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TIRANE

PROJECT IMPLEMENTATION UNIT - PIU

Program Title: “Scaling-up the National Response to Tuberculosis”

Grant Number: ALB-506-G02 - T

ANNUAL REPORT

April 2007 – March 2008

July 2008

General Grant Information	
Country:	Albania
Round:	5
Program Coverage:	Tuberculosis
Program Title:	“Scaling-up the National Response to Tuberculosis”
Principal Recipients:	MoH; Public Health Institute of the Republic of Albania
Program Starting Date:	1-Apr-2007
Program Ending Date	31-Mar-2008
Global Fund Grant:	ALB-506-G02 - T
Reporting Period	12 months (from 1-Apr-2007 to 31-Mar-2008)

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Acronyms

CCM - Country Coordination Mechanism

DOTS – Directly Observed Short Course Treatment

GF - Global Fund

GPs – General practitioners

IPH - Institute of Public Health

IUATLD – International Union Against TB and Lung Diseases

MOH - Ministry of Health

PR - Principal Recipient

PIU - Project Implementation Unit

SR - Sub Recipient

NTP - National TB Program

M&E - Monitoring and Evaluation

LFA - Local Fund Agent

NGO - Non Governmental Organization

NRL – National Reference Laboratory

KAP - Knowledge, Attitudes, Practices

WHO – World Health Organization

MDR – Multi Drug Resistance

HIV – Human Immunodeficiency Virus

TB – Tuberculosis

MTB – Mycobacterium Tuberculosis

Contents

General Information.....	5
The TB Global Fund Project in Albania.....	7
Program Implementation	7
Objective Nr.1: To Strengthen the Health Care System for TB Control in Albania	7
Objective Nr.2: To Ensure and Maintain 100% DOTS Coverage in the Country	14
Objective Nr.3: To Ensure Access to DOTS for Vulnerable Groups	18
Objective Nr.4: To Improve TB Control for Drug Resistant Cases	19
Summary	20
Attachment A	22
Attachment B	23
Attachment C	24

General Information

In 2007 the reported TB incidence in Albania for total TB cases was 14/100,000 and for new TB cases was 13.4/100,000. This number varied highly between Districts (from 4/100,000 to 30/100,000). Official statistics from the Ministry of Health show that tuberculosis is among the leading causes of morbidity in Albania. The total TB cases were 447 and among them 422 new cases. There were 292 pulmonary cases with 183 smear positive cases and 155 extra pulmonary cases. With regarding to the sex, proportion of males compares to female continue to be 2:1. The most affected group ages are 25-34, 45-54 and over 65 years old and number of young adults affected by tuberculosis indicates active transmission within the population. Underreporting of cases is still suspected because of the serious clinical condition of several new cases. Therefore, TB in Albania is perceived as a public health threat. This is mainly due to the association with different factors that can increase the potential risk of the disease. The impoverishment of the population in remote areas, overcrowding and promiscuity in the main cities (with extensive urban migration), population living in extremely remote areas, no clear evidence on number or health status of Roma population, overcrowded prison system underline the size of population at risk and the high potential for rapid increase of the TB epidemic.

TB Control Program in Albania is based on DOTS strategy. Implementation of DOTS started in 2001 covering 33% of the country. At the end of the reported data in Q4, DOTS was expended and covered 73.3% of the country due to the implementation of the Global Fund Project.

Treatment outcomes reach the target set by WHO and indicator set by Global Fund project.

Treatment outcomes in 2006

Treatment success rate: 87%

Death: 3.5% of cases under treatment or 0.5 per 100,000 inhabitants at national scale

Failure: 0.4%

Defaulter: 5.6%

Unknown: 3.3%

Mono resistance against anti TB drugs continues to be in low proportion and multidrug resistance as well doesn't constitute a problem for NTP.

The profile of resistance for anti TB drugs in 2007

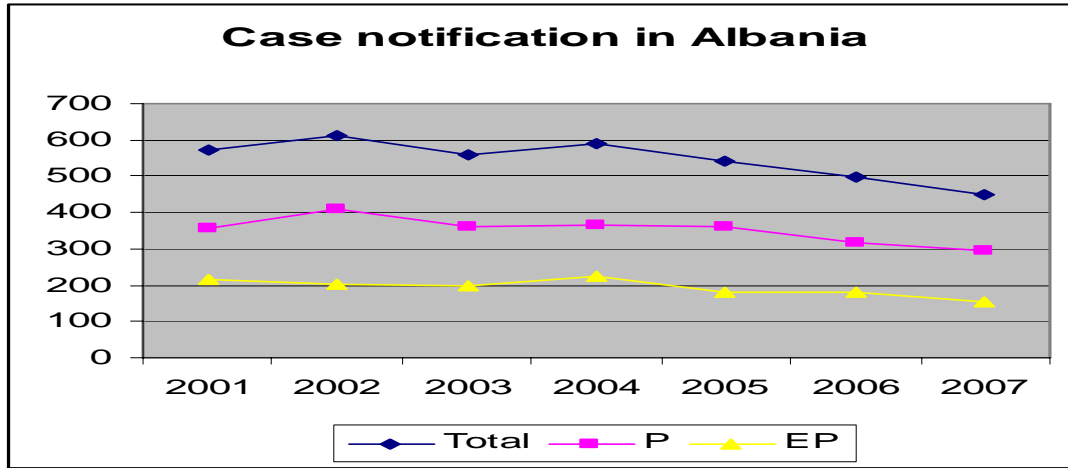
Total MDR: 2.1 % (4 cases)

