Concept Note Review and Recommendation Form

SECTION 1: Overview
1.1 Applicant Information

Country	**Albania**		
Applicant Type	CCM	**Component**	TB/HIV
Funding Request Start and End Date	01 April 2016 to 31 March 2019	**Expected grant implementation period**	3 years
Principal Recipient 1	Ministry of Health (MOH)	**Principal Recipient 2**	N/A

1.2 Country Eligibility Information

Income Category	Component	Disease Burden	Counterpart Financing Minimum Threshold	Focus of Application
UMI	TB/HIV	Low	60%	100%

1.3 Applicant Funding Request

	Allocation Funding Request (US$)	Above Allocation Funding Request (US$)	Total Funding Request (US$)
Year 1:	$2,274,316	0	$2,274,316
Year 2:	$1,744,290	0	$1,744,290
Year 3:	$1,810,394	0	$1,810,394
Years 1-3 Totals	$5,829,001	0	$5,829,001

SECTION 2: Funding Recommendation		
2.1 TRP Funding Recommendation Summary		
Recommended for grant making	**Allocation Funding (US$)**	**Above Allocation Quality Demand (US$)**
	5,829,001	0

2.2 GAC Approved Upper-ceiling Funding Amount for Grant Making (US$)	
Disease allocation 2014-2017 as amended by program split	6,006,281
less: Proposed reductions for willingness–to-pay (WTP)	0
less: Actual disbursements (Jan 2014- to date of reconciliation)	177,260
less: Additional disbursements forecast (up to proposed start date of NFM funding)	0
add: In-country uncommitted cash balance at NFM start date (estimated)	0
Equals: Estimated net allocation amount available for the implementation period	5,829,021
add: Incentive Funding (if applicable)	0
Equals: Estimated funds available for the implementation period (budget upper limit)	5,829,021

TRP Assessment and Recommendations

Date of TRP Review	November 8, 2015

SECTION 3: Concept Note Overview

3.1 Epidemiological, demographic and program context

Epidemiological context

The HIV epidemic in Albania is low, with an insufficient surveillance system that limits an understanding of the magnitude of the epidemic. The information on the HIV burden among key populations – men who have sex with men, female sex workers and people who inject drugs - is limited. An integrated bio-behavioral survey (IBBS) with small sample sizes was implemented in 2011 among men who have sex with men and people who inject drugs and found one HIV-positive case in each group.

In 2014, there were 782 reported HIV cases, with the majority (two-thirds) of them being males. Case identification has increased over time, from 40 cases in 2006 to 124 cases in 2013. However, HIV testing uptake among key populations or any other population group remains limited. Albania has the lowest HIV testing rate among European Centre for Disease Prevention and Control (ECDC) countries.

Data gaps limit analysis of the treatment cascade, including retention and adherence. In 2014, of the 782 reported cases, there were 335 people on anti-retroviral treatment. Available data suggests that people on treatment include 7 prisoners, 4 people who inject drugs, 1 female sex worker and 24 men who have sex with men, all of whom comprise 11 percent of the total on anti-retroviral treatment. The concept note emphasizes that stigma contributes to underreporting of cases and under-identification of key populations, particularly among men who have sex with men. Clinical monitoring of people living with HIV is limited and happens haphazardly.

According to country reports the Tuberculosis (TB) incidence rate appeared to increase between 2012 and 2013, from 13/100,000 to 16.8/100,000 cases, and it is unclear if this is indeed the case or if it is due to irregular reporting. The treatment success rate remains high at above 90 percent. TB burden seems to be higher in the northeastern districts compared to the south. Men are twice as likely to be affected as women, with the majority of cases among 15-34 year-olds. The case notification rate in the 65+ age groups is also high. By 2012, only 13 multi-drug-resistant -TB (MDR-TB) cases were identified. According to 2010 drug resistance survey, MDR-TB was prevalent among less than 1% of new cases and 5.3% among re-treatment cases. There are limited data regarding key affected populations in 2013. Only 23% of TB patients were tested for HIV, and only two cases (2%) were diagnosed with both TB and HIV.

