**January 2023**

**FINAL REPORT OF THE NATIONAL CONSULTANT TO SUPPORT CCM ENGAGEMENT**

**ABBREVIATIONS**

**GFATM**  Global Fund to fight AIDS, TB, Malaria

**HIV** Human immunodeficiency virus

**TB** Tuberculosis

**NGO** Nongovernmental organization

**IPH**  Institute of public health

**NSP** National Strategic Plan

**NTP** National Tuberculosis Program

NAP National HIV Program

**ACCM** AlbanianCountry Coordinating Mechanism

**PWID** People Who Inject Drugs

**MSM** Men having Sex with Men

**FSW** Female Sex Workers

**PLWHA** People Living with HIV and AIDS

**OC** Oversight Committee

**S&D** Stigma and Discrimination

**SRs** Sub Recipients

1. **BACKGROUND:**

Albania’s Country Coordinating Mechanism (ACCM) has been central to the country’s commitment to transparent governance, accountability and participatory decision-making. This country-level multi-stakeholder partnership has been leading the development and submission of grant proposals to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) based on priority needs at the national level. After grant approval, the ACCM has been overseeing progress during grant implementation.

GFATM has funded national programs following a process of participatory Concept Note development involving multiple stakeholders. The processes it promotes complement existing national programs and national policies. It looks for building and linking its programs to existing mechanisms consistent with National Strategic Plans as also poverty reduction strategies and sector wide approaches. Consequently, it has supported the ACCM as a central mechanism to its commitment to local ownership and participatory governance.

The membership of the ACCM is broadly representative of a variety of stakeholders, each representing an active constituency with an interest in fighting one or more of the three diseases. Each constituency brings a unique and important perspective thus increasing the probability of achieving measurable impact.

**The CCM members represent the interests of the country level stakeholders in the fight against HIV and TB.**

The CCM is comprised of stakeholder constituencies represented at the national level to develop country level plans for obtaining additional resources from the Global Fund with a view to improving the response against AIDS and tuberculosis in Albania.

The country level stakeholder constituencies represented by membership of the CCM shall include: government sector; academic sector, non-governmental organizations (NGOs); community-based organizations; people living with HIV or tuberculosis; key affected populations: the private sector through association of professionals; and in-country multi/bi-lateral development partners.

CCMA is consisting of 19 members, in order to ensure that the CCM can carry out its functions effectively and efficiently. The composition of membership is specified in section below entitled “CCM Membership Composition”.

1. **AIM AND OBJECTIVES OF THIS CONSULTANCY:**

CCM Engagement means meaningful, inclusive and active participation of key stakeholders. This is very important for all members of CCM and particularly for the representatives of civil society.

The effective engagement will ensure:

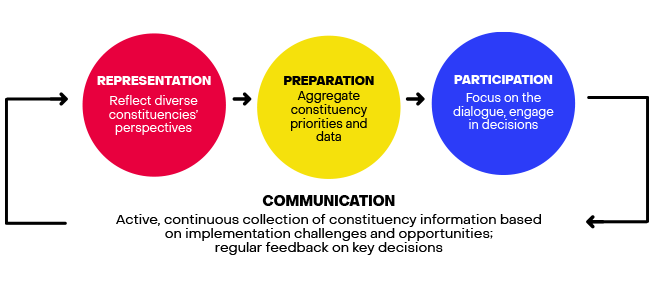
* Active participation by national leadership
* Diverse sectors and voices
* Relevant partnership for sustainable responses

This engagement process will maximize the impact against HIV and Tuberculosis and will contribute to resilient and sustainable systems for health.

According to the Global Fund, the strong engagement of the civil society organizations, and in particular key populations, community-based organizations, gender equality and women’s right organizations, human right organizations – is essential to an effective consultative process.

The aim of this consultancy is to support preparation for pre- and post-Country Coordinating Mechanism (CCM) meetings for key populations, civil society and communities based organizations, people living with and/or affected by HIV and Tuberculosis.

In a schematic way, CCM engagement is presented as below:



1. **THE TIMELINE OF THIS CONSULTANCY:**

The work for this consultancy started in March 2022 and it continues until the end of December 2022. The timeline is described as below:



**4. DESCRIPTION OF THE ACTIVITIES PERFORMED IN THE CONTEXT OF THIS CONSULTANCY.**

1. The national consultant was informed on the ToRs and the tasks of this consultancy. This process was done in collaboration with the secretariat of CCM. After the recognition of the ToRs, a work plan was defined taking into consideration that the deadline will be at the end of 2022.

At first, the consultant had to have a desk review of all document in regard to the CCM functioning. The governance manual of CCM was very informative on the structure of the CCM, membership and the role of the several committees including Oversight Committee (OC).

2. **The engagement module** –e learning was not completed because it was not available in the website of Global Fund, and for this purpose the secretariat of CCM Albania contacted directly the GF, but taking into consideration that engagement and positioning have their common approaches, I have completed the Positioning e-learning module (issued certificate).

Apart this, I have reviewed the guidelines on the Engagement which was very informative and helpful for the completion of this consultancy, the oversight guidelines were very helpful as well.

3. The third planned task was **to review the CCM documentation** (Bylaws, conflict of interest management policies, communication strategies, this task was done in a close collaboration with the secretariat of CCM.

4. After the recognition of the CCM representatives, particularly for the civil society constituencies representatives, a plan was to design for several meetings with them in order to discuss the scope of the work, their role in CCM from their perspective.

The meetings were organized with representatives of PLWHA, TB patients, civil society and community representatives, including Oversight Committee members, and the representative of the Commissioner of Anti - Discrimination who is member of CCM.