Resistance to Isoniazid: 6.2% (12 cases)

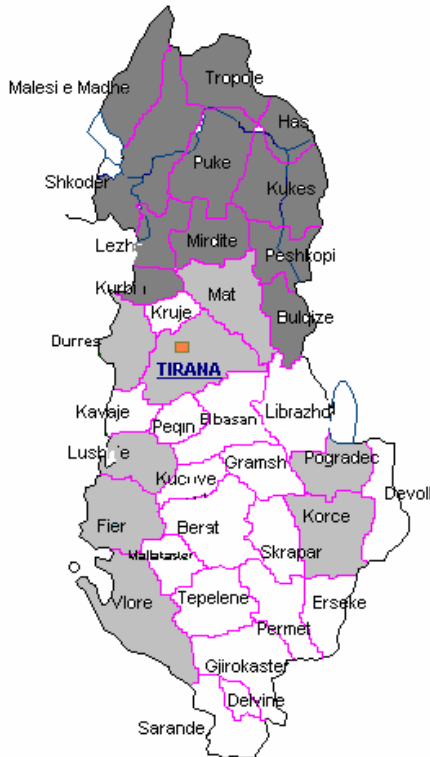
Resistance to Ethambutol: 3.1% (6 cases)

Resistance to Streptomycin 7.7% (15 cases)

The picture shows the trend of case notification and case notification rates per 100,000 inhabitants in Albania from 2001 to 2007.



TB case notification has been decreased steadily for the last four years and we think that this trend will continue. The picture shows TB case notification according to the districts.



Dark areas: incidence > 20 new cases for 100,000 inhabitants
 Gray areas: incidence > 10 new cases and < 20 cases for 100,000 inhabitants
 White areas: incidence < 10 new cases for 100,000 inhabitants

THE TB GLOBAL FUND PROJECT IN ALBANIA

Albania submitted a proposal to the Global Fund's fifth round of funding for support to scale up the country's response to Tuberculosis. The proposal was approved by the Board of the Global Fund and in June 2005 the Grant Agreement was signed. The initiation of the program was postponed due to the unexpected and frequent replacements of the PIU Manager and political changes at Ministry of Health. Program starting date was January 1, 2007 and implementation of program activities started in April 1, 2007.

Project Proposal Summary

The overall goal of the proposal was the reduction of TB burden to such an extent that TB no longer constitutes a public health problem in Albania and to ensure to all the same access to quality TB services

The proposed activities targeted the most poor and vulnerable population group. For this goal we identified 4 objectives:

A: To strengthen the health care system for TB control.

B: To ensure and maintain 100% DOTS coverage in the country. Expanding and maintaining 100% DOTS coverage in the country (100% DOTS implementation by the end of Year 4) and case identification reaching 70% by the end of the year 3.

C: To ensure and maintain access to DOTS to vulnerable groups.

D: To properly manage multi-drug resistant cases and to control MDR spreading.

The specific goals of the project were expressed through 3 main outcome/indicators:

- TB case notification to be increased from 20 for 100.000 inhabitants in 2004 to 18/100.000 at the end of the project.
- Treatment success rate for smear positive new TB pulmonary cases from 64% in 2004 to 90% at the end of the project
- TB mortality rate from 0.7 per 100.000 in 2004 to 0.4 per 100.000 at the end of the project

PROGRAM IMPLEMENTATION

Activities implemented by Project Implementation Unit (PIU)

The first months are characterized by an intensive work in order to fulfill endorsed commitments towards GF for the TB and HIV component in Albania. Implementation of the project accordingly to the work plan started in the first quarter in which many political issues, managerial issues and administrative issues have been solved.

Thus, almost all the activities planned for the first quarter had been shifted and implemented along with the others activities in the course of Q2-Q4.

In order to achieve **Objective 1: "TO STRENGTHEN THE HEALTH CARE SYSTEM FOR TB CONTROL"**, program activities have been implemented through 2 different SDA s:

Numerous activities were planned within objective nr.1, and most of them were directly tied to strengthen TB control. Thus, the objective number 1 is more a mixture of activities that goes for strengthening the health care system for TB control and strengthening TB control directly at the same time. The strengthening process of the health care system for TB control was focused on two important aspects, human resources development and health infrastructure implementation. Both aspects were critical for proper preparation for DOTS implementation and expansion.

SDA 1: HEALTH SYSTEM STRENGTHENING

Activity 1.1: Establishment of the "coordination units" at central and prefecture level

The core activity was establishment of TB central Unit. The lack of coordination between the primary services and dispensaries on diagnosis and follow up of TB patients, was identified as one of the "gaps" for DOTS implementation. To reduce and eliminate this gap, the establishment at a Central and District level "coordination units" was proposed. For this purpose, 13 coordination Units were selected, and people recruited were:

- 1 person for the overall coordination of project, located at the Central Unit Tirana,
- 1 person for monitoring and evaluation of project, located at the PIU
- 13 coordinators (nurses) at the 13 coordination units who are named "TB coordinators at district level" and are responsible for coordination of the TB activities between central and peripheral level, and TB program and primary health care.

These units made possible the implementation of other activities detailed below:

Activity 1.2- Training on DOTS of different categories of health staff involved in TB control (with emphasis on general practitioners and nurses)

Albania is a country in transition and health care reform is an ongoing process. Thus, integration of primary health care service in TB control is considered crucial for NTP and DOTS implementation, and training of general practitioners and nurses was considered as the first step for this integration. In aforementioned reporting period were trained 683 nurses; 188 GPs; 10 pulmonologists working in private sector; 30 medical doctors and 90 nurses working in penitentiary system:

Lectures and workshops for GPs and nurses were finalized by the end of August after consulting the appropriate WHO and NTP materials depending on the specific category of medical staff to be trained.