Program context

The 2015-19 HIV/AIDS National Strategic Plan aims to ensure low HIV prevalence, fewer new infections, a robust health system and a supportive enabling environment without stigma and discrimination. To be successfully implemented the Plan requires that significant investments be made by the government (and other partners), particularly in increasing HIV prevention coverage rates and HIV testing and counseling among key populations.

The National TB Strategic Plan focuses on high-quality Directly Observed Treatment Short-course (DOTS), contact investigation, vulnerable population, effective MDR-TB services, TB/HIV coordination, large scale TB infection control, Health System Strengthening (HSS) through the primary health care model, effective partnerships among different stakeholders including TB patients, and operational research.

The TB and HIV programs are organized vertically and there is a lack of coordination efforts between the two. Guidelines, protocols and procedures on the integrated and/or joint management of co-infected patients are largely absent. The concept note states that only some of the programmatic gaps and challenges are addressed for both disease programs due to the limited fund allocation.

Funding context

The end of Global Fund grants in 2012 resulted in significantly decreased HIV prevention activities among key populations and reduced implementation of the national TB program activities. There has been a minimal political and financial commitment for the two disease programs from the government. The HIV program has experienced inadequate and inconsistent supply/availability of health products and medicines. Similarly, the National TB Program (NTP) operations have been at the minimum: Albania only performs sputum microscopy, there are frequent shortages of tuberculin skin test (TST) and X-ray film, lack of funds for second line, limited supervision/monitoring visits and absence of infection control measures at treatment sites. Sustaining the gains resulting from Global Fund investments will require significant political and financial commitment.

3.2 Summary of key program areas for which support is being requested and the expected impact/outcome as per the funding request

a. Allocation Funding Request

Refer to Annex 1 below.

b. Above Allocation Funding Request

Refer to Annex 1 below.

SECTION 4: Rationale for TRP Funding Recommendation (Strategic Focus and Technical Soundness and Prioritization)

4.1 TRP Overall Assessment of Funding Request

1. Overall assessment of the concept note:

The following assessment addresses an iteration of the concept note originally reviewed by the TRP in June 2015.Overall, the TRP considers the concept note to be technically sound and strategically focused as it identifies and proposes interventions that are appropriate in the country context.

The TRP recommends the concept note to proceed to grant-making with some issues to be cleared by the Secretariat as specified in Section 5.

Concerns from the Previous TRP Review in June 2015

- **Issue 1: Lack of transition and sustainability plan** - The TRP requests that the applicant conduct a financial and programmatic sustainability assessment, which will underpin a Transition Plan for graduation from Global Fund support by end of 2018. This planning should begin immediately since legislative, political, budgetary, and health and community systems strengthening issues and barriers will need to be concretely addressed in a timely manner before the expiration of the grant. The TRP

further recommends that this sustainability assessment be done in conjunction with the Capacity Assessment that is already planned under the aegis of UNDP and funded by Global Fund. The applicant should consider complementary funding, particularly from the European Union (EU), for community-based organizations. This should include measurable outputs, such as evidence of significant level of budgeting from domestic resources (Ministry of Finance/MoH), i.e. mid-term expenditure framework including budget for TB and HIV, and the existence or gradual implementation of legal mechanisms allowing the contracting of CSO-based prevention programs, plans to conduct IBBS, and other strategic information from domestic resources.

TRP comment: The TRP is satisfied with the applicant's response. A Capacity Development and Transition Plan to adopt full PR responsibilities by the Ministry of Health will be prepared, and the Government plans to undertake a Strategic Investment Case to develop a framework for sustainable financing of both the HIV and TB programmes. Further, the Ministry of Health will establish regulations for the procurement of all TB drugs from the government budget and responsibilities of TB dispensaries will be gradually transferred to Primary Health Care Centers. The NTP will be located as Central TB Management Unit under the Infectious Disease Department of the Institute of Public Health (IPH) to manage the TB programme.

