumables built into the UHSN budget; no budget for tuberculin skin testing.</li> <li>• Current law limiting direct procurement from Global TB Drug Facility (GDF) and procurement of second-line anti-TB drugs.</li> <li>• No homogeneous approach among the main public health programmes in procurement of supplies.</li> <li>• Past stockout of first-line anti-TB drugs and laboratory reagents; no second-line anti-TB drugs available; a number of TB patients treated in Kosovo<sup>2</sup>.</li> </ul>
<b>Recording and reporting</b>	<ul style="list-style-type: none"> <li>• Confused distribution of M&amp;E responsibilities between NTP and IPH.</li> <li>• NTP recording and reporting paper-based and with variable performance.</li> <li>• Limited use of TB data for NTP intelligence and planning.</li> </ul>
<b>Engagement with partners</b>	<ul style="list-style-type: none"> <li>• Limited involvement of organizations/institutions working with populations at risk of TB not related to HIV.</li> <li>• Limited implementation of TB/HIV collaborative activities by NGOs working with populations at risk of or living with HIV.</li> <li>• Limited coordination with IPH regional offices.</li> <li>• Law on social contracting not operational.</li> <li>• PHC doctors poorly involved in TB.</li> </ul>

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<sup>2</sup> In accordance with the United Nations Security Council Resolution 1244 (1999).

## Implementation map within the Global Fund grant

Fig. 1 maps out the main NTP stakeholders (in boxes) by implementation arrangements as they were at the time of the mission: administrative authority is indicated by a black arrow; coordination by a dashed arrow; transfer of funds by a light-green arrow (for grant funding) or a dark-green arrow (for pre-existing government funding); transfer of assets by an orange arrow; and transfer of data by a blue arrow.

The Compulsory Health Insurance Fund (CHIF) pays for the services provided by all facilities,<sup>3</sup> including the UHSN and the University Hospital Centre “Mother Teresa” (UHCMT), the regional hospitals and the PHC providers; the pulmonology dispensaries are under the administration of the regional hospitals. The MoHSP pays the IPH for its staff and activities, including the National HIV/AIDS/STD Programme (NAP) Central Unit, the National HIV Reference Laboratory (located in its premises), and 36 public health directorates (one in each of the former districts of Albania). The IPH coordinates with the UHCMT (where all PLHIV are treated) and with the pulmonology dispensaries through the public health directorates.

The MoHSP is the PR of the Global Fund HIV/TB grant; grant SRs are a number of NGOs and WHO (see section on NGOs below). WHO provides technical assistance through the national professional officer, while the NGOs, to be contracted after final evaluation, will be responsible for enhancing HIV, HIV-related TB (HIV/TB) and TB services among vulnerable populations. The hospital epidemiologist at the UHSN is functionally appointed as NTP manager, while NAP has a proper central unit at the IPH with six staff (a manager and five additional professionals). The national reference laboratories for TB (NRL) and for HIV are located in the UHSN and UHCMT respectively.

The flow of funds from the grant is facilitated by the Global Fund Programme Management Unit (PMU); included in the funding is an upgrade of the NRL and of a UHSN ward where TB and MDR-TB patients will in future be treated. The PMU has a consultancy contract with the NTP manager and the NAP manager, and it may in future contract out services to other institutions, such as the IPH. The United Nations Children’s Fund (UNICEF) supports the MoHSP in procurement of ARVs. UNICEF Supply Division in Copenhagen procures ARVs on behalf of the Albanian government on state funds. While first-line anti-TB drugs are purchased from the GDF through an intermediary (in order to overcome advance payments). The anti-TB drugs are then given to the UHSN, which further distributes them to the pulmonology dispensaries. The antiretroviral drugs, meanwhile, are given to the UHCMT, which is the only facility in Albania that has such drugs and treats PLHIV. In future, the PMU will facilitate such procurement procedures, including procurement of second-line anti-TB drugs and TB laboratory consumables.

Data are collected at the various facilities, compiled by the NTP and NAP, and then reported to the MoHSP and IPH; the latter is expected to investigate each outbreak through its public health directorates and to produce Albania’s annual health report.

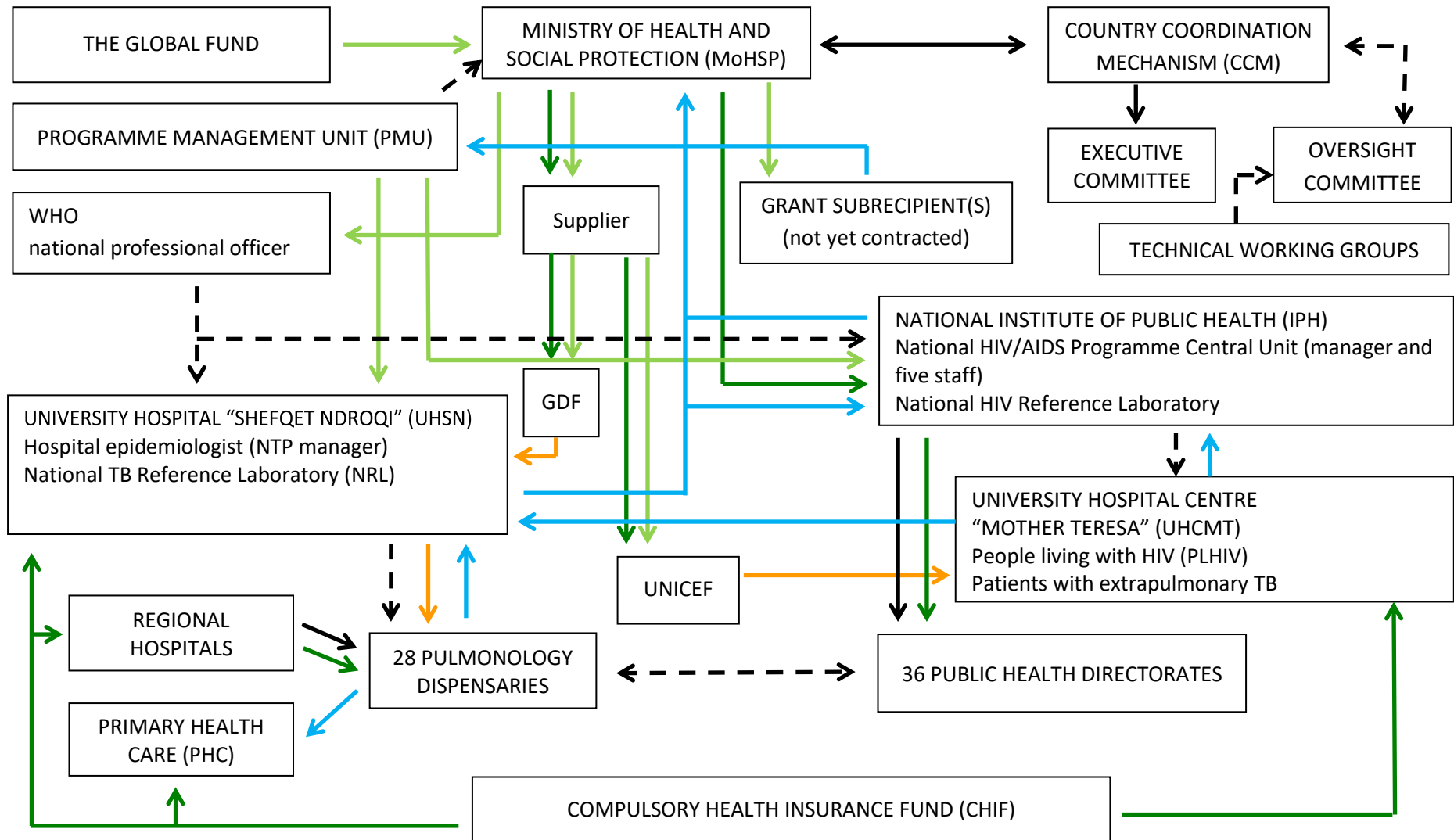
The CCM supervises the correct and effective implementation of the Global Fund grant; it has an executive committee with secretariat functions and an oversight committee which can call upon the advice of technical working groups.