The informative materials for nurses were printed in amount of 3500 pieces (20 pgs), and in amount of 1700 pieces (30 pgs) for GPs.

[Activity 1.2, f]

Activity 1.2.a: Training of trainers on DOTS

DOTS expansion and sustainability of a qualitative DOTS implementation is one of the major goals of the project. During this period were organized 5 training sessions of TB districts' coordinators on DOTS strategy. The training documents for these workshops were in line with WHO and IUATLD for DOTS implementation. Particular attention was devoted to improvement of reporting and recording system and timely reporting of data for TB patients throughout country.

In October 2007 was organized a meeting with all partners involved in TB control, including the chiefs of TB dispensaries throughout Albania, TB coordinators and representatives from Central Unit in Tirana. The main issues discussed were the improvement of the cases detection, the problems faced on DOTS implementation in our country, the DOTS expansion in non DOTS areas and reinforcement of the feed-back system among all partners involved in TB control. Another important subject of the meeting was the discussion of the role of the new districts' coordinators in everyday practice in TB control.

Activity 1.2.c: Training on DOTS of GPs and nurses in 36 districts

During the reporting period PIU organized 24 training sessions and 683 nurses and 188 GPs from districts of Tirana; Tropoja; Kukës and Peshkopia (the latest 3 districts represent remote areas in North and North-East Albania) were trained on DOTS with special emphasis on the role of GPs and nurses in TB control. The educators were pulmonologists and an epidemiologist working at NTP, who had been trained to be educators. Attendance exceeded our expectations. Appropriate materials were printed and delivered to the participants. Certificates, adapted accordingly to the category of medical staff trained, were delivered as well (See Attachment C).

During these activities there was no pre- and post-training evaluation.

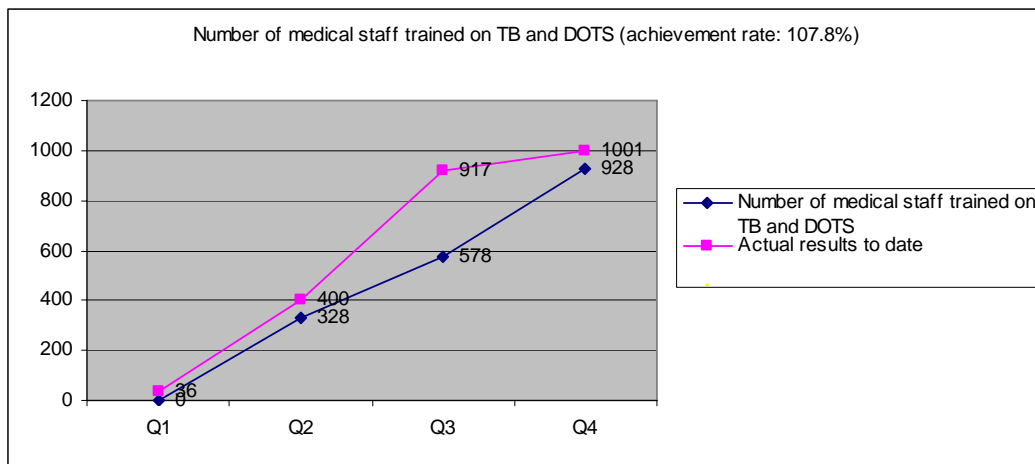


Training session of nurses on TB and DOTS in Kukes

Training session on TB and DOTS in Tirana

Strengths: (Regardless the implementation's delay)

- Actual results to date by the end of March 2008 exceeded intended results to date (1001 vs. 928).



Weaknesses:

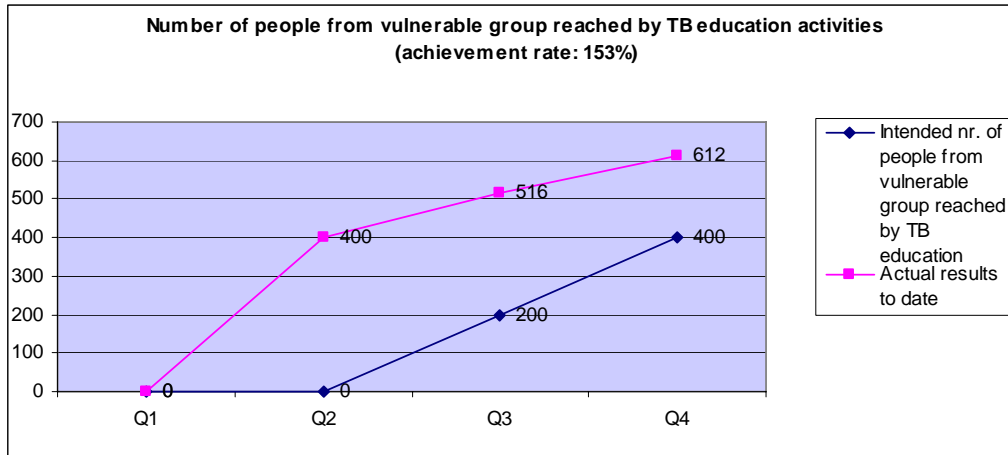
- There were no pre- and post-tests to show the impact of the training courses
- Evaluation of participants' satisfaction regarding training courses was not done.

Lessons learned:

- These activities set out the necessity of quality control and we are going to implement it in the forthcoming period of project's lifecycle.
- Evaluation of participants' satisfaction regarding training courses.