- **Issue 2:Community systems strengthening** - The TRP requests that the applicant conducts a rapid assessment of key populations for enhancing the combined TB/HIV programming as well as common prevention and care programs done by civil society organizations (CSO), to ensure synergy and efficiency in service planning and delivery

TRP comment: The TRP is satisfied with the applicant's response. A rapid assessment of key populations to enhance TB/HIV programming has been planned, and a mapping of civil society organizations (CSO) in Albania has been conducted that will be used for intervention planning. Finally, community system strengthening interventions will link with European Union Civil Society Support.

Issue 3: Integration of TB services in primary health care (PHC) - The TRP requests the applicant to describe the strategy for ensuring the successful integration of TB services throughout the primary health care network. Lessons learned from the past should be utilized to build effective interventions and for a smooth transition to integrated service delivery. In addition, the applicant is requested to describe the plan to shift from a hospital based model of care to an outpatient model involving family doctors and community system strengthening within health systems strengthening

***TRP comment*:** The TRP is satisfied with the applicant's response. The applicant has clearly outlined several essential components for successful integration of TB services in primary health care. These include the following: the development of a detailed National Action Plan on TB Integration into primary health care (PHC) Strategic Plan, adaptation of the legal framework, adaptation of guidelines, standard operational procedures, protocols for TB integration into PHC, inclusion of the functions of a community network of organizations and individuals, and defining public-private partnership within primary health care.

- **Issue 4:TB human resources** - The TRP notes that a capacity assessment is being planned and recommends that the capacity development plan for the national TB program at the minimum include: a) a better description of the capacity at central level and the proposed activities to enhance and support this capacity over the life of the grant b) specify the strategy to rationalize the distribution of skilled human resources in accordance with the burden of the disease and the need, aiming for universal access to quality TB service in the country; and c) plans for training, and routine supervision and mentoring, across the network of TB care providers

TRP comment: The TRP is satisfied with the applicant's response. The applicant indicates that TB program coordination by the NTP Central Unit will be under the Institute of Public Health (IPH) and financed by IPH, and that a two-pronged approach related to post-graduate clinical training and financial incentives for medical doctors serving in understaffed regions has been developed as part of the human resources distribution strategy for the TB control program. Furthermore, the applicant notes that training on TB case management, infection control, and DOT will be strengthened, and that supervision and mentoring at all levels (national, regional and district) is planned.

- **Issue 5: MDR-TB -** The TRP requests that the applicant describe how and where MDR-TB management capacity will be established.

***TRP comment*:** The TRP is satisfied with the applicant's response. The applicant highlights that with the technical support of WHO, a separate isolated unit for the treatment of MDR-TB cases will be established at the University Hospital 'ShefqetNdroqi' (UHSN) which will be staffed by two pulmonologists who will be trained abroad on MDR-TB case management, drugs side effects and infection control, and that the TB laboratory of the UHSN has been appointed as the National Reference

Laboratory. The TRP emphasizes that it is critical to ensure sufficient funding for infection control in this newly established MDR-TB unit.

- **Issue 6:Interferon-Gamma Release Assays vs. tuberculin skin test (TST) testing** -The TRP requests the applicant to provide a clear rationale for the use of both IGRA and TST for the diagnosis of latent TB infection, and to justify the cost of the IGRA test if and when it is chosen. If a rationale is not available, the use of TST is recommended.

  TRP comment: The TRP is satisfied with the applicant's response. The applicant highlights the advantages of IGRA, explaining the rationale in the use of IGRAs among immune-compromised individuals, and indicating that the cost of IGRA test after the Global Fund grant period will be covered by MoH.

- **Issue 7:Out-of-pockets costs for TB diagnosis -** The TRP requests that a strategy be developed to remove the financial barriers to TB screening, testing and initial consultations by making comprehensive TB diagnostics, including the initial consultation, free of charge or by addressing the financial barriers in other context-specific ways.

  TRP comment: The TRP is satisfied with the applicant's response. The applicant highlights that a proposal on primary health care services to be free of charge for all citizens (insured and uninsured) from the Health Insurance Fund went through the Council of Ministers and ratification is expected in 3 months. Thereafter, all TB services will become free of charge.