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<sup>3</sup> Staff salaries are paid directly by the MoHSP.



**Fig. 1. Map of the implementation arrangements within the Global Fund grant**





## Role and responsibilities of the main government stakeholders

The main government stakeholders are analysed against the main governance/stewardship functions to be ensured by the NTP.

### Ministry of Health and Social Protection (MoHSP)

#### Role

Drafting and implementation of policies and development strategies in the health care sector; regulation of health care services and coordination of work among all stakeholders, both within and outside the health care system; guarantor of the constitutional rights to social protection and inclusion, social care and equal opportunities.

#### Responsibilities

In September 2017 the Ministry of Labour and Social Affairs was dissolved and its departments redistributed, many of them into the Ministry of Health, which then became the MoHSP. Currently, the organograms of all main institutions/agencies are under review by the Ministry.

Under the Minister and the General Secretary, there are three general departments: (1) General Department of Policies and Health Social Protection Development; (2) General Regulatory Department of Compliance for Health and Social Protection; and (3) General Department of Economic and Supporting Services. The first of these general departments itself has three departments: (i) Department of Project Design and Feasibility on Health and Social Protection Projects; (ii) Department of Policies and Strategy for Health and Social Protection Development; and (iii) Department of Development Programme for Health and Social Protection. The last of these has a number of units, including the Public and Primary Health Care Development Programmes Unit, which is staffed by three people whose principal expertise is mental health, alcohol/illicit drugs addiction and health promotion (Annex 1).

#### Observations

The NTP, as is the case with most other public health programmes, is cross-cutting, and different aspects of the programme (such as policy/strategy, implementation of hospital services, implementation of PHC services, procurement and budget) fall under different departments or units of the MoHSP. The very existence of the NTP could itself be questioned, based as it is on an outdated law<sup>4</sup> and with a budget that is appended to the UHSN budget and limited to procurement of anti-TB drugs. The NAP, by contrast, is founded on a more recent law (“On prevention and control of HIV/AIDS”, No. 9952, dated 14 July 2008 (10)) and has its own status, central management (Central Unit) and budget in the IPH.

Effective TB prevention and control in Albania started in 1996 with implementation of the directly observed treatment, short-course (DOTS) strategy, and over the years reduction of TB mortality and incidence was achieved through strong political commitment and

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<sup>4</sup> Ministry of Health’s Order No. 105, dated 2 December 1998.

international support. At the end of Global Fund support in March 2012, it was wrongly assumed that TB had been beaten and the CCM suspended its activities. The UHSN, meanwhile, progressed in its reprofiling, changing from a hospital specializing in lung diseases to a general tertiary care hospital catering for the whole country (it was nominated as such in 2008). The NTP found itself in limbo – essentially, an appendix to a hospital, with unclear budget and management structures, limited to basic diagnosis and treatment services through the pulmonology dispensaries administered by the local health authorities, and reporting to the MoHSP's unit responsible for hospital services. Most of the recommendations from previous WHO missions remained unfulfilled, even where they were feasible through domestic funding. Fortunately, a bilateral agreement signed in 2008 between Albania and Kosovo<sup>5</sup> offered a buffer to the NTP's shortcomings, allowing Albanian patients to be treated in Kosovo.<sup>6</sup>

### Recommendations

- Update the current legislation on TB in order to provide a basis for the organization and full implementation of an NTP commensurate with its public health importance.
- Ensure a dedicated budget for the NTP that is unlinked to any hospital budget and covers all its public health functions.
- Strengthen the role of the NTP manager, with clear terms of reference and authority.
- Create an NTP central management unit, with clear terms of reference and composition.

### *National Tuberculosis Strategic Plan 2015–2019 (NSP)*

The NSP was devised in support of the application for the Global Fund grant. Its goal is to consolidate the achievements made so far in the fight against TB and to lead the country towards TB elimination.

The NSP has four main objectives:

- to ensure a high-quality health care service for all TB patients;
- to reduce the socioeconomic burden and human suffering associated with TB;
- to protect groups that are vulnerable to TB, TB/HIV and MDR-TB;
- to protect and promote human rights in TB prevention, treatment and control.

The NSP's targets are:

- TB incidence of less than 15 new cases per 100 000 population
- TB mortality rate of less than 0.5% deaths per 100 000 population
- MDR-TB prevalence less than 2% among newly diagnosed TB cases
- case detection of new TB cases over 80%
- success rate among new TB sputum smear-positive cases over 90%.

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<sup>5</sup> In accordance with the United Nations Security Council Resolution 1244 (1999).

<sup>6</sup> In 2017 one MDR-TB patient and 69 drug-susceptible TB patients were treated in Peja Hospital in Kosovo.

The components of the NSP are similar to those of the Stop TB Strategy (11):

- to pursue high-quality DOTS enhancement;
- to address TB close contacts, the needs of vulnerable and poor people, MDR-TB and HIV/TB;
- to ensure large-scale TB infection control in Albania;
- to contribute to strengthening the health system by developing PHC services;
- to empower people with TB, the community and all medical suppliers by establishing partnerships;
- to enable and conduct local operational research on TB.

The overall cost of the activities considered under the NSP is US\$ 6.5 million, with a budget gap of US\$ 1.9 million.

### Observations

The NSP 2015–2019 was written in 2014–2015 and inspired by the Stop TB Strategy. In 2016 this strategy was replaced by the End TB Strategy, which has higher targets and focuses on strengthening general health systems, social protection and research. The End TB Strategy was adapted by WHO and became the *Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020* (9), which was endorsed by all Member States of the European Region, including Albania.

### Recommendations

- Undertake an external review of the NTP by 2018.
- Based on the results of the review and referring to the End TB Strategy and the *Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020*, produce a revised NSP with new analysis of the funding gaps.

## Compulsory Health Insurance Fund (CHIF)

### Role

Financing health care services through compulsory and voluntary insurance payments, based on principles of universal access, solidarity, efficiency and quality, free choice of doctor, and partnership (12).