The focus of these meetings performed from June to October, was to make these representatives more active in the response to HIV and TB. They should raise their voice, they should discuss the issues and problems that concern the key populations.

The meetings have involved not only the members of CCM, but beyond those taking into consideration that the mandate is up to 6 consecutive years for the members of CCM according the governance manual of the Albanian CCM.

The meetings attended to inform the CCM member representing Civil Society and others that CCM should have a sustainable role, even after the GF grant will be closed.

5. The constituencies could be more active, when they are informed what is going to be discussed in the meetings of CCM. So for this reason, the representatives of CCM (but not only) should be informed on the agenda of the CCM meeting.

The members should receive key information in advance (from the CCM secretariat) of CCM meetings and take appropriate time to prepare for meetings by reviewing and understanding agenda items in advance. Members consult their constituency to obtain their input (e.g. qualitative or quantitative data) and positions on the agenda and any emerging issues requiring governance attention.

The same process was done with the CCM representatives, before the meeting that is plan for October.

The representatives of CCM, SRs of GF grant, different stakeholders, were invited during the last week to discuss the agenda of the next meeting, the problems that concern the civil society dealing with HIV and TB. They proposed different strategies how to make them more active in the response to HIV and TB.

One of them is to activate the network of NGOs, so the civil society organizations which are members of CCM, could speak on behalf of all NGOs in the meetings of CCM, introducing the huge problems and not only for those who are CCM members.

The communication of CCM meeting, the minutes, recommendations of each meeting should be discussed after the CCM meeting. In this way, their role will be more interactive, they will be more in partnership with national authorities/stakeholders, this active engagement in the dialogue and attention to the issues is key to an effective health governance body.

The role of CCM secretariat is crucial to share timely information for quality meeting preparation and decision-making: meeting agenda/minutes, relevant supporting materials (plenary, committees, technical working groups) to all CCM members/alternates and enthusiastically encourages members to participate in the CCM. Each CCM member should know his/her role and a clear understanding of their role/ the responsibilities should be communicated by CCM secretariat in collaboration with two coordinators of National TB and HIV Programs.

The effective bi-directional and systematic communication and information flow with members that is cascaded to their constituencies is the key of the success in this engagement process.

The tasks performed and the time when they were realized (please see the table)



During the period time July-August there were no activities/meeting with NGOs, but were meetings with representatives of government institutions authorities.

The meeting of CCM was planned in December, so one of the tasks of this consultancy was to assist the CCM secretariat to prepare the agenda for the meeting. The first step was to prepare the agenda of CCM meeting.

Based on the ToRs of the consultancy, there were organized meetings with the members/alternates of civil society, representatives of people living with disease, the staff of TB & HIV National Programs, and the members of Oversight Committee, focusing on the needs/issues that concern them on the control of both diseases HIV and TB and COVID-19 as well.

So the agenda was prepared based on the feedback of those meetings. There was one topic that was mentioned by all participants in the meetings organized before the CCM meeting, which was focused on the impact of COVID-19 in the control and prevention of HIV and TB.

Another topic was the stigma and discrimination (S&D) for vulnerable/marginalized groups and how to find the strategies to reduce S&D. Based on this issue, there was planned a presentation by the commissioner for Protection from the Discrimination in the agenda of CCM meeting.

After the CCM meeting which was held on December 9th 2022. After the CCM meeting, there were organized meetings (in small groups) including the representatives of civil society who are CCM members, people living with HIV and those affected by TB, the secretariat of CCM and the consultant for the engagement.

During those meetings there was recommended that all CCM members/alternates should share the CCM meeting feedback with their constituency members. They should discuss all the issues related with HIV or TB control and prevention and they can propose to include every topic in the agenda of the next CCM meeting.

In this context, CCM members will strengthen the engagement of their constituency. For this reason, the representative of each constituency should be very active and with the right skillset, to be the voice of their constituency. If not, a transparent process should be done to elect someone else who represents the constituency, advocate for change and to address barriers that increase their vulnerability.

The Civil society members who are CCM members/alternates should lead a process to create a coalition of the civil society organization, in order to be the voice of civil society organizations which are not members of CCM. An elected member of this coalition could represents all key population in the CCM, being CCM member.

1. **Findings and Recommendations:**

* The role of civil society and key population involvement in CCM meeting is very important. People living with HIV and those affected by Tuberculosis are members of CCM. The organizations of civil society in the CCM, represent PWID and Roma Community, but it is very important to reach out and to ensure indirect /direct representation of other key populations such as MSM, FSW.
* The engagement of civil society organization has been improved in years, but still it is needed to have an important role after the implementation of Global Fund Grant.
* CCM secretariat has shared the information in time including agenda, minutes of the meetings, relevant supporting materials to all CCM members/alternates.
* The civil society members who have been sub recipients of the Global Fund grant, have been active in the CCM meetings (during the grant implementation) but their active participation should be required even after the end of the GF grant.
* The CCM members should share the feedback of CCM meetings to their constituencies in time.
* The improvement of the standards of the preventive services provided by civil society organizations, means that they will benefit from the social contracting which will put them in partnership with the government institutions.
* More meetings should be organized, but in some cases it is recommended to have meetings in small groups in order to ensure the confidentiality for specific groups such as People living with HIV, MSM, FSW and PWID.
* To maximize the civil society engagement, civil society needs strong systems in place to continually give feedback and information to CCM and vice versa.
* Strengthening the collaboration between government institutions (NAP and NTP and others) and NGOs operating in the field of HIV and TB.