- **Issue 8:TB indicators**- The TRP requests that TB indicators and targets be re-addressed to reflect and anticipate progress in case detection and treatment success, rather than the currently proposed targets aiming at the decline of key TB indicators such as Treatment Success factors.

  TRP comment: The TRP is satisfied with the applicant's response. The revised indicators and targets related to case detection (the number of TB case detected will increase from 408 in 2014 to 420in year 3) and outcomes of TB treatment (the proportion of treatment success increase from 88.8% in 2013 to 92.0% in year 3) look appropriate.

- **Issue 9: Childhood TB**- The TRP requests the applicant to address with activities and budget the special needs of children and women with TB.

  TRP comment: The TRP is satisfied with the applicant's response. National Guidelines for the management of TB in children, including latent TB infection management and contact tracing, will be developed, and capacity building of clinicians and nurses will be conducted. Furthermore, community based education activities on TB targeting women will be developed to address access issues to health care due to stigmatization.

- **Issue 10: Registration of anti-TB drugs** - The TRP requests that the applicant describes a plan to ensure that anti-TB drugs will be registered in-country.

  TRP comment: The TRP is satisfied with the applicant's response. All first line drugs (FLD) for TB have been procured by the government, second line drugs (SLD) for MDR-TB treatment are not available but will be procured through GDF, and the option of establishing a legal mechanism of direct procurement of first line drugs from GDF will be explored.

- **Issue 11: Roma community**- The TRP requests that the applicant conducts preparatory analyses, of risk and vulnerability analyses, potential mitigation strategies and social audits, to determine risk and vulnerability to HIV/TB of the Roma population before proposing combined programming to serve this community. Applicant may consider also to apply a similar approach to other minority populations while avoiding creating or enhancing stigma and discrimination towards these populations as a result of the enquiry. Beyond the Roma population, these minorities include Armenian, Greek, Macedonians and Montenegrin national minorities. This enquiry should be costed and reflected in the budget.

  TRP comment: The TRP is partially satisfied with the applicant's response. The Action Plan for Integration of Roma & Egyptians 2015-2020 was developed in close consultation with representatives of the Roma and Egyptian communities. This Action Plan presents a scaling-up of interventions with

committed budget from the state budget. However, the TRP would like the applicant to re-consider its design of integrated biologic and behavioral surveillance of the Roma community.

- **Issue 12: Transgender**- The TRP requests that the applicant considers transgender as a separate population from men who have sex with men and develop size estimates, strategies, activities, and appropriate community-based partnerships for this population

  TRP comment: The TRP notes that the applicant has combined their responses for issues 12 and 13 and is satisfied with the applicant's response. The approaches for transgender and men who have sex with men have been elaborated as distinct and separate, and revised size estimates and program targets will be adapted when results from integrated bio-behavioral surveys and programmatic mappings are completed.

- **Issue 13:Size estimates** - Although the concept note does not have size estimates for men who have sex with men, transgender, and female sex workers, it proposes percentage coverage of prevention services for these populations. Coverage targets and indicators should be re-calculated on the basis of future IBBS results and other evidence based studies, where population size estimates are included.

  TRP comment: See above under issue 12.

- **Issue 14:Dual HIV risk of men who have sex with men (MSM)/ and people who also inject drugs (PWID) risks** - The TRP requests that the applicant revise strategies and service packages for dual risk population groups, e.g. men who have sex with men who inject drugs

  TRP comment: The TRP is satisfied with the applicant's response. The overall strategy and associated approaches recognize that dual-risk individuals exist and that services will be tailored to multiple risks.

- **Issue 15:National HIV/TB Hotline**- The TRP does not consider this activity to be high impact and therefore does not recommend the inclusion of this activity in the revised concept note

  TRP comment: The TRP is satisfied with the applicant's response. The HIV/TB hotline has been removed from the applicant's request.

2. Strengths of the concept note:

- The TRP notes that all of the strengths from the original submission remain intact and that most of the issues raised in the previous review of the request have been adequately addressed.