### Responsibilities

- To undertake annual contracts with public and private health care providers for delivery of health care packages.
- To pay for visits, examinations and medical treatments by public and private providers of primary (except community centres), secondary and tertiary care (except psychiatric hospitals).
- To pay for medicines (from a list of reimbursable medicines), products and medical treatments prescribed by a contracted health care provider.

CHIF was founded in 1994 under the name Compulsory Health Insurance Institute as a state institution – independent, non-budgetary and non-profit. It started by reimbursing the cost of medicines and paying the salaries of PHC providers; it then gradually expanded to purchasing almost all public primary and secondary/tertiary health care services. CHIF is currently regulated by Law No. 10383, dated 24 February 2011, “For the Compulsory Health Care Insurance in the Republic of Albania”. CHIF is organized and functions as per the provisions of its statute, approved by the Council of Ministers, Decision No. 124, “On the approval of the Statute of the Compulsory Insurance Fund Health Care in the Republic of Albania”, dated 5 March 2014. The Administrative Council, which is the governing body of CHIF, is composed of the Minister of Health and Social Protection (or a representative), the Minister of Finance (or a representative), the Director General of CHIF, the Director General of the Social Insurance Institute, a representative of the trade unions, and a representative of an organization of health professionals.

All available public services and selected private services are free of charge for all insured people if they go through the PHC gateway. Co-payments may be incurred for medicines prescribed to outpatients if they are not the first choice in the relevant therapeutic group. People who are not covered by insurance are entitled to free visits at PHC level, but they have to pay for prescribed medicines and for medical fees when they are referred to upper levels of care. Informal payments may be made but have not been recently quantified. Vulnerable population groups are protected by the state and receive health benefits according to their specific condition.<sup>7</sup> CHIF is steadily progressing in implementing its principles, including establishment of public–private partnerships in delivery of services. There is a plan to introduce a private partnership in all the country’s public laboratories by January 2019.

### Observations

Costs of diagnosis and treatment of TB services are paid to health providers through CHIF, which can monitor financial disbursements and quality of service delivery. Privatization of all public laboratories by January 2019 has created concerns for the future of the NRL, which is the UHSN’s laboratory and scheduled for renovation through the Global Fund grant.

### Recommendations

- Establish a dialogue and collaboration with CHIF to ensure that effective TB services are assigned and delivered at all levels of care.
- Issue an MoHSP order making the UHSN’s laboratory the official NRL, with clear terms of reference; protect the laboratory’s public functions from privatization.

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<sup>7</sup> Children (under 18 years of age), students (18–25 years), pregnant women, pensioners, war veterans, unemployed people (upon registration in the jobseekers’ list), people with social conditions (orphans, people with invalidity, disability or receiving social support, asylum seekers), and people registered with specific diseases (blindness, cancer, TB, HIV, multiple sclerosis, major thalassaemia, growth hormone deficiency, renal post-transplant status, St Paul’s apathy medulla).

## University Hospital “Shefqet Ndroqi” (UHSN)

### Role

Provision of tertiary care for the whole population of the country.

### Responsibilities

- To provide diagnosis and initial treatment for pulmonology and TB patients from the whole country.
- To provide diagnosis and treatment for most other medical conditions.
- To accommodate postgraduate training in pulmonology.
- To receive and distribute first-line anti-TB drugs.
- To receive and distribute TB laboratory commodities.

The core building of the UHSN was built in 1961 as a sanatorium; it was converted into the Phthio-pulmonology Hospital in 1983, the University Hospital of Lung Diseases in 1993, and then into the Tertiary University Hospital in 2008 (13). The UHSN’s director assigned the new extension of the hospital premises to additional non-TB services and hospital administration, while one old hospital ward and the existing laboratory premises are due to be renovated through the Global Fund to become a stand-alone TB ward and the NRL.

### Observations

As a legacy of past times, when all TB patients had long hospitalization and follow-up in Tirana, the UHSN maintains responsibility over the NTP through one of its staff (the hospital epidemiologist, who is appointed NTP manager) and a hospital budget item that includes procurement of first-line anti-TB drugs for the whole country. Such arrangements – in particular, the importance placed on inpatient care – could be regarded as the primary cause of past stockouts of anti-TB drugs and laboratory consumables and the chronic absence of non-hospital-based activities (e.g. supervision, ACSM, etc.).

### Recommendations

- Establish an NTP central management unit outside the UHSN and a dedicated NTP budget unlinked to any hospital budget.
- Maintain close collaboration with the UHSN in supporting key NTP functions such as development of policies and technical guidelines, the NRL, training and research.

### *National TB programme manager*

On 3 June 2015, upon the official request of the Ministry of Health (before it became the MoHSP), the UHSN director recommended that the hospital epidemiologist become NTP manager. However, there are no terms of reference for such a position.

### Observations

There are a number of factors limiting the capacity of the NTP manager: not having specific terms of reference; being employed as a member of UHSN staff and reporting to its director; and not having a team (NTP Central Unit) with whom to share workload.

## Recommendations

- Strengthen the role of the NTP manager by giving terms of reference that include all NTP stewardship functions and give proper technical authority.

## University Hospital Centre “Mother Teresa” (UHCMT)

The UHCMT is the largest medical and academic institution in Albania; it has 1 450 hospital beds distributed in nine premises and manage 80 000 admissions, 260 000 emergency episodes and provides outpatient services to about 300 000 cases per year. (32) The Infectious Disease Service is composed of outpatient units (admission/emergency unit, consultation to other hospital services, tropical diseases and emergency, HIV clinic) and an inpatient department with 80 beds (reduced from 200 beds in the past). This service deals with a large variety of infectious conditions, mainly of faecal–oral and blood transmission. HIV/TB patients and patients with extrapulmonary TB (with the exception of pleurisy) are also treated here, but under very poor airborne infection control measures.

## Global Fund Programme Management Unit (PMU)

### Role

Monitoring and evaluating implementation of the Global Fund project results framework through technical and fiduciary management, on behalf of the MoHSP.

### Responsibilities

- To ensure effective expenditure in accordance with the project implementation plan and budget approved by the CCM.
- To ensure that all Global Fund activities are in compliance with the project plans.
- To compile reports in accordance with Global Fund reporting arrangements with respect to the financial, procurement and technical programme, based on the project implementation plan.
- To ensure consistency with national reform policies.
- To develop and implement the procurement plan (contract negotiations, tender documents and other documents for procurement of drugs/products/services for HIV and TB programmes, reporting).
- To assess SRs’ capacity in the area of M&E and support them in strengthening M&E skills.

The NAP manager and the NTP manager, in their capacity of part-time disease advisers, are requested to support/advise the PMU manager in planning and overseeing project implementation, ensuring that deliverables and functionality are achieved as defined in the Programme Grant Agreement, funding documentation and subsequent programme plans.

The PMU is composed of nine staff members:

- programme manager
- finance officer
- procurement officer

- monitoring and evaluation officer (not currently filled)
- administrative/finance assistant (not currently filled)
- procurement assistant (not currently filled)
- driver (not currently filled)
- HIV disease adviser (part-time)
- TB disease adviser (part-time).

