

# Albania CCM Evolution

## Linkages Assessment: Findings and CCM Transition Options

(Conducted in January, 2019)  
Tirana, Albania

# Objectives of the Linkages Assessment

- Mapping of existing viable entities, formal organizations, committees/councils or groups of individuals representing one or more health issues affecting Albanians
- Gathering perspectives regarding the future options of CCM Albania after Global Fund grants have ended

# Context and Process of the Linkages Assessment

- ✓ Albania is in the process of TGF transition grant proposal development
- ✓ No CCM meeting was planned during the assignment (which was conducted from **06-16 January 2019**)
- ✓ The Linkages assessment team conducted about 20 meetings (thanks to excellent work of the CCM Secretariat!)
- ✓ A brainstorming session was held with CSOs
- ✓ Meeting and discussion was held with the CCM Executive Committee

# Key Placement Options for the CCM in Albania

## Under the Prime Ministers' Office (Option 1)

Move to PM Office to improve the inter-ministerial coordination

## Under the Ministry of Health (Option 2)

Leave as it is now  
(Option 2.1)

CCM under the MOH Secretariat at PHI  
(Option 2.2)

Advisory body to MoH  
(Option 2.3)

TWGs per WHO recommendation  
(Option 2.4)

## Independent body (Option 3)

Create independent body outside of the government

## Under UN (Option 4)

Move it under UN to assure independence of decision making, participation of government and access for CSO's

## Integration of CCM Functions into other Entities (Option 5)

- Reproductive Health Committee
- Interagency Coordination Committee
- National Council for Civil Society
- Other bodies (CCM members to identify/add)

## Summary of Findings/Points

- Majority of those interviewed (including CSO representatives) are for leaving CCM under the Ministry of Health
- Several options were offered on how to make it more effective, including some changes to composition (increase the number of CSO representatives) to balance power of each sector represented
- Another option to increase efficiency is to lower the level of the designated CCM chairperson, to decrease sensitivity of being in front of Minister

# Summary of Findings/Points

- Another option was to make it more of a "technical" body with support of a strong Secretariat
- More balanced representation of interested parties
- Clear Terms of Reference for each sector represented on the CCM
- There are some other placement options for consideration:
  - Reproductive Health Committee;
  - Interagency Coordination Committee;
  - National Council for Civil Society etc.

Positive and negative aspects of each of them will be discussed during the consensus-building workshop in March

## Option 1: Move to Prime Minister's Office

PROs (+)	CONs (-)
Active participation of other ministries is guaranteed	It's too high level, too many things are happening at that level and it might get lost in everyday routine
	TB and HIV are not high on the list of priorities and might not get required attention
	Access for CSO's will be difficult

## Option 2.1: Status quo/Leave as it is now

PROs (+)	CONs (-)
Institutional memory and experience of hosting CCM	Minister as Chair person is too high level and often poses a challenge for CSOs
Understanding of importance of HIV/TB programs and coordination among stakeholders	Funding for Secretariat might be an issue
All necessary decision makers in one place	If Minister changes, it is not clear what will be the priority of new one and CCM might disappear
Strategic approach to overall system, not only disease specific decisions: procurement issues, CSO/NGO contracting etc.	It's not functioning at the level required now and obviously there is no guarantee it will function effectively where there is no TGF money
CSOs have access to current CCM	



## Option 2.2: CCM at MoH, Secretariat at Public Health Institute

PROs (+)	CONs (-)
Institutional memory and experience of hosting CCM	Minister as Chair person is too high level and often poses a challenge for CSOs
Understanding importance of HIV/TB programs and coordination among stakeholders	Funding for Secretariat might be an issue
All necessary decision makers in one place	If Minister changes, it is not clear what will be the priority of new one and CCM might disappear
CSOs have access to current CCM	It's not functioning at the level required now and obviously there is no guarantee it will function effectively where there is no TGF money

## Option 2.2: CCM at MoH, Secretariat at Public Health Institute (continued)

PROs (+)	CONs (-)
Even if PHI is within the structure of MoH, it is more independent than other structures	
Strategic approach to overall system, not only disease-specific decisions: procurement issues, CSO/NGO contracting, etc.	
PHI is a professional organization that will be able to provide the epidemiological data analyses, survey results, etc. that are important for decision-making process	
There is positive experience of PHI acting as Secretariat while there was no TGF funding	

## Option 2.3: Create Advisory Body According to the Law on Infectious Diseases

PROs (+)	CONs (-)
This is a requirement set by law, so it will be fulfilled	Law is not clear about the scope, function and responsibility of this body
It will be sustainable, unless changes are introduced to the Law, which will not happen in near future	Law states it to be “advisory” and not “coordination” body, which is important to keep CCM’s coordination function
This body will be able to use the experience of current CCM	Law was approved some time ago, but there has been no action so far
It is supposed to be the advisory body to the Minister, so Chair should be somebody else	Law does not mention anything about composition of the body, thus there is no guarantee that CSO’s will be involved
	Law does not mention anything about Secretariat, so it is not clear how the work of this body will be supported

## Option 3: Create Independent Body Outside of the Government

PROs (+)	CONs (-)
Will be more independent in decision making	Not a sustainable option, financing will an issue
CSO access will be guaranteed	CSOs are in competition with each other, because of scarce financial resources
CSO representation extended	Government representation and presence will not be guaranteed
	Decisions of independent body will not be mandatory for implementation
	Will be difficult to make government listen

## Option 4: Led by UN

PROs (+)	CONs (-)
Presence of both government and CSO's guaranteed	With potential EU membership of Albania, it might not be a sustainable
Will be independent from government decisions	Willingness of UN to take responsibility might be an issue
Will be more transparent	
Funding will not be an issue	
There is a positive experience of reproductive Health Council led by UNFPA and Immunization Coordination Council led by UNICEF	

## Option 5: Integration of CCM Functions under other entities and other Options from CCM members

- Gradual transfer of functions from CCM to other viable entities. For example, CCM functions can be moved to:
  - Reproductive Health Committee
  - Interagency Coordination Committee
  - National Council for Civil Society
  - Other platforms/agencies/bodies that the CCM members may identify/add
- Other options that CCM members may still want to consider\*

The CCM will have the opportunity to discuss and consider all these options (including additional options it may want to add to this presentation) during the

***Linkages Mapping Validation and CCM Transition Options Workshop***

that will be held on

**7<sup>th</sup> March 2019.**