3. TRP concerns (Weaknesses of the concept note):

- The concept note does not clearly explain how key populations and vulnerable groups will continue to be prioritized by the Ministry of Health so that their access to TB and HIV prevention, treatment and care is guaranteed in the context of national health reform, including decentralisation and the formulation of the new National Health Strategy and, most importantly, the imminent transition from Global Fund support.

- It is not clear on how infection control will be guaranteed in the new MDR-TB unit and whether there is funding to support this.

- A separate integrated bio-behavioral surveillance survey (IBBS) of the Roma community is not advised since the IBBSs to be conducted among men who have sex with men, people who inject drugs, and sex workers can more efficiently capture HIV prevalence and behavioral risks by including the Roma community (and other ethnic minorities)in their specific samples. A general population survey of the Roma community found 0% HIV prevalence in 2011 and this may be partially due to the fact that key populations within the Roma community were a very small sub-sample of this survey where HIV prevalence among these sub-population groups could not be detected.

4.2 Allocation Funding Recommendation

The TRP considers the prioritization of modules and/or interventions within the allocation funding request to be appropriate.

SECTION 5: Issues Identified and Actions Requested.	
5.1 Issues to be addressed during grant-making and/or grant implementation	
a. Allocation Funding Request	
Issue 1: Lack of strategy to maintain the gains for key populations in TB and HIV	
The concept note does not explicitly explain how access to services will be maintained and expanded for key populations and vulnerable groups in the context of national health reforms and transition from Global Fund support. **Action:** The TRP requests that the applicant work with the Secretariat to ensure that safeguards be put in place in the National Health Strategy, national health reforms, and national budgeting processes to ensure that programming for key populations and related support for reduced stigma, discrimination, and gender are guaranteed. This includes building the capacity of local key population leaders who can continue to advocate for services in the future and ensuring that social contracting obligations of the government with local non-government organizations are enshrined in the new laws and implemented as soon as possible.	**Cleared by:** **Secretariat** **Timeline:** **During grant-making and implementation**
Issue 2: Lack of clarity on infection control in MDR-TB Unit	
It is not clear on how infection control will be guaranteed in the new MDR-TB unit and whether there is sufficient funding to support this. **Action:** The applicant should work with the secretariat to ensure that there is adequate funding to support infection control, including airborne transmission control in the new MDR-TB unit.	**Cleared by:** **Secretariat** **Timeline: During grant making**
Issue 3: Integrated bio-behavioral surveillance among the Roma community	
A separate integrated bio-behavioral surveillance survey (IBBS) of the Roma community is not advised since the IBBSs to be conducted among men who have sex with men, people who inject drugs, and sex workers can more efficiently measure HIV prevalence and behavioral risks of the Roma community by including Roma key populations in these respective samples. **Action:** The applicant should adjust their IBBS designs so that Roma community key populations are included in the sampling designs of key populations.	**Cleared by:** **Secretariat** **Timeline: During grant making**

Annex 1 : Summary of key program areas for which support is being requested and the expected impact/outcome as per the funding request

c. Allocation Funding Request

No.	Modules/ Interventions	Allocation request (US$)	Percentage	Description / Expected outcome and/or impact
1.	**Prevention programs for MSM and TGs**	**$ 274,085**	**5%**	**The module will scale-up prevention and testing services for MSM through four models: outreach, mobile units, stationary service points, and treatment facilities (VCT centres). 70% of MSM will be reached in Tirana, 30% in five other cities. As data on MSM is sparse, a population size estimate will be carried out, which may necessitate a revision of the below interventions.**
	Behaviour change, including HIV testing, procurement of condoms, lubricants, and development of IEC/BCC materials	$ 255,398		The intervention aims to reach 750 MSM with prevention commodities. The package of services for MSM include HIV testing, condoms and lubricants, Hep B testing, Hep C testing, STI testing and IEM. The budget for this intervention includes the cost of commodities, PSM costs, 2 mobile vans, start-up costs for 2 stationary service points, development and printing of I EC/BCC materials, salaries and program admin costs.
	Interventions to address stigma and discrimination	$ 18,687		The intervention aims to address stigma and discrimination towards MSM through advocacy, sensitization of police offices and high-level police officials, training of health professionals and staff at social services.
2.	**Prevention programs for people who inject drugs (PWID) and their partners**	**$ 856,364**	**15%**	**The module will scale-up prevention and testing services for PWID through four models: outreach, mobile units, stationary service points, and treatment facilities (VCT centres). 65% of PWID will be reached in Tirana, 35% in districts.**
	Behaviour change, including procurement of condoms,	$ 435,613		The intervention aims to reach 1,300 PWID (21%) with prevention commodities and 65% of the PWID with needle and syringe programs. The package of