### Observations

While not ignoring the government budget spent on TB (on staff salaries, procurement of anti-TB drugs and laboratory consumables, etc.), this cannot justify the very unbalanced Global Fund funding for TB (less than 10% of the HIV funding), which is not commensurate with the epidemiological burden. Moreover, such support comes after years of declining domestic resources and deterioration of NTP services. Key for the successful implementation of the Global Fund grant and of the NTP will be PMU assistance in building the capacity of the NTP Central Unit and in using for TB funds not yet earmarked for HIV or made available by future savings. The poor involvement of NGOs working with key populations at risk of non-HIV-related TB is a major concern.

### Recommendations

- Support capacity-building of the NTP's central management unit.
- Give preference to TB activities in the allocation of Global Fund grant funds not yet earmarked for HIV and of future savings.
- Enhance collaboration with organizations/institutions working for TB-relevant Sustainable Development Goals (14) and consider collaboration with new NGOs working with key populations at risk of non-HIV-related TB (e.g. poor people, the homeless, alcohol addicts, miners, ethnic minorities, others to be identified).

## Institute of Public Health (IPH)

### Role

Development and implementation of prevention and control of diseases, injuries, disabilities, environmental damages; development and implementation of health promotion – to be achieved in close cooperation with national and international agencies and organizations (15).

### Responsibilities (16)

- To monitor the health status of the population in order to promptly identify and address health problems; to manage the national registers.
- To conduct scientific research to provide innovative solutions to health problems and to establish effective strategies on disease control and prevention.
- To stimulate and support draft laws and regulations aimed at protecting the health of the population and its health insurance.
- To identify and monitor health risk determinants.
- To provide continuous education and professional support to public health workers.

- To provide health information and education to, and promote health awareness among, the general population.
- To assess the effectiveness, accessibility and quality of population-based health services and patient-based health services.
- To stimulate, coordinate and support the initiatives of institutions and communities in their efforts and activities to identify and solve health problems.

The IPH (see organogram in Annex 2) is organized in six departments: Support Services; Epidemiology and Control of Infectious Diseases; Health and Environment; Epidemiology and Health Systems; Health Infrastructure, Technology and Communication; and Health Promotion. Two separate sectors (units) are also considered: Vivarium and Radio Protection. The Department of Epidemiology and Control of Infectious Diseases has seven sectors: (1) Surveillance of Infectious Diseases; (2) National Immunization Programme; (3) NAP; (4) Hospital Infection Control; (5) National Reference Laboratories; (6) Vectors Control Programme; and (7) Preparatory, Antigen Production and Diagnostic Serum. The NAP sector has five staff: coordinator, epidemiologist, psychologist (coordinating voluntary HIV counselling and testing), and two social scientists (covering vulnerable groups and ACSM). The organogram is currently under review by the IPH director to reflect more adequately the new priorities in public health nationally and internationally. The IPH also hosts the Centre on Communicable Diseases Control and Surveillance and International Health Regulations of the South-eastern Europe Health Network (SEEHN).<sup>8</sup>

The IPH director reports directly to the Minister of Health and Social Protection. The IPH receives funds from the MoHSP against an annual plan which specifies activities and costs; it reports on implementation to the Department of Budget and Financial Management through a consolidated budget report.

The MoHSP confirmed to the current mission its decision to establish the future NTP Central Unit within the IPH, in a similar arrangement to that of the NAP.

### Observations

The decision of the MoHSP is consistent with its desire to enhance public health approaches and to change the former paradigm applied by Albania to TB prevention and control. However, in order to translate the many differences between HIV and TB, in terms of both epidemiology and service delivery, into effective action, the NTP Central Unit should be properly designed and independently supported, without imitating the well-established NAP Central Unit. MoHSP funds given to the IPH should adequately cover the NTP's needs and include procurement of anti-TB drugs and laboratory consumables.

### Recommendations

- Under the IPH budget, create a specific TB budget line which supports all NTP stewardship functions, including central procurement of TB medicines and laboratory consumables.

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<sup>8</sup> SEEHN is a multi-governmental political and institutional forum for regional collaboration on the health and well-being between nine Member States: Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia (<http://seehn.org>).



- Adopt for TB medicines the same arrangements for storage and country distribution as those used for vaccines.
- Issue an MoHSP order requesting that the IPH report annually on each programme item, rather than on the consolidated budget only.
- Establish an NTP central management unit with clear terms of reference and composition (Annex 3), independent from and with the same capacity as the NAP central management unit, in order to avoid competing and unclear responsibilities for effective TB and HIV/TB collaborative action.

## Country Coordination Mechanism (CCM) and its standing committees

### *Country Coordination Mechanism*

#### Role

Assurance that Global Fund resources are used to support an approach that is country-driven, coordinated and multisectoral, involving all relevant partners (17).

#### Responsibilities

- To coordinate the development and submission of national proposals to the Global Fund.
- To develop and implement criteria for nomination of the PR and SRs for each proposal (these will be involved in implementation of the project, should the proposal be approved).
- To oversee Global Fund grants in Albania; to oversee implementation of activities financed by Global Fund grants, ensuring that the performance of PRs and SRs is monitored and evaluated; to review progress reports prepared and submitted to the Global Fund by PRs.
- To facilitate PRs in reprogramming of grants; to consider and, where appropriate, approve major changes in grant implementation plans that have been proposed by PRs; when necessary, to submit requests to the Global Fund for reprogramming of approved grants.
- To submit requests to Global Fund for continued funding, and for continued funding for each approved grant, as required.
- To lay down governance-related policies, as well as other associated procedures; to implement and modify them as and when necessary.
- To ensure transparency in all processes of information-sharing and to make information accessible to the general public.

The CCM is composed of 16 voting members, with the option that an institution/organization may be represented by an alternative person (Table 2) (18).

**Table 2. Composition of the CCM**

	<b>Voting member</b>
1	Minister or Deputy Minister of Health and Social Protection (chair)
2	Ministry of Education and Sports
3	Director General for Social Protection, Minister of Health and Social Protection
4	Ministry of Finance
5	Ministry of the Interior
6	Ministry of Justice
7	Commission of Antidiscrimination
8	French Embassy
9	University Hospital Centre “Mother Teresa”
10	National HIV/AIDS Programme
11	Aksion Plus (working with HIV key affected people)
12	Albanian Centre for Population and Development (ACPD) (working with HIV key affected people)
13	National Centre for Community Services (NCCS) (working with HIV key affected people)
14	Person living with HIV (vice chair)
15	TB patient or former TB patient
16	United Nations Population Fund (UNFPA)
	<b>Observer</b>
	World Health Organization

The CCM has the Minister of Health and Social Protection as chair and an elected vice chair; one person based in the IPH has the functions of secretariat. The CCM can also count on an Executive Committee, an Oversight Committee, and a Proposal Development Committee (as and when required).

#### *Executive Committee*

##### **Role**

Coordinates and directs the CCM secretariat in supporting and coordinating ad hoc working groups and attending to routine or urgent communications for which calling a CCM meeting is not feasible.

##### **Responsibilities**

- To coordinate communication on behalf of the CCM with the Global Fund, the Government of Albania, multilateral and bilateral development partners, civil society groups, PRs and other grant-implementing agencies.