Activity 1.3: Seminar in communication skills by an international expert for the trainers involved with vulnerable groups

Outreach activities started in September 2007 and by the end of March 2008 there were 612 individuals outreached by the trainers involved with vulnerable groups, mainly the aforementioned TB coordinators. This figures exceeded the intended results for the first year of the project's lifecycle (612 vs. 400)



First attempts in establishing regular outreach activities consisted in training district coordinators in communication skills by a TB international expert. TB coordinators were considered important for continuous education about TB taking into consideration their access to TB patients, their families and the community where they live. That's why we chose to build up their capacities in order to successfully accomplish these activities. He applied pre- and post-testing about TB basic knowledge with resulting 70% correct answers in pre-testing and 83% of such answers in post-testing or 13 % improvement. 2 different types of leaflets were used during workshops for vulnerable groups. They addressed the main issues regarding TB as a disease, diagnosis, treatment (including the explanations about DOT and why it is so important), prevention, stigma and the impact of TB in their lives, those of their families and in the community where they live. Outreach activities included people living in areas where there is a high chance to get TB or have specific conditions that favour TB such as: Roma; residence's place for homeless and abandoned old people; students; prison inmates (women and men); women working at tailoring industry.

Informative leaflets were given to everyone of participants.

Strengths:

- Based on our observations, these attempts were well accepted.
- They rouse awareness about TB, promoted discussion about different issues concerning the participants, who were then transmitted to NTP, and all these helped promoting a more efficient feed-back system.

These activities will certainly be continued in the future.



Education activity about TB at a tailoring factory in Durres



Outreach education activity about TB at women' prison inmates in Tirana



Education activity about TB at “Home of Old People”, Tirana

Following procurements, described in the Procurement’ Manual approved by the GF since the beginning of the Project, were completed during the reporting period. [See Attachment A]

Activity 1.5: Refurbishing and small rehabilitation in 2 districts

Dispensaries in the high incidence area were neglected for many years and some of them didn’t meet the minimum standard for inpatients activities. For this reason we planed the necessary reconstruction and refurbishment of 4 dispensaries in the worst structural condition, 2 among them to be reconstructed during the first year. Dispensaries in Kukës and Lezha were in bad conditions and that’s why the decision favouring their total reconstruction. (January 2008).

The impact has been great, since these units are allocated in areas of high TB incidence thus improving considerably the supportive environment.

Activity 1.6: Procurement of small office furniture for the 30 dispensaries in the country

- small office furniture for the 30 dispensaries in the country (committed funds);
- a photocopy machine for the TB central unit in Tirana hospital (shifted from Year 2 activities and purchased in the same time with PC sets) [see Activity 3.3]



Reconstructed dispensary in Kukës



PC sets delivered to all 12 Peripheral Coordination Units



Substitution of old offices' furniture

SDA2: PROCUREMENT AND SUPPLY CAPACITY

Activity 2.1: Procurement of adequate equipment and reagents/consumables for the bacteriological laboratories network

Laboratory diagnosis is an essential component in the DOTS package and a good performance of the microscopy laboratory is a crucial point for early diagnosis of infectious cases. The early diagnosis of infectious cases is the single most efficient control measure for breaking the chain of transmission in the community. To improve the performance of the laboratory network and to meet the international standard for safety in culture, we purchased:

- 10 binocular microscopes
- 3 safety cabinets (class II type B2) for the national reference laboratory; (one of them shifted from Year 2 activities)
- Reagents for the bacteriological labs & for three radiological labs
- (For more details see Attachment B).

Requirements:

To meet European standards for culturing and DST the budget for reagents and consumables should be revised so that it covers reagents for culture (liquid and solid), identification (molecular tests) and DST.

In terms of biosafety upgrading the NRL to a P3 level should be considered.



Safety Cabinet placed at NRL, Tirane

Activity 2.1: Substitution of 1 X-ray machine (non functioning in one of the high incidence area)

Following procurement was completed, as well (see Attachment A):

- 1 X-ray machine.

One of the achievements made possible by GF is the substitution of a non functioning old X-ray machine in TB hospital in Shkodra and it is easy to figure out the impact of qualitative X- rays.



New X-Ray machine in Shkodra

In order to achieve **Objective 2: “TO ENSURE AND MAINTAIN 100% DOTS COVERAGE IN THE COUNTRY“**, program activities have been implemented through 3 different SDA s:

SDA1: IDENTIFICATION OF INFECTIOUS CASES

Activity 1.1: Development of Lab guidelines including the quality assurance system, infectious control and safety

The “Technical Guide on Laboratory Procedures for Tuberculosis Diagnosis”, was designed by the head of the NRL to be a simple reference standard for the collection, storage and transport of sputum specimens, examination of sputum smears by direct microscopy and culture for *M. tuberculosis*. It was meant to address the needs of the technicians working at intermediate and peripheral level TB laboratories.

The guide is composed of six chapters:

- Introduction in the tuberculosis bacteriology.
- Biosafety in the TB laboratory
- Collection and storage of sputum specimens.
- Direct microscopy for acid-fast bacilli.
- Culture for *M. tuberculosis*
- Quality assurance.

The book (110 pgs) refers to the latest WHO/IUATLD publications on TB Laboratory Services.