	needle and syringe exchange programs and development of IEC/BCC materials			services for PWID include needles, syringes & spirit wipes, HIV testing, condoms and lubricants, Hep B testing, Hep C testing, STI testing, overdose kit and IEM. Hep B vaccination is provided free by the Institute of Public Health, based on an agreement with NGOs who provide services for PWID. The budget for this intervention includes the cost of commodities, PSM costs, 3 mobile vans, the voucher therapy pilot project, development and printing of IEC/BCC materials, salaries and program admin costs.
	OST and other drug dependence treatment	$ 413,177		This intervention aims to provide OST to 850 (15%) PWIID at existing OST sites. Two additional centres will also be opened.
	Interventions to address stigma and discrimination	$ 7,574		The intervention aims to address stigma and discrimination towards PWID through legislative improvements and trainings for outreach workers.
3.	**Prevention programs for sex workers and their clients**	**$ 71,010**	**1%**	**The module will scale-up prevention and testing services for FSW through four models: outreach, mobile units, stationary service points, and treatment facilities (VCT centres). 70% of FSW will be reached in Tirana, 30% in three other cities. As data on FSW is sparse, a sex worker mapping and population size estimate will be carried out, which may necessitate a revision of the below interventions.**
	Behaviour change, including procurement of condoms, and HIV testing and counselling	$ 65,203		The intervention aims to reach 250 FSW with prevention commodities. The package of services for FSW include HIV testing, condoms and lubricants, Hep B testing, Hep C testing, STI testing and IEM. The budget for this intervention includes the cost of commodities, PSM costs, development and printing of IEC/BCC materials, salaries and program admin costs.
	Interventions to address stigma and discrimination	$ 5,807		The intervention aims to address stigma and discrimination towards FSW through trainings. An MOU will also be signed between SW providers, police and MoI to protect the SW population.
4.	**Prevention programs for other vulnerable populations (Prisoners)**	**$ 92,532**	**2%**	**The module will scale-up prevention and testing services for prison inmates at 6 prisons. The budget for the module includes monthly consultations with outreach workers and ten annual peer-driven**

				sessions. Moreover, training will be offered to prison medial and other staff on HIV prevention.
	Behaviour change	$ 90,602		The intervention aims to reach 820 (16%) of the prison population with prevention commodities. The package of services for prison inmates includes procurement of condoms, Hep B testing, Hep C testing, STI testing and IEM.
	HIV testing and counselling	$ 1,931		The intervention aims to reach 8% of the prison population with HIV testing and counselling.
5.	**PMTCT**	**$ 38,284**	**1%**	**The PMTCT module includes HIV testing for pregnant women at 166 (40%) facilities for 9,000 clients, preparation of standards for PITC and treatment, and training of doctors and nurses on service provision. HIV confirmatory testing, ARV for PMTCT, reagents and consumables for EID, using quantitative viral load, will be financed by the government. In addition, the government will increase its co-financing share of HIV testing from 10% in year 1 to 50% in year 3 and will fully take over funding of PMTCT services at the end of the grant.**
6.	**Treatment, care and support**	**$ 1,189,029**	**20%**	**This module aims to provide improvements to treatment monitoring, including improving VCT standards and development of protocols and guidelines as well as the third-line ART, care and support to 30 patients, while government will fund first and second-line ART for 740 patients.**
	ART	$ 310,666		Third line (or salvage therapy) regimens, composed of two nucleoside analogues backbone and atazanavir + ritonavir, duranavir +ritonavir and raltegravir. The intervention also includes training on protocols and standards and OI.
	Treatment monitoring	$ 619,795		This intervention aims to increase the number of persons retained on treatment through improving treatment monitoring. The budget for this intervention includes procurement of CD4, Viral Load and Genotype resistance tests for the 740 patients for whom government funds ART. Funding is also requested to