- To provide coordination and direction to the CCM secretariat in all its functions, to monitor performance of the secretariat, and to make recommendations to the CCM on opportunities to improve CCM secretariat functions where necessary.
- To coordinate and provide support to working parties and ad hoc committees and groups of the CCM.
- To facilitate and assist CCM functioning by overseeing preparation of submissions for consideration by the full CCM.
- Where delegated by the CCM, to make routine administrative decisions to support CCM functioning (the Executive Committee will present all such decisions to the next CCM meeting and, where feasible, communicate details to CCM members as soon as possible after the decision is made).
- To plan and strengthen the capacity of CCM members, including orientation of new members.
- To address any other matters referred to it by the CCM, reporting back to the CCM on any decisions made.
- To hire CCM focal point and other required staff for the secretariat.

The Executive Committee is composed of the CCM chair and vice chair and the Oversight Committee chair and vice chair.

### *Oversight Committee*

#### **Role**

Assists the CCM in fulfilling its responsibility to hold the PR accountable for resources given to the country.

#### **Responsibilities**

- To deliberate and make recommendations on all oversight issues and its work plan, or on any matter referred to it by the CCM.
- To receive and/or investigate allegations of conflict of interest in CCM activities; to advise the CCM of all such matters referred to it and the actions taken by the Committee to investigate them, as well as any recommendations for action on the part of the CCM.
- To table all recommendations at the CCM meeting immediately following the making of the recommendations.
- In consultation with the CCM, to lead or contribute to the following oversight processes: (i) grant implementation; (ii) rolling continuation channel funding; (iii) donor coordination and alignment with health systems; (iv) grant closure.
- To ensure oversight functions on: (i) finance, including tax exemption; (ii) grant management by the PR; (iii) procurement; (iv) implementation; (v) PR/SR partnership; (vi) results; (vii) reporting; (viii) technical assistance.

The Oversight Committee of the CCM is composed of seven members (Table 3).

**Table 3. Composition of the Oversight Committee of the CCM**

	<b>Member</b>
1	Commission of Antidiscrimination (vice chair)
2	Institute of Public Health
3	Albanian Association of People Living with HIV/AIDS   AIDS Action Europe
4	Representative of PLHIV
5	Representative of people living with disabilities
6	NCCS (chair)
7	Albanian Lesbian Gay Association (ALGA)

#### *Technical working groups of the Oversight Committee*

##### **Role and responsibilities**

The Oversight Committee utilizes three technical working groups (on AIDS, on TB and on health system strengthening) to provide expert knowledge and advice on matters of programme implementation, management and evaluation.

The members of the technical working groups are recommended by the Oversight Committee and nominated by the CCM on the basis of their technical or programme management knowledge and expertise. The technical working groups cannot be part of the CCM, nor be present at decision-making by the Oversight Committee.

#### *Joint HIV/TB committee*

In response to the need to strengthen TB governance under the Global Fund grant, the MoHSP plans to establish a joint HIV/TB committee and has asked WHO for technical assistance (19). A first-draft document currently in circulation proposes the following roles/responsibilities and composition of the committee under the tentative name “Joint Technical Committee on the Control, Prevention and Fighting of HIV/AIDS and TB”.

##### **Proposed role and responsibilities**

To plan and coordinate HIV and TB activities; to monitor and evaluate all national efforts to control, prevent and fight HIV and TB in Albania.

The composition of the committee is anticipated to comprise 18 members (Table 4).

**Table 4. Proposed composition of the joint HIV/TB committee**

	<b>Member</b>
1	NAP manager
2	NTP manager
3	Representative of PHC at MoHSP
4	Representative of CHIF
5	Director of UHSN
6	Director of IPH
7	Director of UHCMT
8	Member of the NTP
9	Member of the NAP
10	Head of the NRL
11	Head of the National HIV Reference Laboratory
12	Practising HIV physician for adult age at UHCMT
13	Practising HIV physician for paediatric age at UHCMT
14	Practising TB physician for adult age at UHSN
15	Practising TB physician for paediatric age at UHCMT
16	Head of PLHIV (patients' association)
17	Head of TB patients' association
18	Global Fund PMU manager

### Observations

The CCM Albania took over, in practice, the functions of the National TB Committee in 2007; it reduced its activities in November 2013 with the closure of the previous Global Fund grants for HIV and for TB; and it was then revived after the renewed eligibility of Albania to access Global Fund support in 2015. The CCM appears unbalanced in its composition (ratio of six members with an HIV background to only one member with a TB background) and weakened by its numerous committees. Moreover, the CCM's composition looks inequitable, if not outdated, because of the representation of a bilateral partner (the French Embassy) while other partners are not present. CCM membership is currently under review.

CCM secretariat functions, meanwhile, are given to top-level chairpersons who make up the Executive Committee and the Oversight Committee; with existing pressures on their time, such individuals may not be especially effective in carrying out such functions or providing technical support to the CCM.

The joint HIV/TB committee, as described in the current draft, may be effective in strengthening HIV and TB coordination, but not TB governance and its technical capacity. However, given clear terms of reference and consistent composition (see proposal in

Annex 4), the joint HIV/TB committee should be an opportunity to enhance NTP governance (strengthened by the newly established NTP Central Unit; see Annex 3) and to boost the capacity of both national programmes (through the work of the two technical subgroups).

### Recommendations

- Revise CCM composition: keep 16 members, but have only two representatives from NGOs (selected from those working with HIV key affected people and TB key affected people), ensure equal representation of key tertiary care and academic institutions (UHCMT<sup>9</sup> and UHSN), and include both NAP and NTP managers.
- Replace the CCM committees with a strong secretariat which can facilitate the work of the CCM and be directly accountable to it.
- Move advisory technical functions from the Oversight Committee to the TB Technical Group and HIV Technical Group of the joint HIV/TB committee (to be established with clear terms of reference and composition, as proposed in Annex 4).

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<sup>9</sup> The representative of the UHCMT is also the NAP manager, an unfair situation considering that the NTP manager is not a member.

## Role and responsibilities of the main nongovernment stakeholders

The main nongovernment stakeholders – in a similar manner to the government ones covered in the previous section – are analysed against the main governance/stewardship functions that need to be performed in a national TB programme.

### The Global Fund to Fight AIDS, Tuberculosis and Malaria

In Albania, the Global Fund has been supporting the NAP and the NTP as following:

April 2007– March 2015	Strengthening Albania’s national response to HIV/AIDS among vulnerable groups (ALB-506-G01-H, US\$ 5.4 million)  PR: IPH (latest performance rating A2)  SRs:
April 2007– March 2012	Scaling up the national response to TB (ALB-506-G02-T, US\$ 487 000)  PR: IPH (latest performance rating A1)  SRs:
October 2017– December 2019	Scaling up sustainable national responses to HIV/AIDS and TB among key affected populations in Albania (ALB-C-MOH, US\$ 5.8 million)  PR: MoHSP  SRs: currently being selected

There were gaps of almost three years (March 2015 to October 2017) and of over five years (March 2012 to October 2017) in Global Fund support for the HIV and the TB national programmes respectively, due to changed eligibility criteria for accessing such funding and to the long negotiation until signature of the grant agreement. In contrast to the past, the PR of the current grant is the MoHSP, which is now receiving applications from organizations/institutions interested in becoming grant SRs. Out of the total US\$ 5.8 million of the HIV/TB grant, US\$ 2.8 million (49%) is clearly earmarked for HIV, US\$ 245 000 (4%) for TB, and the rest for both diseases (coinfection, prison, resilient and sustainable systems for health (RSSH)) (20).