Activity 1.2: Training of lab staff on the new guidelines; and professional collaboration with the Supra National Laboratory and other international colleagues

A total of 23 lab technicians were trained in October 2007, at the National Reference Laboratory in CU for 2 days. The training focused on the standard laboratory procedures, biosafety, quality assurance programme, registering procedures and reporting on the results. Materials developed by the NRL team, WHO guidelines and other materials were used during the training. The new guidelines were printed and distributed among participants. A questionnaire was completed by each participant at the end of the course. In the questionnaire the technicians were invited to give their opinion on the actual state of their respective labs, the reagents and equipment needed to better perform their work.



Training session of lab technicians at NRL, Tirane

Activity 1.3: Peripheral laboratory supervision regularly performed

Bacteriological diagnosis of TB in Albania during 2007-2008 was done in 15 peripheral laboratories, out of which two of intermediate level (Shkodra and Korça) are equipped to perform culture as well, but because of shortage of culture reagents are actually doing only direct smear microscopy, acting as peripheral level laboratories. Supervisory visits from Central Unit to 10 peripheral labs were carried out during the first year of the project. All the slides were checked during the visits and technicians were advised on site on their actual difficulties.

Challenges:

The proficiency testing of the laboratories was never performed in the country.

There is a need to start implementing a quality assurance system that includes direct smear microscopy proficiency testing for peripheral laboratories.

SDA 2: TIMELY DETECTION AND QUALITY TREATMENT OF CASES:

Activity 2.1: Need assessment and behavioural survey for development of national strategy for professional and community education

For the first time in Albania, the Global Fund enabled the organization of the KAP survey for TB. Education Goals and Objectives of KAP survey were:

- To reduce TB morbidity and mortality in Albania to a level that doesn't constitute a problem for public health, by supporting implementation of DOTS strategy in order to guarantee access to diagnosis and treatment to all persons living in Albania.
- To **understand** TB and how it is transmitted.
- To **recognize** symptoms of TB, and to take personal measures to protect oneself/one's family from infection.
- To increase the number of symptomatic people who recognize the importance of **seeking treatment** for TB.
- To **realize** the importance of treatment completion once treatment is started.

And Survey Objectives were focused on:

- To learn more about knowledge, attitudes, and practices of the Albanian population.
- To obtain scientifically valid data for use in designing an effective TB educational approach and educational tools for the population in generally and patients in particularly
- To obtain scientifically valid data for use, in objectively evaluating the significant improvement in understanding of TB, number of suspected cases that seek treatment for TB, number of patients that recognize the importance of treatment completion for TB, and improvements in reducing the negative TB-associated stigma.

Target population: was the general population and patients with TB.

The KAP study survey included 10,000 individuals from the general population and 120 patients treated for tuberculosis at the Hospital for Pulmonary Diseases in Tirana, anti tuberculosis dispensary in Tirana, Kamëz municipality, Hospital for Pulmonary Diseases in Shkodra and Lezha's dispensary.

10,000 questioners were printed, multiplied, filled and analyzed by a selected National Consultant Company with the necessary expertise in this area and conclusion will be used also for national TB strategy.

Activity 2.2: Development of a comprehensive national strategy for health education in TB, based on results of survey

During the First Year of the Project it was planned to update the TB National Strategy available for policy makers, professional and community education. The conclusions of KAP survey were used by a working group in order to update the existing National Strategy. The members of the working group are all experienced in dealing with TB problems at National level. During the reporting period, at PIU was deposited the draft and the final version of the Strategy will be available, probably in September 2008. The launching of the strategy was postponed due to health reform in primary health care and change of the mission of University Lung Diseases in Tirana, which are related to political decisions by Ministry of Health. As soon as Ministry of Health will finalize the regulation that affects also TB organization, the strategy will be launched in a national conference.

Activity 2.3: Organizing of regular district meeting with all partners involved in TB control to discuss the cases detected and the problems faced for DOTS implementation

In April 2007 was organised a meeting with all partners involved in TB control, including the heads of TB dispensaries throughout Albania, NTP and representatives from Central Unit in Tirana. The main issues addressed in the meeting focused on cases detection, recording and reporting system, treatment outcomes, the problems encountered during DOTS implementation, reinforcement of the cooperation among all partners involved in TB control. A particular attention was dedicated to introduction of TB Program financed by GF and a brief summary of the activities covered by GF. The criteria for selection of the appropriate persons as TB coordinators and the terms of reference for TB coordinators were discussed and clarified as well.

Activity 2.4: Survey in 3 different hospitals randomly selected to verify patients' compliance

During the First Phase of the Project the medical staff trained were mainly GPs, nurses working in primary health care service, penitentiary system and private doctors, but the nurses working at lung diseases hospitals were left out. This activity was planned for a survey to verify patients' compliance, but we included it in KAP survey, and we used the funds under this activity to do another survey in order to assess the knowledge level of nurses working at 3 TB hospitals in Albania (Tiranë, Shkodër and Korçë).

The result of the survey showed that nurses working at TB hospital in Korça had the highest percentage of correct answers and those working at TB hospital in Shkodër had the lowest percentage of correct answers.

The conclusions drawn will be used in planning future actions regarding training of medical staff.

Activity 2.5: Develop and implement a system for performance based distribution of incentives for TB patients

During this period was also finalized the procurement of 1000 food packages containing basic food (see attachment A). A contract was signed with a Wholesaler Distribution Company in order to deliver them at all districts. The distribution of food packages and "delivery sheets" was accomplished during December 2007. TB coordinators were in charge of their delivery to TB patients who were actually under treatment or have completed treatment during 2007. In order to track if the delivery had taken place, the coordinators were told to fill in a "delivery sheet" with personal details for every TB patient who took the incentive and patients' signatures. These forms are archived at PIU.

A total of 500 patients benefited these food incentives, thus exceeding the planned number (400 TB patients).