				revise protocols and standards for treatment monitoring and to set up a clinical database for improved reporting.
	Prevention, diagnosis and treatment of OIs	$ 70,691		This intervention aims to introduce point of care diagnostics for opportunistic infections at the ambulatory clinic for PLWH. Funding is additionally requested for staff training, as well as for purchasing rapid diagnostic kits and OI drugs.
	Counselling and psycho-social support	$ 102,847		The funding under this intervention will support provision of psychological care and support for PLWH as well as development and printing of IEC materials.
	Other interventions - early diagnosis, development of protocols, standards and guidelines	$ 85,030		This intervention aims to revise the quality and scope of existing VCT services, increase PITC, and strengthen referral mechanisms with health care and other providers. To this end, the following guidelines, protocols and standards will be developed/introduced: - WHO 2015 Guidelines for people starting on ART - ART monitoring standards, - management of HIV/TB and HIV/Hepatitis, - management of co-morbidities and chronic conditions, - standards of psychosocial support for PLHIV, - quality standards for VCT, - PITC standards and protocols.
7.	**TB care and prevention**	**$ 845,638**	**15%**	**This module aims to improve case detection and diagnosis of TB, by improving the country's laboratory capacity and increasing support to TB patients, including Key Affected Populations.**
	Case detection and diagnosis	$ 564,624		This intervention aims to improve rapid diagnostic capacity of the NRL and of 9 peripheral laboratories, through procurement of kits and reagents for smear microscopy and culture, UV lamps, LED microscopy as well as equipment for the laboratories. The funding under this intervention will also support TST and

				IGRA testing and foresees improvements to the transportation of sputum samples.
	Prevention	$ 88,950		This intervention will focus on improvement of infection control measures in all TB health facilities. Funding is requested to support the development of facility-based infection control plans, which will be in line with the National TB Infection Control Guidelines and standard operational procedures to be finalised in year 1 of grant implementation.
	Community TB care delivery	$108,544		This intervention aims to improve support available to key populations (TB health care workers, health treatment supporters) through developing health education teams to disseminate TB-related knowledge at community level in a few select pilot regions. In addition, food and hygiene packages will be supplied to all TB patients on a monthly basis. A number of roundtables will be conducted to address access to care for TB suspects and close contacts, to ensure social support for TB patients from the start of treatment, and on patient-centred services at PHC.
	Key affected populations	$ 9,000		This intervention will enhance the available support to children and women in Albania by improving detection, diagnosis and treatment of TB among children, and will strengthen TB case management. The activities will be complemented by community-based education activities on TB.
	Other interventions – technical assistance	$ 74,520		This intervention aims to develop primary health care guidelines for TB related services, development of the national TB infection control guidelines, guidelines for diagnoses of LTBI in children, and national guidelines for childhood TB and for management of TB in children. Funding is additionally requested for the development of guidelines for community involvement, for meetings and round tables with representatives of public sector, CSOs and communities.
8.	**MDR-TB**	**$ 222,078**	**4%**	**This module aims to ensure second-line TB treatment for 6 patients.**
	Case detection and diagnosis: MDR-TB	$ 88,880		This intervention will support early detection of MDR-TB cases through rapid diagnostics for all smear positive and for all retreatment cases and including other high risk groups. Diagnostic algorithm will be developed in the first year