### Nongovernmental organizations working with populations at risk of HIV

The MoHSP recently shortlisted 13 NGOs of the 23 that applied to become SRs of the Global Fund HIV/TB grant (Table 5). The final selection and contract will be made after a period of observation and possible appeal by the NGOs not shortlisted.

#### Role

Implementation of the Global Fund HIV/TB grant activities as per terms of reference published by the MoHSP (21).

## Responsibilities

### *For HIV*

- To improve quality and scale up preventive interventions for the most vulnerable population groups, including injecting drug users, men having sex with men, prison inmates and Roma.
- To develop effective links between HIV prevention, diagnosis and treatment services for early identification of HIV infection and referral for treatment and care.
- To undertake awareness-raising campaigns on preventing HIV and taking appropriate measures to counter it.
- To strengthen the health system's capacity for an effective response to HIV, including establishment and improvement of data surveillance systems at community and medical facility levels.
- To ensure strengthening of the community system for field activities and prevention.
- To enable structural and functional changes in antiretroviral treatment, treatment cascade, links between government and NGOs/civil society organizations, and procurement and supply management, as well as health surveillance system.

### *For TB*

- To scale up susceptible and drug-resistant TB diagnosis and use of GeneXpert assay technology.
- To build capacity for treatment and care of MDR-TB patients in Albania.
- To strengthen TB infection control in health care facilities.
- To provide appropriate care and support to TB patients.
- To strengthen HIV/TB cooperation.
- To undertake awareness campaigns on HIV prevention and care.

### *Crosscutting*

- To strengthen key functions of the health system for HIV and TB control.
- To establish links between HIV and TB interventions with broad health care reform and other health system support programmes.
- To enhance the capacity of the NAP and the NTP and raise awareness.
- To target specific population groups such as: injecting drug users; sex workers; men having sex with men and their sexual partners; prisoners; pregnant women; PLHIV; patients with TB and MDR-TB; health care providers, including PHC, involved in diagnosis and treatment of TB and MDR-TB; NAP and NTP staff; young people at risk and women.

The above responsibilities will be assigned to those NGOs finally selected and based on their project proposal, which was in line with their own mission (Table 5).



**Table 5. NGOs shortlisted to become SRs of the Global Fund HIV/TB grant**

	<b>Nongovernmental organization</b>	<b>Target population</b>
1	Albanian Association of Infectious Medicine (Shoqata Shqiptare e Infektivologjisë [SHSHI]) <sup>10</sup> (22)	PLHIV
2	Albanian Lesbian and Gay Association (ALGA)	Lesbians, gays
3	Alliance Against Lesbian, Gay, Bisexual, and Transgender Discrimination (Aleanca kundër diskriminimit LGBT) (23)	Lesbians, gays, bisexuals and transgenders
4	Albanian Association of People Living with HIV/AIDS (Shoqata Shqiptare e Personave që jetojnë me HIV/AIDS) (24)	PLHIV
5	Action Plus: Prevention Programme for Injecting Drug Users (Aksion Plus/Programet e parandalimit për personat që injektojnë drogë) (25)	People who inject drugs
6	Action Plus: Preventive Programme for Sex Workers and their Customers (Aksion Plus/Programet e parandalimit për punonjëset e seksit dhe klientët e tyre) (26)	Sex workers
7	Albanian Network for European Integration (Rrjeti shqiptar për Integrim Europian [ANEI]) (27)	Young people, women
8	Centre for Community Health and Welfare (Qendra e Shëndetit dhe Mirëqenies Komunitare)	Roma
9	National Association of Public Health (Shoqata Kombëtare e Shëndetit Publik [NAPH]) (28)	Health providers
10	Open Doors Centre (Qendra “Open Doors”) (29)	Young people
11	Partnership for Positive Development (Partneritet për zhvillim pozitiv [PDF])	Women
12	Respiratory and TB Centre (Qendra e Shëndetit Respirator dhe TB [QSHRT])	TB patients
13	“Stop AIDS” Association (Shoqata “Stop AIDS”)	PLHIV

### Observations

Most of the NGOs listed in Table 5 work with population groups at risk of HIV and TB, dependently and independently of their HIV status. Consequently, they should be seen as additional assets in the fight to prevent and control TB and be used as such by the NTP. However, in Albania only a few patients have TB because of their HIV infection, while the large majority come from other vulnerable populations (e.g. the poor, homeless, miners, prisoners, etc.). These populations are not targeted by the NGOs shortlisted for implementation of the Global Fund HIV/TB grant.

<sup>10</sup> The Head of the Shoqata Shqiptare e Infektivologjisë, Professor Arjan Harxhi, is also Director of the Department of Infectious Diseases at the UHCMT.

## Recommendations

- Involve all NGOs that are SRs of the Global Fund HIV/TB grant in TB-related education, early identification of TB infection and disease cases, supervision of TB treatment, and health education.
- Carry out further study of other NGOs involved in working with population groups at risk of non-HIV-related TB.

## World Vision

### Role

Working with the poor and oppressed to promote human transformation, seeking justice, and bearing witness within an international partnership of Christians (30).

### Responsibilities (in Albania)

In Albania, World Vision supports vulnerable children and their families by providing education materials, food packets, health services, and (in some extreme cases) household facilities to break the cycle of poverty. World Vision has implemented Global Fund TB grants in 11 other countries – Guatemala, Bosnia and Herzegovina, Mongolia, India, Myanmar, Thailand, Indonesia, Philippines, Papua New Guinea, Somalia and Senegal.

### Observations

World Vision could be a valuable partner in implementing TB prevention and control among its target populations.

### Recommendations

- Sound out World Vision to see if it is willing to form a partnership with the NTP.

## Albanian Red Cross

### Role

Improvement of the lives and dignity of people in need, in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement (31).

### Responsibilities

- To organize awareness campaigns for community preparedness in case of disasters; to establish well-equipped teams to respond to disasters.
- To support and advocate for population groups that are marginalized or excluded (for example, it supports elderly people by providing social services, health and nutrition support).
- To provide training on first aid to the population.
- To provide health education for young people and the general population, through dissemination of information, meetings, talks, publications and awareness-raising activities.
- To distribute medicaments, surgical equipment, hygiene kits for hospitals, water-sanitation kits, etc.

- To promote, educate and recruit volunteers for blood donation.
- To enhance the image, among the general public, of the Red Cross and the Red Crescent in general and of the Albanian Red Cross in particular.
- To increase its own management capacities for proper functioning of all structures.
- To develop and promote the role of young people as active volunteers, in spreading the humanitarian values of the Red Cross and Red Crescent Societies and in humanitarian activities to help people in need and in advocating for them.