Activity 2.7: Training of private doctors on TB management/TB suspect identification

Having recognized the importance of Pulmonologists operating in private health sector in the actions contemplated by NTP, and the obstacles they may inadvertently pose, the meetings with these professionals were considered one of the priorities during the First Year of the Project. They were important for establishing links between these partners involved in TB control in Albania so as to facilitate their collaboration in the plans contemplated by NTP. Altogether there were 10 pulmonologists operating as private ones up to the end of reporting period, who were invited to participate in a two session meeting to discuss with the representatives of NTP in order to establish a coordinated action plan regarding TB patients who come at their offices. There was a discussion regarding case notification, reporting smear examinations and treatment's outcome to NTP. Private practitioners were satisfied considering themselves as an important part of the national TB control.

These meetings began to show impact and NTP now has a more completed database.

SDA 3: MONITORING AND EVALUATION

M&E is considered indispensable to assess the data collection, reporting and management systems for measuring indicators of Program and project success. The minimum activities of M&E had been always performed by NTP, but the activities were mostly passive, based mainly on reporting system and we didn't have a reliable M&E system due to the shortage of funds. Project implementation was crucial for strengthening the capacities of M&E tools and to build up a sustainable program for M&E. To make this happen, a whole infrastructure system funded by GF, is now in place and is described under this SDA.

Among other procurements were finalized those for:

- 12 PC sets for 12 Coordination Units (12 sets) at prefecture level,
- 4 PC sets for Central Unit at TB hospital in Tirana and
- 4 PC sets for TB National Training Centre [*under Activity 3.3*]
- purchase of data software [*Activity 3.4*];
- purchase of 2 vehicles for National TB Program and PIU for monitoring and evaluation of the TB activities, organizing transport of trainers for training activities, distribution of TB drugs, patients tracing etc. [*Activity 3.6*]

After purchase of data software, PIU contracted an IT specialist in order to train the TB coordinators on how to use the new system [*Activity 3.5*].

Strengths:

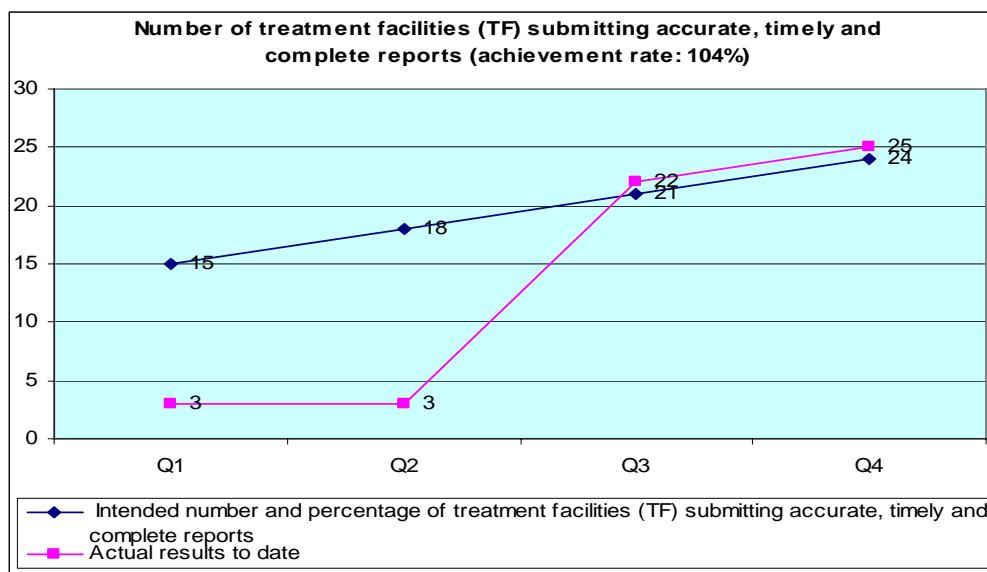
- All these activities made possible the establishment of a computerized system for TB data recording, reporting and analyze.
- A more efficient interchanging system between NTP and district TB coordinators was settled down.
- This made possible a better tracking of missing data and validation of the data.

Activity 3.6: Improve the existing system for supervision and monitoring visits at district level

One of the biggest strengths of Monitoring & Evaluation, sponsored by GF, was establishment of a regular system for monitoring and supervision visits in all dispensaries at least once a year. The purpose of monitoring visits was the assessment of the quality of DOTS implementation in terms of diagnosis and particularly estimation of TB treatment and treatment outcome. These visits helped to improve the performance of staff dealing with TB control at peripheral level by first checking the TB database (TB registers regarding case notification, treatment's outcomes, notification form) and after that discussing about data that didn't match with those reported and recorded at NTP. After every visit, a detailed report was submitted at NTP and PIU, in order to address the different problems encountered. In many cases, some dispensaries that had problems to be handled had been visited more than once by the representatives of NTP, in order to check the implementation of recommendations given by NTP.

Strengths:

- All 30 dispensaries throughout Albania were visited at least once a year;
- A more efficient feed-back system between NTP and district TB coordinators was settled down
- The number of treatment facilities submitting accurate, timely and complete reports has been steadily improving during the third and fourth quarters, due to the good performance of nurses at prefecture level and computerization of the data at dispensaries level. Thus by the end of reporting period 25 TF out of 30 TF (83.3 %) submitted accurate, timely and complete reports to NTP.



Activity 3.7: Regular meeting of staff involved in TB control programme of Albania with colleagues from the neighbouring countries.