				of the grant implementation. Separate register for the MDR-TB patients will be developed and LIMS system will be introduced in NRL as of the second year of grant implementation. The funding requested under this intervention will additionally support procurement of rapid molecular tools, GenXpert machine and cartridges.
	Treatment of MDR-TB	$ 27,954		Under this intervention, second line drugs for MDR-TB patients will be procured for treatment of 3 MDR-TB patients. The national guidelines for management of MDR-TB will be developed during the first year of grant implementation. Funding requested under this intervention will support incentives (food and hygiene packages) for MDR-TB patients, monitoring of the outpatient treatment of MDR-TB patients during the second and third years of grant implementation.
	Prevention for MDR-TB	$ 35,400		This intervention will focus on strengthening the MDR-TB treatment capacity in Albania. Separate isolated unit for MDR-TB patients will be established during the first year of the grant implementation. The funding requested will additionally support implementation of the infection control measures, procurement of UV lamps, respirators, disinfectants, installation of the ventilation system as well as trainings and international study tours for clinicians and laboratory technicians on MDR management and IC.
	Community TB care delivery	$ 24,750		This intervention will focus on development of the community service delivery system based on DOT provision, monitoring of outpatient treatment adherence, management of side effects, social support and transportation incentives which will be first piloted in two areas. Funding requested will also support trainings for dispensary nurses on DOT provision as well as development of IEC materials.
	Technical Assistance	$ 45,094		Technical assistance requested under this intervention will support development and printing of national MDR-TB management guidelines, national diagnostic algorithm, national laboratory algorithm, TA for design of the MDR-TB unit.
9.	**TB/HIV**	**$ 101,343**	**2%**	**This module aims to revitalise coordination and management between TB and HIV programmes by strengthening the TB/HIV coordination bodies at**

				national level, elaborating the collaboration protocol between NTP and National HIV Program, developing guidelines of TB/HIV management, developing the capacity of health staff at regional dispensaries on TB/HIV.
10.	**HSS - Health information systems and M&E**	**$ 860,682**	**15%**	**This module aims to improve routine and non-routine data collection for both HIV and TB.**
	Routine reporting and recording	$ 284,375		This intervention aims to contribute to ongoing efforts to establish a facility-based HMIS, develop standardized programme M&E tools (with focus on coverage and quality of services), and conduct supervisory and monitoring visits.
	Analysis and surveys	$ 576,307		Bio-BSS and population-size estimates NASA, research activities, operational research, trainings for national research staff.
11.	**Health and community workforce**	**$ 392,845**	**7%**	**This module aims to improve TB and HIV related knowledge, while mainstreaming human rights approaches, among health sector staff (nurses, family doctors, infectologists, paediatricians, epidemiologists, and pulmonologists), and professionals in social and judicial sectors (police, penitentiary staff, social support).**
12.	**Procurement supply chain management (PSCM)**	**$ 97,500**	**2%**	**This module aims to address weaknesses in the country's PSM system, as far as TB and HIV procurement is concerned through technical support to national PSM reform efforts and technical support to TUHC for TB and HIV procurement. Activities include researching legislation, drafting amendments, establishing a PSM Oversight Committee and a Product Selection and Forecasting Technical Committee, building a robust LMIS, and conducting a comprehensive assessment of existing laboratories.**
13.	**CSS**	**$ 314,231**	**5%**	**This module aims to strengthen community systems in order to improve access to health services for specific risk groups and reach marginalized populations.**
	Institutional capacity building	$ 164,170		This intervention aims to build the capacity of NGOs through trainings and TA, Funding is also requested for an annual government and NGO meeting to

				improve collaboration and for the development of MOUs to establish a formal collaboration and referral links between community-based organisations and health care facilities. Funding is also requested for the establishment of health education teams at community level.
	Social mobilization, building community linkages, collaboration and coordination	$ 150,061		This intervention aims to establish a community network of CSOs that aims at early referral of key at risk persons in the community (FSWs, MSM, PWIDs, GLTB) among the general population (student groups, youth groups, women's groups, men's organisations, etc.) Funding is also requested to develop a social contracting mechanism and related processes.
14.	**Program Management**	**$ 473,381**	**8%**	
	Total	**$ 5,829,001**	**100%**	

d. Above Allocation Funding Request

Albania has not submitted an above-allocation request.