The Albanian Red Cross, founded in 1921, is the oldest humanitarian association in Albania. It is a member of the Federation of the Red Cross and Red Crescent Societies, and has 39 branches throughout the country.

### Observations

The Red Cross and Red Crescent could be a valuable partner for implementing TB prevention and control among their target populations.

### Recommendations

- Sound out the Red Cross and Red Crescent to see if it is willing to form a partnership with the NTP.

## World Health Organization

### Role

Provision of technical assistance to the MoHSP of Albania for the programme funded by the Global Fund, in accordance with the current Memorandum of Understanding signed on 10 May 2018.

### Responsibilities (through the national professional officer and other WHO experts)

- To ensure consistency of the implementation of the Global Fund grant with WHO-recommended policies and guidelines.
- To promote and facilitate policy dialogue and collaboration between institutions, national programmes, services and stakeholders to facilitate development of joint policy agendas and plans for TB, drug-resistant TB, HIV and HIV/TB.
- To strengthen TB governance and contribute to strengthening the capacities of the NTP; to give technical assistance to the NTP review; and to support its activities as specified in the grant agreement.
- To provide technical assistance in developing and implementing the policy on patient-centred services for TB within PHC.
- To support development of TB guidelines (on MDR-TB, latent TB infection, TB in children, TB infection control, screening of health workers, procurement and supply management).
- To strengthen TB infection control and biosafety.
- To provide technical assistance in the review of relevant and priority national policies regarding HIV surveillance, testing, treatment and care.

- To provide technical assistance in the assessment of the basic package of HIV services for key populations, including opioid substitution therapy and other technical areas as needed.
- To support alignment of national practices with WHO recommendations on management of HIV/TB and HIV/hepatitis, including the collaboration protocol between the NAP and the NTP.
- To support strengthening of the response monitoring system; to provide technical assistance in national data collection and reporting in the frameworks of regional and global-level reporting on HIV.

### Observations

Many challenges face the NTP and the NAP (especially the former), and appropriate international linkages and professional technical assistance are very much needed. The Memorandum of Understanding with WHO represents a very important tool in meeting these requirements and carrying out sustainable interventions that are unlinked to external funding and in line with international standards.

### Recommendations

- Implement and monitor application of the current agreement of collaboration between the MoHSP and WHO.

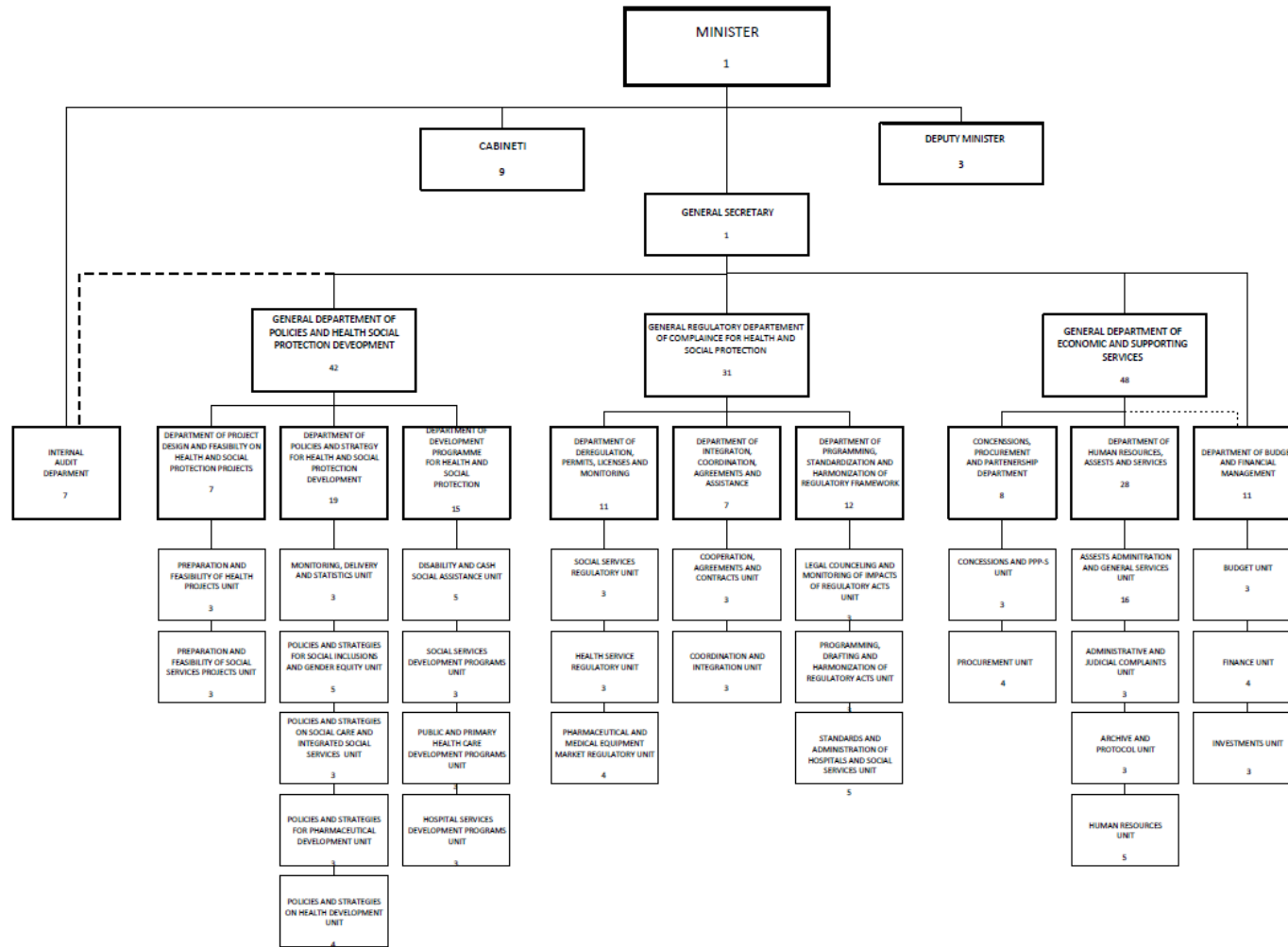
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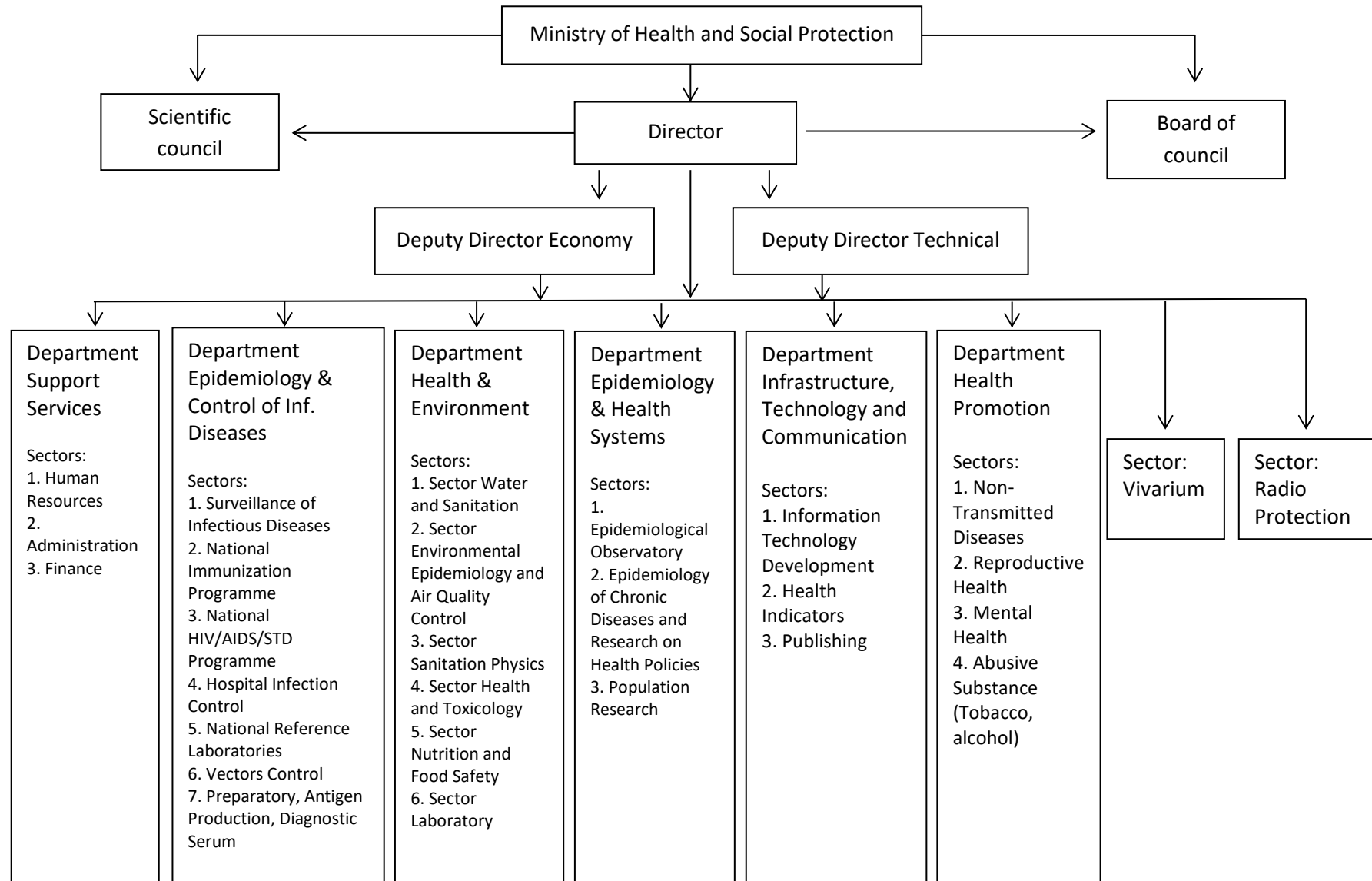
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# Annex 1: Organogram of the Ministry of Health and Social Protection (MoHSP)