During the reporting period PIU organized the meeting of staff involved in TB control in Albania (9 persons in total) with the colleagues of Kosovo (in December 2007) and Macedonia (in March 2008). These meetings focused on discussions in terms of cooperation and sharing information, between respective NTPs, about potential TB patients from each country that may be diagnosed and treated respectively not in their residence place. During the visit in Kosovo a special emphasis was given to the way of Kosovo's PIU organization, as well. This cooperation is important, because some patients with respiratory symptoms can't come at Lung Diseases Hospital in Tirana because they have to travel a lot if they come from some remote areas of Albania. It is easier for them to seek medical help in cities across the boarder. For instance, some patients with respiratory symptoms who live in Tropoja, a town in northern remote areas of Albania, use to seek medical assistance in Gjakovo, because of geographical proximity. Specialist physicians dealing with TB in Gjakovo were willing to cooperate in terms of diagnosis, treatment and even delivering incentives to these TB patients, and to exchange the proper information

They agreed to:

- Use specific notification forms for TB patients from Albania, thus avoiding double registration
- Submit the results to Albanian NTP.

The other planned visits in Greece and Italy were not done because of difficulties faced in getting visas. The respective funds will be used for the same activities during the Second Year of the Project.

In order to achieve **Objective 3: "TO ENSURE ACCESS TO DOTs FOR VULNERABLE GROUPS"**, program activities have been implemented through 3 different SDA s:

SDA 1: IDENTIFICATION OF INFECTIOUS CASES AMONG VULNERABLE GROUPS

Activity 1.1 Active screening in the vulnerable groups

The activities foreseen under this SDA plan to carry out active screening in prisons and Roma community by sputum examinations and PPD. Active screening was considered important, because the number of patients diagnosed with TB in these category of vulnerable people had been small and far from expectations. In order to enhance the quality of active screening in these groups,

additional activities like medical check up and x-ray examinations are foreseen to be carried out. The activities that deal with active screening were postponed to Q5 due to administrative, logistical and technical issues.

Other activities, under this SDA, that were implemented regarded the development of informative materials for vulnerable groups. These materials were finalized after consulting the appropriate WHO and NTP materials. They were printed in amount of 5000 pieces (15 pgs). They are archived at PIU, and were used during educative sessions with the aforementioned groups.

SDA 2: IDENTIFICATION OF INFECTIOUS CASES AMONG VULNERABLE GROUPS

Activity 2.2: Deliver of Isoniazid preventive therapy to the dually (TB and HIV) patients

The implementation of this activity was postponed due to the lack of PPD and consulting centre for HIV patients. One of the major strengths was the purchase of PPD because it was missing in Albanian market for decades and GF provided fund to purchase it for the first time. Once the PPD was available and the centre for HIV consulting was set up by Global Fund, the HIV patients who were visiting regularly the consulting centre at Infectious Diseases Department were tested regularly for TB infection. Until now, only one HIV patient had resulted co-infected with TB and Isoniazid was delivered, based on HIV and TB national protocols.

Activity 2.3: TB/HIV/AIDS round table

For the first time in Albania, Global Fund enabled organization of a round table HIV/AIDS-TB with 16 representatives from QSUT "Nënë Tereza", Department of Infectious Diseases; Pulmonology Department (SUSM "Shefqet Ndroqi") and Public Health Department. There was a discussion in terms of coordination of TB and HIV activities with regard mainly to TB and AIDS patients' treatment, PPD testing and INH prophylaxis.

This meeting was a good start for future cooperation between two programs.

SDA 3: TIMELY DETECTION AND QUALITY TREATMENT OF CASES

Activity 3.1: Development of health/education, communication for prisoners

Besides the aforementioned categories of medical staff trained on TB and DOTS, the medical staffs working in penitentiary system was included in training activities, as well. PIU has collaborated with the Ministry of Defence, in order to achieve this. This collaboration was also important in permitting the training educators to get in touch with vulnerable groups in prisons. There were altogether 3 training sessions for 90 nurses and 4 training sessions for 30 medical doctors working in this system throughout Albania during the reporting period. They have passed education on TB control and DOTS, with special emphasis on the role of medical staff working in penitentiary system in TB control.

The trainers were pulmonologists and an epidemiologist working at NTP, who had been trained to be educators.

Informative materials were delivered to the participants by the end of every session.

This was made possible by the development of TB control guidelines for the medical staff working in prison. These guidelines were finalized by the end of after consulting the appropriate WHO and NTP materials, and were printed in amount of 500 pieces (30 pgs).

In order to achieve **Objective 4: "TO IMPROVE TB CONTROL FOR DRUG RESISTANT CASES"**, program activities have been implemented through 1 SDA:

SDA 1: CONTROL OF DRUG RESISTANCE

Activity 4.1: Preparation of DRS protocols with support of international expert

In January, an international TB expert from the SRL in Milan (San Raffaele Hospital) visited our country. The scope of her visit was the preparation of the DRS protocol and the steps to be undertaken for the survey. The work accomplished by her was as follows:

- Supervision to the National Reference Laboratory in Tirana

- Preparation of the first draft of the protocol for the nationwide MTB Drug Resistance Survey
- Preparation of the budget for the survey and identification of the role and financial contribution by CDC/USAID
- Revision of the necessary steps to be undertaken in preparation of the survey

Activity 1.3: Create special team and special department in charge with diagnosis, follow-up and treatment of drug resistant cases.

Only one doctor is in charge of dealing with MDR patients. All MDR TB cases are registered and followed strictly by this doctor. For the first time we strive to set up the necessary infrastructure and we wrote the proposal to Green Light Committee for second line drugs, which are not available in our country yet.

Summary

Main achievements:

- We have reached most of the targets for 13 coverage indicators (11 out of 13, representing an 85% achievement rate). We think that one of the main achievements is DOTS expansion from 38% to 73% and re-establishment of laboratories capacity for bacteriological diagnosis.
- Improvement and sustainability of program's and projects' abilities to collect, analyze, use and report accurate, valuable and high quality M&E data.
- For the first time in Albania, the Global Fund enabled a KAP survey for TB and conclusion drawn from the survey will be used to develop national strategy as well.
- Cooperation of Global Fund with other organizations (USAID and European Committee) in order to draft and implement protocol of National Survey of Resistance to Anti-tuberculosis Drugs in Albania and treatment of MDR patients

Major reasons for programmatic deviations:

- Indicators' definitions represent a problem to be overcome, because often have caused confusion and ambiguity.
- Many baselines are outdated, because they refer to 2004.

Note for the record:

- Application of questionnaires for pre- and may be post testing during training workshop will be done regularly
- Strengthening of active screening for vulnerable groups

Recommendations:

- An independent group of experts is needed to estimate case detection as we have discrepancy with WHO
- It is necessary to change the baseline from 2004 to 2006 because many indicators are outdated

Challenges:

- Integration of TB in primary health care
- The curricula of training for GPs and nurses have to be revised

- TB coordinators nurses at prefecture level are not well accepted by pulmonologists and GPs.
- The role of districts' epidemiologist in TB control, have to be reconsidered, as well as the position of epidemiologist as a link between NTP and primary health care.

Conclusions:

The first year (April 2007 – April 2008) of the Global Fund project showed successful implementation of activities. Activities have been implemented usually in accordance with the planed activities in the project proposal, and other activities reprogrammed from the savings are used with responsibility and with agreement of Global Fund. We think that the reason some indicators are not achieved, was their imprecise definition and this constitute a subject to be resolved in the future.

Attachment A

No	Description	Category	Estimated Amount in US\$'000	Contract Amount in US\$'000	
1	Procurement of equipment and reagents/consumables for the laboratories network	Health Equipment	75.50	74.00	Q2/Q3
2	Procurement of X-ray machine	Health Equipment	150.00	130.00	Q4
3	Technical equipment and software for dispensary	Non-health products and equipment	32.00	25.19	Q1
4	Vehicles	Non-health products and equipment	40.00	36.83	Q1
5	Fuel for Vehicles	Non-health products and equipment	2.93	2.62	Q1
6	Vehicles insurance	Non-health products and equipment	1.40	1.17	Q1
7	GFTAM Albania Tuberculosis Control Project – Objective 3	Training	1.50	1.50	Q1
8	Knowledge, attitude and practice survey of the public in general and patients regarding TB in Albania	Consultant Services	25.00	21.73	Q1
9	PPD for TB	Health Product	10.40	10.37	Q1
10	Food for TB vulnerable group	Non-health products	16.00	16.12	Q1
11	TB Center Rehabilitation in Lezha and Kukes	Civil works	23.00	23.60	Q4
12	Furniture for TB hospitals rooms and dispensaries	Non-health products and equipment	46.00	44.18	Q4
		Total	423.73	387.31	

Attachment B

	Description	Specifications	Quantity
1	Microscope slide	With frosted surfaces from sides, washed glass, 76 x 26mm, 1.1 – 1.3 mm, tropical packing	15,000
2	Pasteur pipettes	Plastic, 1.5 ml (total volume 5ml), with scaling marked in black ink, single use, sterile, individually packed	10,000 pcs
3	Immersion oil	Does not dry out, suitable for tropical countries, medium viscosity, refractory index >1.5, packing of 100 ml	2 liters
4	Industrialized methylated spirit	For use in spirit lamps and for heating the chemicals	20 liters
5	Concentrated phenol disinfectant	Lysol or an equivalent phenol disinfectant. To be diluted according to the manufacturer Packed in bottles 5 x 1 liter	40 liters
6	Filter paper	Whatman No 1, 24 cm diameter 1 box/100 sheets	10 boxes
7	Beaker	250 ml, borosilicate, for general laboratory use	50 pcs
8	Filtration funnels	Polypropylene, 150 or 160 mm diameter	20 pcs
9	Oil dropper	Polythene ,dropper for 0.1 ml immersion oil	30 pcs
10	Rinsing bottles	Polythene, 500ml	50 pcs
11	Loop holder	Inoculating loop. Nichrome wire mounted on a 18 cm holder heat resistant	30 pcs
12	Metal loop of nichrome	Volume 2.5 mikro-liters. Inner diameter = 2.5mm	230 pcs
13	Spirit lamps	With threaded cork, 60 ml	30 pcs
14	Box for storing the slide	Plastic/100 slides per box	100 pcs
15	Slide dryer	Wooden dryer for 50 slides	10 pcs
16	Timer	Mechanical timer for periods up to 60 min, with alarm signal, with indicator to set the desired time interval	10 pcs
17	Autoclavable plastic bags	Various sizes	2,000 pcs
18	Carbol Fuchsin 100 ml		100 ml
19	Methyl Alcohol 100 ml		100 ml
20	Methylene blue 100 mg		100 mg
21	Centrifuge tubes	50 ml with conical end	3,000 pcs
22	Universal tubes	Glass, with threaded cork	1,000 pcs
23	Forceps	15cm	20 pcs

Attachment C

(Adapted accordingly to the category of medical staff trained and delivered to the participants in the end of training sessions)