## Annex 2: Organogram of the Institute of Public Health (IPH)



## **Annex 3: Terms of reference and composition for the National TB Programme Central Unit**

### **Terms of reference**

The NTP Central Unit is headed by the NTP manager and works on behalf of the MoHSP. Its functions include:

- (1) to ensure regular planning to implement the End TB Strategy in Albania, budgeting and management review, engaging a wide range of stakeholders;
- (2) to develop policies and guidelines and operational research for evidence-based TB care and prevention, and to insert TB policy within broader national health policy;
- (3) to coordinate services and supervision to ensure high-quality management of TB care and control, with strong referral, notification and information mechanisms in primary care, hospitals, and specialist services – public and private – as well as a network of laboratory and radiology services involved in TB diagnosis;
- (4) to ensure human resource planning, capacity strengthening, supervision and monitoring of TB service quality on all levels, and continuous medical education, integrated within wider systems of human resources development;
- (5) to conduct advocacy, communication and social mobilization by providing targeted information on TB strategies and policies for all levels of care, all relevant specialist services, and both the public and the private sectors; to design and deliver enhanced educational materials for patients, families, affected communities and partners across and beyond government, and to include them in the design process;
- (6) to ensure effective procurement and supply management by supporting, with others responsible in the MoHSP, the uninterrupted supply of quality-assured anti-TB drugs and diagnostic tests, based on forecasting, drug management capabilities and a strategy for rational drug use;
- (7) to ensure TB recording and reporting by timely collection and analysis of high-quality data and capacity of all levels of the health system in surveillance and programmatic monitoring and evaluation, including joint NTP reviews involving stakeholders and periodic public reporting;
- (8) to engage all partners, such as government and nongovernment counterparts working on health financing, social policy, social protection, justice, labour, migration, etc., to define roles and create referral and support systems.

### **Composition**

- Manager
- Focal point for training and operational research
- Focal point for procurement and supply management
- Focal point for vulnerable groups and social protection
- Focal point for monitoring and supervision
- Focal point for TB laboratory

The NTP Central Unit should have an adequate number of dedicated professionals; it is recommended that the NTP Central Unit has the same capacity as that of the NAP.

## Annex 4: Terms of reference and composition for the joint HIV/TB committee

### Terms of reference

The joint HIV/TB committee works on behalf of the MoHSP. Its functions include:

- (1) to promote and facilitate collaboration between the NAP and the NTP for effective implementation of HIV/TB collaborative activities<sup>11</sup> and to monitor their delivery at all levels;
- (2) to promote and facilitate policy dialogue and collaboration of the NAP and the NTP with ministries, institutions and national programmes that are relevant in addressing the risk factors and social determinants of TB and the risk factors and social determinants of HIV;
- (3) to promote and facilitate collaboration of the NAP and the NTP with the general health system and integration of delivery of HIV services and TB services at PHC level;
- (4) to assist the CCM in development of technical documents for submission to the Global Fund;
- (5) through its two technical working groups, to assist the NAP and the NTP in revising and updating policies and guidelines according to the most recent international standards.

### Composition

#### Core group

- Director of the IPH (chair)
- NAP manager (also chair of the HIV Technical Group)
- NTP manager (also chair of the TB Technical Group)
- Global Fund PMU manager
- Representative of WHO

#### HIV Technical Group

- Expert in HIV laboratory
- Expert in infectious diseases
- Paediatrician
- Epidemiologist
- Representative of PLHIV
- Other experts called for specific needs

#### TB Technical Group

- Expert in TB laboratory
- Pneumophthisiologist
- Paediatrician
- Epidemiologist
- Representative of TB patients
- Other experts called for specific needs

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<sup>11</sup> WHO policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders. Geneva: World Health Organization; 2012 ([http://apps.who.int/iris/bitstream/10665/44789/1/9789241503006\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44789/1/9789241503006_eng.pdf)).

## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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